

# Sefton MBC: Homelessness Review, Strategy and Action Plan Development: Equality Impact Assessment

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Report by Imogen Blood

Imogen Blood &  
Associates

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## 1. Introduction

Under the Public Sector Equality Duty (PSED) (S.149 of the Equality Act 2010), a public authority such as Sefton MBC, must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The following characteristics are protected under the Act:

- Age: older and younger people
- Disability: those with physical/ sensory disabilities and long-term health conditions, and/or those with mental health, neurodiverse and/or cognitive conditions
- Gender reassignment: those experiencing gender dysphoria, those who are undergoing or have undergone transition
- Pregnancy and maternity
- Race, ethnicity and nationality
- Religion or belief
- Sex: women, men and non-binary people
- Sexual orientation: LGBTQ+ and heterosexual people
- Marriage and civil partnership<sup>1</sup>

In this document, we group together some of the related protected characteristics to reduce repetition.

An Equality Impact Assessment (EIA) is a tool that helps us to place equality, diversity and inclusion at the heart of everything we do. It is an evidence-led and systematic framework to ensure our strategies, policies, services and functions do what they are intended to do and for everybody, and that all protected characteristic groups are included in our consultations.

Throughout the review, we have sought to include the views and understand the circumstances and experiences of people from each of the protected characteristics listed above, and use what we have learned in response to the following questions to inform decision-making and action planning:

- Are people with these protected characteristics known to be at greater risk of experiencing homelessness?
- Are they over-represented (or under-represented) amongst those presenting to the council as homeless? Why might that be?

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<sup>1</sup> NB: marriage and civil partnership applies only to the elimination of discrimination, not advancing equality of opportunity/ fostering good relations.

- What is known about the causes of homelessness for these groups and whether/how their risk of homelessness might be reduced?
- Do different protected characteristic groups experience homelessness differently, e.g. facing different risks or challenges, or tending to take different pathways?
- Is current service provision meeting the needs of these groups?
  - Are they able to access existing provision?
  - Do they face different or greater barriers or disadvantage in relation to service provision and, if so, why is this and what impact does it have?
  - Is specialist provision needed/ available/ appropriate?

## 2. Age

### 1.1. Younger people

National research<sup>2</sup> has identified barriers to younger people moving out of homelessness, including lower rates of Local Housing Allowance, national minimum wage, and landlord reluctance/ policy barriers to granting tenancies to younger people. Leaving care and/or family breakdown are common routes into homelessness for the youngest age groups.

IBA's initial analysis of the last 2.5 years of published Homelessness Case Level Collection (H-CLIC) data<sup>3</sup> suggests that Sefton sees a lower proportion of homelessness presentations from people under 25 than regional and national averages, and noticeably had only one 16–17-year-old present during this period. However, 48 care leavers aged between 18 and 20 presented as homeless in Sefton during this period, which is higher than regional and national averages.

During our scoping phase, we become aware of:

- A recent independent report on the delivery of children's services from the Children's Commissioner in Sefton<sup>4</sup>, which may create opportunities and risks in relation to young people's homelessness
- Positive changes within Housing Options to embed a link worker in Children's Services (Leaving Care Team)
- Limited specialist housing support for young people facing homelessness in the borough, though there is a separate section of a hostel in Southport run by New Start, which caters for younger people and we are also aware of [Local Solutions supported lodgings](#) for 16-17 year olds.

Our snapshot survey of supported housing residents in July 2023 found:

- 18, 18–25-year-olds, making up 11% of the total of supported housing residents.
- This age group has a very different gender breakdown to those aged 26 and over. Of the youngest group, 89% identified as male, 6% as female and 6% as other.

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<sup>2</sup> See for example [Centrepoin't's report on barriers facing homeless young people](#)

<sup>3</sup> See [here](#) for published data, note published data is only available up to the end of Q2 in 2022/23

<sup>4</sup> <https://www.gov.uk/government/publications/sefton-childrens-services-commissioner-report>

- Younger people were more likely than older people to have been sleeping rough prior to staying in supported housing (11% of 18–25-year-olds; compared to 0% of 46+ year olds) or to have been in emergency beds, night shelter or pods (33% of 18–25-year-olds, compared to 25% of 46+ year olds). They were also more likely to have been staying with parents, partner, or other family members (11%, compared to 3% of the 46+ age group).
- The youngest age group (18-25) is much more likely than the older age groups to be described as having very high support needs (28%, compared to 7%).
- Younger people were much less likely to be described as being ready to move into more settled long-term housing than older people (44% of 18–25-year-olds were felt to be ready to move on, compared to 80% of 26-45-year-olds and 66% of those aged 46 and over).
- 22% of the youngest age group had an autistic spectrum disorder, compared to 11% of the 26-45 age group and 0% of the over 46s.

Our engagement with professional stakeholders and our interviews with three people aged between 18 and 21 identified the following issues:

- Younger people who had stayed within mixed age provision at the night shelter, *'sharing with much older people – big men!'*
- Qualitative feedback that care leavers are most at risk of homelessness, not at the point of leaving care but within a year or two of that point when, as one respondent suggested, some have failed in their original accommodation and have now *'burned all their bridges'*. This suggests that more needs to be done to prepare for, support and sustain early tenancies and accommodation placements in those critical early years, when the local authority still has an after-care duty.
- The need for alternative supported housing models for those in or close to work, including young people, who want to save up for a private rented sector tenancy, but are struggling to do so because of the way in which supported housing is funded.

## 1.2. Older people

National research shows that homelessness is associated with significantly lower life expectancy, and that those experiencing acute or chronic homelessness tend to have health conditions typical of much older people living in the community<sup>5</sup>.

IBA's initial analysis of the last 2.5 years of published H-CLIC data shows 24 people presenting as homeless in Sefton during that period who were identified as having support needs linked to 'old age'.

During our scoping phase, a recurring theme from conversations with supported housing providers and commissioners was that there is a group of people with unmet care needs placed inappropriately in hostels in Sefton.

Our snapshot survey of supported housing residents in July 2023 found:

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<sup>5</sup> See, for example, a summary of research in [Age UK's 2019 Policy Position Paper](#)

- 37% of supported housing residents were 46 plus, including 2 people who were over 65.
- There were striking patterns of difference in relation to health conditions by age group. 34% of those aged 46+ had a long-term physical condition, compared to 15% of the 26–45-year-olds and none of the youngest group. 25% of those aged 46+ had a physical disability, compared to 13% of the 26-45 age group and 11% of the 18-25-year-olds.
- Older people (46+) were more likely to have come into supported housing from prison (20% of this age group, compared to 0% of 18-25s and 12% of 26-45 year olds), or another supported housing project.
- The oldest age groups were less likely than younger people to have *multiple* indicators of complexity relating to mental ill-health, substance use, domestic abuse, offending, care experience and lengthy homelessness histories.
- The oldest group are somewhat more likely to have high (but not very high) support needs, compared to both of the younger groups.
- Finding a suitable move on option was more likely to be a challenge for the oldest age group: 40% of the over 46 age group were ready to move on but finding a suitable move-on option is proving difficult, compared to 33% of 26–45-year-olds and 17% of 18-25 year-olds.

Our engagement with professional stakeholders and people with lived experience identified the following issues relating to this age group:

- Older people (55/60+ and including veterans) who are becoming homeless due to loss of housing, including relationship breakdown.
- People with health conditions in the homelessness system who are likely to have long-term needs for support, including older people.

### 3. Disability

The inter-relationship between all forms of disability, long-term ill-health and homelessness are well-established in the national research. Our recent research for National Housing Federation<sup>6</sup> found that 15% of those living in generic homelessness supported housing had a physical or sensory disability; 22% had a long-term physical health condition, and 53% had a diagnosed mental health condition. Access to appropriate mental health services was also identified as a recurring challenge, as were unmet needs for autism and learning disability services for this cohort.

IBA's initial analysis of the last 2.5 years of published H-CLIC data suggests that the proportion of those presenting as homeless with a history of mental health problems in Sefton is even higher than regional and national averages – typically around a third of all cases. Drug and alcohol dependency also seems to be above regional and national averages.

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<sup>6</sup> <https://www.housing.org.uk/resources/research-into-the-supported-housing-sectors-impact-on-homelessness-prevention-health-and-wellbeing/>

As part of the review, we organised a focus group including adult social care and homelessness services to discuss the challenges relating to a lack of provision for those with multiple and complex long-term health issues. We interviewed colleagues in Public Health and the NHS, including the Clinical Psychologist working with homelessness services, the health hub and hospital discharge projects in the borough.

Our snapshot survey of supported housing residents in July 2023 found:

High levels of health conditions amongst Sefton supported housing residents, even when compared to the national benchmark from our National Housing Federation research, as below, though there were some small changes to language in our Sefton survey.

Disability / health condition	Sefton %	National benchmark %
Physical disability / <i>Physical disability and/or sensory impairment</i>	23.14	14.75
Sensory impairment	3.31	
Long term physical condition / <i>Other long term health condition</i>	27.27	21.84
Learning disability / cognitive impairment / <i>Diagnosed learning disability</i>	16.53	8.14
Autistic spectrum disorder / <i>Diagnosed autism / autistic spectrum disorder</i>	10.74	3.16
Diagnosed mental health condition / <i>Diagnosed mental illness</i>	75.21	52.59
<i>History of problematic substance abuse</i>	61.25*	49.71

We decided not to ask people directly about their health conditions and impairments during our lived experience; however, many people told us about their mental and physical health conditions and problematic substance use. We spoke to one individual who was receiving in-patient hospital treatment, one receiving regular out-patient treatment and several people with mobility impairments. Our engagement also confirmed:

- High levels of (often multiple) health and support needs amongst residents, some of whom cannot be safely, legally (i.e., given lack of CQC registration), and effectively supported in the current model
- A lack of appropriate and available housing, care and/or support for those who 'do not fit' readily into traditional service offers
- Challenges accessing Occupational Therapy assessments for those at risk of homelessness within general needs housing, and those moving into new tenancies.
- A lack of accessible accommodation within the supported housing pathway – for example, we spoke to one man in his fifties who was staying in a young person's project, because it was the only ground floor room available, and he has mobility issues.
- Lack of accessible (ground floor or lifts) flats to provide move-on options for those with impaired mobility; sheltered accommodation was felt to be an option where people are over 55, though we heard one case study of the challenges of accessing this where there is a history of problematic drug or alcohol use.

## 4. Sex (incorporating pregnancy & maternity)

National research<sup>7</sup> suggests that women tend to have different routes into and experiences of homelessness:

- Women facing homelessness are more likely than men to be living with dependent children (or to have had dependent children removed into care) and may be pregnant.
- Women's homelessness is often linked to experiences of domestic abuse, coercive control, or sex work (though these issues can also affect men).
- Women's homelessness is more likely to be 'hidden', e.g., women are less likely to rough sleep where they may be found.
- Mixed hostel provision may be physically and emotionally unsafe for women, who will have needs for gender-specific support.

IBA's initial analysis of the last 2.5 years of published H-CLIC data suggests that, although single men continue to make up the majority of those presenting as homeless in Sefton, single women make up 22% of the total, which is slightly higher than regional and national averages. Around 1 in 10 presentations are from a single mother with dependent children. The proportion of cases where domestic abuse is known to be the reason for the loss of the last settled home is noticeably lower in Sefton than in the rest of the region/ country, which may indicate good practice, or may reflect lower presentation rates – we will need to explore this further.

In our engagement, we visited services which specialise in supporting women and families, such as Venus and the Riverside families service.

We are aware that the council has already identified the need for a specialist pathway for women with multiple and complex needs who are experiencing homelessness. IBA has been working for Liverpool City Region Authority since January 2023 to scope the feasibility of a Housing First service for women in this cohort who are both survivors of domestic abuse/ coercive control and who are themselves involved in the criminal justice system. We have already gathered data and engaged stakeholders in Sefton and across Merseyside and hope to build on this and the council's initial work to scope out of a service specification for women facing multiple disadvantage<sup>8</sup> within the wider Homelessness Review for Sefton.

Our snapshot survey of supported housing residents in July 2023 found:

- 36 (22%) of those for whom a survey response was completed are women; there were no known non-binary people, though one response was marked 'other' in relation to gender.
- Women are much more likely than men to have mostly lived in settled housing (28% compared to 11%) or to have been in and out of a series of addresses (39%, compared to 29%). Men are more likely than women to have been in prison/ in and

<sup>7</sup> See for example research undertaken by [Jo Bretherton on women's homelessness pathways and experiences](#) and her review for [St Mungo's on Women and Rough Sleeping](#)

<sup>8</sup> We understand this draws on the [Respite Rooms model](#)



out of prison for a number of years (39%, compared to 29%), or to have had lengthy or cyclical experiences of homelessness (31%, compared to 14%).

- Men were more likely than women to have a physical disability (20%, compared to 8%); women were more likely than men to have a learning disability or cognitive impairment (17%, compared to 10%), and somewhat more likely than men to have a diagnosed mental health condition (61%, compared to 56%).
- We gave each individual a 'complexity score' based on the number of 'complexity indicators' they had<sup>9</sup>. 28% of women (compared to 21% of men) currently living in SH had a complexity score of 2 or more. There were 10 women and 25 men to whom this applied.
- 16 out of 36 women were known to have experienced domestic abuse.
- Men were more likely than women to have low or very high support needs; women were more likely than men to have medium or high support needs.
- Women were felt to be twice as likely as men to be 'highly vulnerable to exploitation or abuse from others'.

Our engagement, which included interviews with 8 women (out of a total of 40 interviewees) with lived experience also confirmed:

- The current lack of gender specialist or separate accommodation in the borough, and the negative impact which this can have on both women and men, which highlights the urgency of developing the proposed pathway for women with complex needs.
- The need to strengthen communications and referrals between the Housing Options and Domestic Abuse services, which we understand should be improved by the recently appointed specialist domestic abuse link worker based in Housing Options.

## 5. Race, ethnicity, nationality, and religion

National research<sup>10</sup> highlights the disproportionately high levels of statutory homelessness faced by black and minority ethnic households. Analysis carried out by Joseph Rowntree Foundation<sup>11</sup> identifies the current and historical policy drivers for racial discrimination in housing, including immigration policies, No Recourse to Public Funds, and discriminatory rental legislation.

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<sup>9</sup> Complexity indicators were: They have a formal mental health diagnosis but their condition is considered fragile and subject to rapid deterioration or change/ Long history of uncontrolled substance misuse and not currently motivated to address this/ They regularly experienced domestic abuse in the recent past (or are doing so currently)/ They have been convicted in the past of offences that include at least one serious offence involving violence, sexual assault, sexual grooming or trafficking/ Was formerly a looked-after child OR Was a looked after-child prior to taking up residence/ They have had a lengthy or cyclical experience of homelessness

<sup>10</sup> [Heriot Watt University's research](#)

<sup>11</sup> <https://www.jrf.org.uk/report/whats-causing-structural-racism-housing>

Sefton has a relatively small black and minority ethnic population, making up 4.2% of the borough's population in the 2021 Census. H-CLIC data from 2020-22 suggests black and minority ethnic-led households made up between 6 and 8% of homelessness presentations during that period. They also show a higher proportion of households presenting in Sefton with a UK national as main applicant (93%) than in the rest of the North-West. Where non-UK nationals and/or people from black and minority ethnic backgrounds are small, the risks of discrimination or of needs being over-looked may be even higher.

It emerged during our scoping phase that there has been considerable work in Sefton to prevent refugees and asylum seekers placed in the borough entering the homelessness system. However, further demand is expected, and a new specialist role has been appointed within Housing Options to lead on this work. Feedback from homelessness prevention agencies working in Southport suggest 'hidden homelessness' for non-UK nationals in the town linked to trafficking, modern day slavery and sex work.

We collected data on the ethnic make-up of those using commissioned supported housing services. In our snapshot survey in July 2023, keyworkers identified 8 residents from black and minority backgrounds, plus a further three where the keyworker was unsure how the person would describe their ethnicity. This represents a total of 5-7% of all residents and is in line with the 2021 Census findings<sup>12</sup> that 4.2% of Sefton's residents are from non-white ethnic backgrounds.

We sent our 'wider services' survey to Equal Voice Network Sefton, Sefton Muslim Centre and Southport Mosque and Cultural Centre, in the hope of gathering data about any groups and services which 'hidden homeless' people from black and minority ethnic backgrounds may be accessing. However, despite a reminder, we did not receive a response.

During our outreach to hubs to hear the views and experiences of people with lived experience of homelessness services, we heard about a family for whom English is not the first language. They had not even realised that a notice seeking possession had been issued by their social landlord or that they had run up rent arrears due to complex interactions between disability benefits and the benefit cap.

## 6. LGBTQ+ (sexual orientation and gender reassignment)

National research<sup>13</sup> suggests that LGBTQ+ people, especially younger people, are at disproportionately high risk of homelessness and face barriers in both presenting to councils and accessing mainstream services.

IBA's initial analysis of the last 2.5 years of published H-CLIC data suggests that around 2% of those presenting as homeless to Sefton Council identify themselves as LGB.

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<sup>12</sup> Sefton Local Authority - 2021 Census Area Profile [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/census/2021/2021-census-profile-for-areas-in-england-and-wales)

<sup>13</sup> See for example research findings from [Albert Kennedy Trust](#), [LGBT Youth Scotland](#) and [End Youth Homelessness Cymru](#)

We understand that [Embrace \(LGB\) Network](#), the [New Beginnings youth group](#) and the [iNTRUST network](#) (trans) may be important places to start to understand the issues and resources in Sefton. We will reach out to these groups to invite feedback into the review and strategy development.

In our snapshot survey of supported housing residents in July 2023, we asked keyworkers to complete a return for or with each of the people they support. 5 residents (3%) were known by staff to identify as LGBTQ, and in a further 11 cases, workers were not sure.

We sent our ‘wider services’ survey to Embrace (LGB network), New Beginnings (LBGT Youth Group) and InTrust Merseyside (Trans), in the hope of gathering data about any groups and services which ‘hidden homeless’ LGBTQ+ people may be accessing in the borough. However, despite a reminder, we did not receive a response.

## 7. Conclusions

The interim EIA demonstrated how relevant equality and diversity is to homelessness and the Sefton Homelessness Review, Strategy and Action Plan. We have taken steps during our engagement to proactively engage people from diverse protected characteristic groups or the organisations which represent them; to disaggregate new and existing datasets by protected characteristics wherever possible.

Our recommended actions and strategic priorities for Sefton MBC are contained in our draft strategy. We have produced a short, plain English summary version of this document and both are currently out for full consultation.

We used the evidence gathered and presented in this document about different protected characteristics to inform our recommended priorities and actions in the following way:

Recommended priority/ action	Protected characteristic(s)
Develop accommodation and improve provision for people experiencing/ at risk of homelessness with high health and/or care needs	Disabled people, older people
Make sure people in temporary/ supported accommodation get independent housing options support to find the right move-on option for them at the earliest opportunity.	All, but older people seem to be particularly at risk of delayed move on.
Self-contained emergency beds	Younger people, disabled people, LGBTQ+, other minority groups
Develop alternative housing models for people in or close to work, including younger people	All, but especially younger people
Better coordination of homelessness prevention	Should benefit protected characteristics whose homelessness is more likely to be hidden, especially women, LGBTQ+ people, those with

	No Recourse to Public Funds, people from BAME backgrounds, younger people, etc.
<p>Continue to implement changes to Housing Options service, including:</p> <ul style="list-style-type: none"> <li>• Domestic abuse link worker</li> <li>• Prison link worker</li> <li>• Separate pathway for women with complex needs</li> </ul>	Women, also men who are over-represented in the prison leavers cohort.