

# 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.

#### **4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)**

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

Overall, there were various equality issues that were raised by stakeholders during the consultation and the committee addressed these by revising some of the recommendations to more explicitly address these issues.

For example, in the General principles section, the committee emphasised the importance of promoting engagement by addressing inequalities and being responding to inclusion needs with an understanding of social determinants of health (1.1.3). The definitions of the terms “inequalities”, “inclusion needs” and “social determinants of health” were also added to the Terms used in this guideline section.

The committee also revised some of the recommendations in the Planning and commissioning section to emphasise consideration for the social determinants of health when ensuring that resources are allocated according to need and disadvantage (1.2.2) and that the local homelessness health and social care needs assessment also identified health inequalities and diversity issues (1.2.4).

The committee revised the recommendation on assessment of the person’s health and social care needs to include consideration for addressing inequalities and the person’s inclusion needs (1.6.3).

Finally, the committee also agreed that future research should consider equalities issues and thought collecting data disaggregated by equalities considerations would be helpful and added this to the research recommendations 1, 2 and 3.

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Below we address each protected characteristic and other characteristics individually.

- Age

Yes, issues around age, were raised in consultation but it was felt they were already addressed in the draft recommendations and this was explained to stakeholders (for example, recommendation 1.2.7).

- Disability

Yes, issues around disability were raised in consultation and although the committee felt they had been covered in the draft guideline (e.g. recommendations 1.1.10, 1.1.11, 1.1.12 that 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) they did make a further addition in light of comments made by stakeholders. So, for example they added 'disabled people' to the list in recommendation 1.2.7 about providing services and support aimed at the needs of particular groups of people experiencing homelessness, as appropriate.

- Gender reassignment

Yes, coverage of gender reassignment was raised in the consultation but the committee felt this had already been covered because in drafting the guideline they recognised the particular vulnerabilities and needs that trans and non-binary people experiencing homelessness may have and therefore made a recommendation for commissioners (1.2.7) where LGBTQ+ people are particularly mentioned. Where stakeholders raised this, it has been explained in responses that the committee very much thinks that the individual's past and present experiences, access and engagement to services and recovery journey is based on the often overlapping and intersecting experiences and characteristics and it is important for the services and individual practitioners to be responsive to these and underlying inequalities. The committee did make changes post consultation to make this clearer (for example 1.12.1) so this has also been explained to stakeholders.

- Pregnancy and maternity

Yes, this was raised in consultation but the committee felt it had already been covered by the recommendations (1.1.13, 1.2.7) and a reference to the NICE guideline on pregnancy and complex social factors was made. This has been explained to stakeholders who commented on the issue.

- Race

Yes, this was raised at consultation but because of the particular vulnerabilities and needs that people from minority ethnic backgrounds experiencing

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homelessness may have, the committee felt they had already addressed this through a recommendation (1.2.7) for commissioners where people from different minority ethnic groups are particularly mentioned. However to try to increase this emphasis, the committee also revised a recommendation (1.1.3) in the 'General principles' section, about promoting engagement so it specifically refers to addressing inequalities and being responsive to people's inclusion needs.

- Religion or belief

Yes, this was raised at consultation but because the committee had recognised the particular vulnerabilities and needs that people from different religious backgrounds experiencing homelessness may have, they had made a draft recommendation for commissioners where they are particularly mentioned (1.2.7). In terms of making further changes post consultation, it was agreed that there are many other characteristics and experiences, often overlapping and intersecting, that should be considered so no further amendments were made specifically related to religion and belief. However with the aim of addressing comments around religion and belief in more general terms as well as other equality issues, changes were made in the 'General principles' section, with a recommendation (1.1.3) about promoting engagement being revised to specifically refer to addressing inequalities and being responsive to people's inclusion needs.

- Sex

Yes, specific needs that women may have was raised at consultation. The committee felt that this was already partly covered by the guideline, for example by specifying women as an example of a group who might benefit from targeted services and support (1.2.7). Based on the feedback, the committee added to a recommendation about offering outreach services that include support for people who fear engaging with services, including those who feel discomfort using male-dominated services. This might be particularly relevant for women who have experienced male abuse and violence and who might actively avoid traditional mixed sex homelessness services. (Note that related points about pregnancy and maternity have been described elsewhere in this section).

- Sexual orientation

Yes, this was raised at consultation. The committee felt they had already addressed sexual orientation through a recommendation (1.2.7) for commissioners where people from the LGBT+ community are particularly mentioned. On the whole it was felt that the draft guideline already stressed the importance of an individualised, person-centred approach, based on the person's needs, including inclusion related needs and inequalities but attempts were made to make this even clearer in the revised guideline. For example it was felt important to acknowledge that individual's past and present experiences, access and engagement to services and recovery is based on the often overlapping and intersecting experiences and characteristics and it is important for the services and individual

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practitioners to be responsive to these and underlying inequalities. This point has been made in the revised recommendation 1.12.1.

- Socio-economic factors

Yes, this was raised at consultation. However on the whole it was felt that the draft guideline already addressed this area because the committee had always been aware of the impact of socioeconomic deprivation as a cause for homelessness and as a factor that can further hinder access to care. They had made several recommendations (1.5.1, 1.5.8, 1.11-12) on this issue, as described in s3.1 of this EIA. In finalising the guideline some changes were nevertheless made which addressed that individual's past and present experiences, access and engagement to services and recovery is based on often overlapping and intersecting experiences and characteristics and it is important for the services and individual practitioners to be responsive to these and underlying inequalities. This point has been made in the revised recommendation 1.12.1. Recommendation about providing information to people experiencing homelessness about their rights to health and social care was changed to include a specific mention of people with no or limited recourse to public funds (1.1.13). Based on consultation feedback, another recommendation specifically mentioning people with no recourse to public funds was amended to 'people with no or limited recourse to public funds' (1.2.7).

- Other definable characteristics:

- Refugees and asylum seekers

Both were raised at consultation although the draft guideline already included several 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, as explained in s3.1 of this EIA. In finalising the guideline some changes were nevertheless made which addressed that individual's past and present experiences, access and engagement to services and recovery is based on often overlapping and intersecting experiences and characteristics and it is important for the services and individual practitioners to be responsive to these and underlying inequalities. This point has been made in the revised recommendation 1.12.1.

- migrant workers

This was raised at consultation, please see the paragraph above.

- looked-after children

This was not raised at consultation.

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- prisoners and young offenders  
This was raised at consultation but issues around transition from custody had already been addressed in the draft guideline (1.8.1-1.8.3), not least because the committee recognised that people leaving prison are at an increased risk of homelessness. Apart from the issue of transition between custody and other settings, prisoners per se are not within the scope of the guideline because they are in long term institutions and this has been explained to stakeholders.
- Families  
This was raised in consultation but it was felt the draft guideline already extensively covered the importance of considering people's specific needs although further revisions were made, for example so that outreach services are responsive to people's inclusion needs and aware of inequalities (1.5.15). An addition was also made to an assessment recommendation (1.6.3) to ensure practitioners ask whether the person has children or dependents and to establish how this will affect their needs.
- Veterans  
This was raised in consultation but specific changes have not been made to address this because it was felt the draft recommendations already dealt extensively with the importance of considering people's specific needs, including inclusion needs. It was also felt that the draft recommendations on assessments of local population need would identify if veterans were a group that is present in the local homeless population.
- Sex workers  
This was raised in consultation but specific changes have not been made to address this because it was felt the draft recommendations already dealt extensively with the importance of considering people's specific needs, including inclusion needs. The draft recommendations had also addressed the issue of risks around exploitation and violence, to which sex workers may be more vulnerable. These are addressed in the section on safeguarding, which signposts to the NICE guideline on domestic violence and abuse and recommendation 1.10.7 about awareness of signs of abuse and neglect. Finally, also in an outreach recommendation about including support for people who fear engaging

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with services, for example owing to the fact they are often male dominated (1.5.14).

- People experiencing dependency on alcohol  
This was raised in consultation but no particular changes were made because the draft guideline already referred to the drug and alcohol treatment needs of people experiencing homelessness in various places (1.1.13, 1.3.2, 1.3.4).
- People experiencing enduring mental health issues  
This was raised in consultation but no particular changes were made because the draft guideline already referred to the mental health needs of people experiencing homelessness in various places because they were viewed to be so fundamentally important in this context. This has been explained to stakeholders.
- People with hidden speech, language and communication needs  
This was raised in consultation. In the broader context of disability, the committee agreed to include 'disabled people' in to the list of examples in recommendation 1.2.7. In terms of extra support for people with speech, language and communication difficulties, the committee added this to the section on Communication and information, for example in recommendation 1.1.11

4.2 If the recommendations have changed after consultation, are there any recommendations that 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?

None of the revised recommendations will make it more difficult in practice for a specific group to access services, compared with other groups.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

None of the revised recommendations have the potential to have an adverse impact on people with disabilities.

4.4 If the recommendations have changed after consultation, 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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

N/A

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

Yes, the committee's considerations of equalities issues have been described throughout, in particular in the rationale and impact sections describing the planning and commissioning recommendations, the recommendations about supporting access to and engagement with services and the recommendations about assessing people's needs.

The committee's considerations of equalities issues have also been discussed in the committee discussion of the evidence sections of both evidence reviews.

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Approved by NICE quality assurance lead: Kay Nolan

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