Equality Impact Assessment (EQIA)

The Equality Impact Assessment (EQIA) form is a template for analysing a policy or proposed decision for its potential effects on residents with protected characteristics covered by the Equality Act 2010.

The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not

The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Although it is not enforced in legislation as a protected characteristic, Haringey Council recognises the profound and far-reaching impacts of socioeconomic disadvantage treats socioeconomic status as a local protected characteristic.

1. Responsibility for the Equality Impact Assessment

Name of proposal:	**Rough Sleeping Strategy 2023-2027**
Service Area:	**Housing Related Support**
Officer Completing Assessment:	**Maddie Watkins**
Equalities/HR Advisor:	**Elliot Sinhuber**
Cabinet meeting date (if applicable):	**Cabinet Member Signing (Feb 2023)**
Director/Assistant Director	**Beverley Tarka / Gill Taylor**

2. Executive summary

The proposal is for a new Rough Sleeping Strategy to run from 2023-2027. Our aim in this strategy is to set out a vision to end rough sleeping in Haringey. In the strategy we make clear what we will do, outline the challenges we may face, and describe how we will measure our progress along the way. Since our last strategy, we have developed a strong evidence-base of trauma-informed practice and service delivery that enables people affected by rough sleeping and multiple-disadvantage, immigration restrictions and gender-based harm to sustain healthy lives off the streets. The strategy sets out a co-produced vision to end rough sleeping under the following principles:

1. **We are committed to systems change and we believe it is possible**

2. **We are ambitious and determined in the context of challenging national policy**
3. **We recognise systemic inequality as a root cause of homelessness**

Ending rough sleeping means tackling and transforming the conditions that create it. It requires us to recognize and respond to the effects of systemic inequality, such as racism and homophobia, that mean some people are disproportionately more likely to sleep rough than others. This strategy will contribute to the work across the borough to challenge inequality, deprivation and social exclusion. We will prioritize our work to prevent rough sleeping by identifying who is at risk of homelessness, intervening earlier and identifying opportunities to tackle root causes by influencing local, regional and national policy

The Council's Public Sector Equality Duty, set out in the Equality Act (2010), provides the legal basis for our work to eliminate discrimination and victimisation, to advance equality between people from diverse backgrounds and to ensure equity of access and outcome for people with protected characteristics under the Act. The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status apply to the first part of the duty. Although it is not enforced in legislation as a protected characteristic, Haringey Council consider socioeconomic status a local protected characteristic. Accordingly, the decision to create a rough sleeping strategy represents progress to eliminate discrimination and advance equality of opportunity

The commitments made in the strategy are;

1. To ensure that rough sleeping is **prevented** where possible
2. To ensure that where rough sleeping does occur, that it is **brief**
3. To ensure that rough sleeping is **non-recurrent**
4. To **exhaust all options** to secure routes off the street for people who face immigration restrictions

3. Consultation and engagement

3a. How will consultation and/or engagement inform your assessment of the impact of the proposal on protected groups of residents, service users and/or staff?

Consultation and engagement has informed the development and all proposals in the Rough Sleeping Strategy. This strategy is the realisation of a process of co-creation that celebrates the skills, qualities and experiences of our community. Between November 2021 and May 2022, people with lived experience of homelessness, Council officers and partner agencies worked with Arts and Homelessness International to create an original play based on their real experiences. This was the start of a process called Legislative Theatre. Amongst other things, scenes in the play explored the experiences of people rough sleeping, the services who try to support them and the complicated systems and criterion they navigate. Scenes highlighted inconsistencies, prejudices, gaps and barriers with the aim of provoking discussion and creative solutions.

This interactive approach to policy co-design brings people together to propose creative policy and practice ideas centred in lived-experience. Participants in the play, audience members and decision makers included those with protected characteristics, and this was central to the development of the themes highlighting experiences of using council services that were shown in the final performance.

Importantly the process requires decision-makers who are involved in the process to make real-time commitments to change. Those commitments were explored further by a Steering Group made up of the original cast of the play and senior Council officers, which were brought together to form the Strategy.

3b. Outline the key findings of your consultation / engagement activities once completed, particularly in terms of how this relates to groups that share the protected characteristics

All proposals developed as a result of the Legislative Theatre play can be found here:

https://artshomelessint.com/research/haringey-council-legislative-theatre-proposals-jan-2022/

Specifically, proposals were developed to;

1. Provide resources and support to staff and those facing homelessness or rough sleeping

2. To provide emergency shelter for those facing rough sleeping or homelessness

3. To build a more supportive, empathetic and collaborative homelessness services system in Haringey

4. To increase resources for NRPF persons facing homelessness or rough sleeping in Haringey

The Legislative Theatre performance can be found here:

https://www.youtube.com/watch?v=X250ai1KvSw

The review of current services and input on changes needed in homeless services in the borough can be found here:

Haringey Rough Sleeping Strategy and Arts and Homelessness Mapping Report 2022 | Arts & Homelessness International (artshomelessint.com)

A further formal consultation will take place following approval of draft in February 2023, which will allow us to assess and if necessary further mitigate its impact on protected groups of residents. Data on consultees and on residents engaging and participating in strategy development will be collected and considered as part of responses to the consultation and broader engagement and participation. The Council's Equality Monitoring guidance will be followed.

4. Data and Impact Analysis

Please consider how the proposed change will affect people with protected characteristics.

Data sources

Several data sources have been used throughout this EqIA, and for clarity these are detailed and referenced here. Other data sources used will be referenced in the relevant section. Data at client level are based upon these main sources:

All residents using services commissioned or operated by the Housing Related Support (HRS) team between April 2021 and March 2022. Many residents of HRS services are currently rough sleeping or have experienced rough sleeping.

Additional data for the group of people with experience of complex homelessness is based on aggregated statistics from the Combined Homelessness and Information Network (CHAIN).[1] This London-wide system records people who have been seen sleeping rough by outreach teams. For this report data will be taken for everyone seen bedded down in Haringey at some point between April 2021 and March 2022. As the proposed provision for this group will partly be focussed on end-of-life care, comparative data has also been taken from the deaths of homeless people across England and Wales in 2020.[2]

Population estimates for Haringey are based upon data taken from the 2021 Census wherever possible, as these give the most up-to-date picture in the wake of the COVID-19 pandemic.[3] At the time of writing only a subset of the data is available, with the remainder due to be released in 2023.

Methodology

All ranges as given below are based on the 95% confidence interval for the population mean. Many of our data are based on snapshots, which represent a sample at a single point in time of the "true" picture. This is known in statistical circles as the "population". It is important to note, however, that "population" in this context is distinct from the population of Haringey as a whole as usually measured by Census data for example.

A result is assumed to be "statistically significant" if the reference value – usually the population of Haringey – does not fall into the range spanned by the confidence interval. Values highlighted in bold red type indicate over-representation for a given group compared to the reference value.

Data suppression has been applied for counts of 3 or less to prevent identification of individuals. This is highlighted with an asterisk where relevant.

The act of performing this Equality Impact Assessment has shown that there are various gaps in recording within services commissioned by Haringey's Housing Related Support team. This is likely, in part, due to incomplete data migration from externally held databases onto Haringey's preferred system.

4a. Age

Data

Age group	Haringey	HRS	CHAIN
18 – 25	26,111 (12.4%)	103 (10 – 15%)	14 (3.1 – 8.6%)
26 – 35	50,507 (24.1%)	213 (23 – 29%)	73 (22 – 33%)
36 – 45	43,714 (20.7%)	**209** (22 – 28%)	**94** (30 – 41%)
46 – 55	37,363 (17.8%)	**175** (18 – 24%)	59 (17 – 27%)
Over 55	52,125 (24.8%)	131 (13 – 18%)	28 (7.3 – 15%)

[1] Rough sleeping in London (CHAIN reports) - London Datastore

[2] Deaths of homeless people in England and Wales - Office for National Statistics (ons.gov.uk)

[3] Phase one - Census 2021 topic summaries - Census 2021

Age group	Death registrations in Haringey (2021, all residents)	Estimated homeless death registrations (2021, England and Wales)	Haringey homeless fatalities 2021
0 – 19	14 (0.6 – 1.6%)	13 (1.0 – 3.0%)	0
20 – 34	25 (1.1 – 2.4%)	**144** (17 – 22%)	**0**
35 – 49	94 (1.6 – 3.1%)	**335** (42 – 49%)	**4 (50%)**
50 – 64	278 (17 – 20%)	**208** (25 – 31%)	**3 (38%)**
Over 65	1,096 (70 – 75%)	42 (4.2 – 7.6%)	1 (12%)

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

A combination of council-held data, the census and studies showing national and regional trends.

Detail the findings of the data.

Residents aged between 36 and 55 years old are more likely to have experience of street homelessness than other age groups. There are multiple reasons for this. A significant proportion of people accessing our services have support needs around poor mental health and/or chronic substance misuse including alcohol. The latter in particular is more likely to be established later in life (75% of all people engaged in treatment nationwide are between 34 and 49 years old).[4]

The data show that young people aged 18-25 in Haringey are less likely to be rough sleeping. This broadly reflects the situation in neighbouring boroughs. Other evidence[5] suggests that the landscape of youth homelessness is rather different than other age groups – with young people more likely to be affected by "hidden homelessness" including sofa-surfing and precarious housing situations.

Older adults aged 55 and over are also less likely to be rough sleeping. This is due to significantly poorer health outcomes and life expectancy for people with an experience of street homelessness compared to the general population.

Impacts

The prevention commitment in the Haringey Rough Sleeping Strategy will have a positive impact on young people experiencing hidden homelessness. The Strategy's commitment to address health inequality experienced by those who are homeless is hoped to improve access, engagement and outcomes for those who rough sleep.

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[4] Substance misuse treatment for adults: statistics 2019 to 2020, Public Health England
[5] Youth Homelessness in Haringey report, 2022

4b. Disability[6]

Data

	Haringey (18-64)	HRS*	CHAIN*
Common mental health disorder	48,273 (21 – 24%)[7]	**244** (25 – 31%)	**101** (32 – 44%)*
Physical disability	21,230 (8.5 - 11%)[8]	101 (9.7 - 14%)[9]	Not recorded
Learning disability	4,460 (2.4 – 2.5%)[10]	20 (1.5 - 3.5%)	Not recorded
Alcohol misuse	2,600 – 4,370 (1.2 – 2.1%)[11]	**75** (7.0 - 11%)	**72** (22 – 32%)
Drug misuse	2,650 – 3,400 (1.2 – 1.7%)[12]	**113** (11 – 15%)	**68** (21 – 31%)

*Figures are based on all people known to that service in 2021/22 – it includes those that have not been assessed or where their support needs are not fully known.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

A combination of council-held data, the census and studies showing national and regional trends.

Detail the findings of the data

Haringey residents with a history of homelessness are significantly more likely to be affected by poor mental health and/or substance misuse than the general population. This is in part as a consequence of the negative experience of homelessness itself.

The proportion of residents accessing our homelessness services with a physical or learning disability is broadly consistent with the population of Haringey as a whole. This contrasts somewhat with other studies which found that people affected by homelessness are typically

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[6] In the Equality Act a disability means a physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities.

[7] Common Mental Health Disorders, Haringey CCG, Public Health England Fingertips (2017)

[8] Annual Population Survey (APS) results for Haringey, Office for National Statistics, 2022.
An estimated 38,900 out of 198,000 people aged 18-64 have some type of disability.
Prevalence and employment estimates for disabled and non-disabled people by different personal characteristics, Office for National Statistics, 2018.
Estimated 54.4% of people with a disability categorise their impairment as a "physical disability".

[9] Issues with mobility, progressive illness, hearing or visual impairments

[10] Learning disability (baseline estimate) percentage by age group from Projecting Adult Needs and Service Information (PANSI), and applying to 2021 population estimates from Census data. Accessed December 2022.

[11] NDTMS – National Drug Treatment Monitoring System, Office for Health Improvement and Disparities. Based on prevalence and 2021 Census population figures.

[12] NDTMS – National Drug Treatment Monitoring System, Office for Health Improvement and Disparities. Based on the number of Haringey residents currently engaged in treatment, which only reflects 35-45% of those with problems associated with drug misuse in the Borough.

more likely to identify as having a disability and/or a degree of neurodivergence.[13,14,15] Contributing factors for the difference at local level include limitations in data recording (as highlighted above) and diagnosis of health conditions. People affected by homelessness frequently face barriers in accessing a GP or other healthcare provider, which in turn limits the ability of professionals to assess the individual's health needs.

Impacts

The Haringey Rough Sleeping Strategy will have a positive impact on all residents affected by a disability, who have experienced multiple-disadvantage or who have support needs around mental health, drug or alcohol. This is because the Strategy makes a specific commitment to **jointly commission ambitious and integrated health and care services focussed on equity of access and outcome.**

4c. Gender Reassignment[16]

Data

Borough Profile
There is no robust data at Borough level on our Trans population, however the central government estimates that there are approximately 200,000-500,000 Trans people in the UK. Assuming an average representation, this would mean between 800 and 2000 Haringey residents are Trans.[17] Census data released by the Office of National Statistics in January 2023 will provide more detailed information about gender identity in Haringey.

Detail the findings of the data.

People who identify as Trans are significantly more likely to be affected by homelessness. A report commissioned by Stonewall in 2017 found that around one in four Trans people across the UK have experienced homelessness at some point in their lives.[18] At a local level between 3.4 and 6.8% of residents (of all ages) using our homelessness services identify as a gender different to the one that they were assigned at birth.

Impacts

The Haringey Rough Sleeping Strategy will have a positive impact on residents that identify as Trans – as this group is disproportionately affected by homelessness. The prevention commitment and the commitment to commissioning appropriate services that meet the needs of those experiencing both visible and hidden homelessness in the Strategy will have a positive impact on Trans people. The strategy's commitment to address health inequality experienced by those who are homeless is hoped to improve access, engagement and outcomes for those who rough sleep and hidden homeless groups.

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[13] Crisis Skylight Final Report of the University of York Evaluation, Nicholas Pleace and Joanne Bretherton, Crisis UK and University of York, 2017

[14] Cognitive impairment and homelessness: A scoping review, B. Stone, S. Dowling, and A. Cameron, Health Soc Care Community, 27, e125 (2019)

[15] The prevalence of autistic traits in a homeless population, A. Churchard et al, Autism 23, 665 (2019)

[16] Under the legal definition, a transgender person has the protected characteristic of gender reassignment if they are undergoing, have undergone, or are proposing to undergo gender reassignment. To be protected from gender reassignment discrimination, an individual does not need to have undergone any specific treatment or surgery to change from one's birth sex to ones preferred gender. This is because changing ones physiological or other gender attributes is a personal process rather than a medical one.

17 Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

[18] LGBT in Britain - Trans Report, Stonewall (2017)

4d. Marriage and Civil Partnership

The Rough Sleeping Strategy makes no distinction between those who are married and those who are in a civil partnership so there is no likelihood of either married couples or couples in a civil partnership being disproportionately affected.

4e. Pregnancy and Maternity

Data

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

Data collected from single homeless pathway, council-held data, the census and studies showing national and regional trends.

Detail the findings of the data.

There is no service level data about residents found rough sleeping or referred to the supported housing pathway who were pregnant or had recently given birth. Rough sleeping services in the borough are specifically for single people and people who are pregnant while experiencing rough sleeping or in supported housing would be supported to present to a statutory service for assessment.

In Haringey's single's homeless pathway, approximately 23% of women have had children taken into care but this figure is likely to be higher as 35% of providers returned 'unknown' classifications. In itself the 'unknown' classification being so high identifies that this is an area where data is not universally collected or prioritised by supported housing providers.

Relationships with families, and in particular children, are often essential to the lives of women who are homeless. The effect of children being taken into care or otherwise separated from mothers can be enormously traumatic for women. Services delivered as part of the rough sleeping strategy will be gender and trauma informed, recognising the impact of children being taken into care, and the specific experiences of women experiencing rough sleeping as part of support planning.

Impacts

Common explanations for why people experience homelessness includes poverty, substance abuse, mental illness, and lack of affordable housing. These risks intersect, though, with protected characteristics, such as sexual orientation, gender, race, disability, and age, to create unique systems of discrimination.

From the use of official statistics and people sharing their lived experiences we know people who experience homelessness and rough sleeping are likely to belong to more than one protected group and that it is therefore crucial to assess vulnerability through an intersectional lens to better account for the multiple positions of disadvantage faced by people who experience homelessness.

Considering the high prevalence of domestic, sexual and physical violence; there are clear opportunities to align VAWG and housing service priorities, share good practice and deliver a personalised offer for women experiencing multiple disadvantage and homelessness. The redesigned pathway will have a positive impact and increase the number of services offering gender and trauma-informed support to women and safe accommodation. In their evaluation

of women's homelessness, Against Violence and Abuse (AVA) found LGBTQ+ women, Black and minoritised women, migrant women and women living with disability/ies face additional barriers to support and access to housing. They are also likely to face greater disadvantage in the labour market which might leave them more vulnerable to financial instability and homelessness.

The Rough Sleeping Strategy should have a positive impact on these client groups by enabling easier access, targeting support to those in need, providing specialist services and by addressing the inequality experienced through an intersectional lens.

The Rough Sleeping Strategy seeks to provide better services to those experiencing rough sleeping and to ensure appropriate support to exit street homelessness is available.

4f. Race

Data

Rows are ordered by the ethnic group categories used in the 2021 Census.

	Ethnic group	Haringey (all ages)[19]	HRS	CHAIN
Asian	**Bangladeshi**	4,819 (1.8%)	7 (0.5 - 2.3%)	* (< 3.3%)
	Chinese	3,848 (1.5%)	* (< 1.4%)	* (< 3.3%)
	Indian	5,838 (2.2%)	* (< 1.4%)	* (< 3.3%)
	Pakistani	2,162 (0.8%)	4 (0.2 – 1.6%)	* (< 3.3%)
	Other Asian	6,413 (2.4%)	12 (1.1 – 3.3%)	* (< 3.3%)
Black	**Black African**	24,855 (9.4%)	**125** (16 – 23%)	23 (5.8 – 13%)
	Black Caribbean	16,339 (6.2%)	**102** (13 – 19%)	23 (5.8 – 13%)
	Other Black	5,272 (2.0%)	**23** (2.4 – 5.4%)	**11** (2.3 – 7.2%)
Mixed / multiple	**White and Asian**	3,915 (1.5%)	* (< 1.4%)	4 (0.6 – 3.8%)
	White and Black African	2,574 (1.0%)	* (< 1.4%)	* (< 3.3%)
	White and Black Caribbean	5,325 (2.0%)	18 (1.8 – 4.4%)	* (< 3.3%)
	Other Mixed or Multiple ethnic groups	6,742 (2.6%)	16 (1.6 – 4.0%)	4 (0.6 – 3.8%)
White	**White British**	84,298 (31.9%)	108 (14 – 20%)	54 (16 – 25%)
	White Irish	5,701 (2.2%)	11 (1.0 – 3.0%)	5 (0.8 – 4.3%)
	Gypsy or Irish Traveller	235 (0.1%)	* (< 1.4%)	* (< 3.3%)
	Roma	2,004 (0.8%)	* (< 1.4%)	**5** (0.8 – 4.3%)
	Other White	58,343 (22.1%)	**183** (25 – 32%)	**91** (29 – 40%)
Other	**Arab**	2,525 (1.0%)	8 (0.6 – 2.5%)	**8** (1.5 – 5.8%)
	Any other ethnic group	23,030 (8.7%)	11 (1.0 – 3.0%)	13 (2.9 – 8.1%)
Refused			2 (0.1 – 1.1%)	18 (4.3 – 10%)
Unknown			228	

[19] 2021 Census, Office for National Statistics, accessed December 2022

Grouped into broad categories:

	Haringey (all ages)	HRS	CHAIN
Asian	23,080 (8.7%)	25 (2.6 – 5.7%)	5 (0.8 – 4.3%)
Black	46,466 (17.6%)	**250** (35 – 43%)	57 (17 – 27%)
Mixed / multiple	18,556 (7.0%)	38 (4.4 – 8.1%)	11 (2.3 – 7.2%)
White	150,581 (57.0%)	302 (43 – 51%)	156 (52 – 64%)
Other	25,555 (9.7%)	19 (1.9 – 4.6%)	21 (5.2 – 12%)
Refused		2 (0.1 – 1.1%)	18 (4.3 – 10%)
Unknown		228	
Total	264,238	864	268

Percentages may not add up to 100% due to rounding. Confidence intervals are based upon recorded data only – this is to mitigate for the large amount of missing ethnicity data for services commissioned (but not directly run) by Housing Related Support. A breakdown of ethnic group by age for Haringey was not available from the 2021 Census data at the time of writing – figures are therefore not age-adjusted.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

Census data, HRS data, CHAIN data

Detail the findings of the data

The data show that residents identifying as from the Other White and Other Black ethnic groups are disproportionately affected by homelessness. Both groups are overrepresented in the group of people seen sleeping rough in Haringey, as well as services run or commissioned by Haringey Housing Related Support. Residents from the Black African and Black Caribbean communities are disproportionately represented in HRS services, while people from the Arab and Roma ethnic groups are more likely to be rough sleeping.

Evidence obtained locally shows that immigration status (particularly lack of recourse to public funds) is a major barrier in enabling a person to access stable long-term accommodation. This in turn increases the likelihood of a person sleeping rough. Meanwhile wider entrenched socio-economic factors including (but not limited to): poor quality and/or overcrowded housing, lower take-home income, and worse health outcomes disproportionately affect residents in the east of the Borough. All of these increase the risk of homelessness.

Impacts

The Rough Sleeping Strategy will have a positive impact on those rough sleeping who are from BAME backgrounds. The Strategy makes specific commitments to improving parity in access to services for non-UK nationals experiencing rough sleeping. It also makes specific commitments to embed the learning of how to respond to multiple-disadvantage from our Making Every Adult Matter programme, and to commission ambitious and integrated health and care services that focus on equity of access and outcome.

4g. Religion or belief

Data

Religion or belief	Haringey[20]	HRS
Buddhist	2,455 (0.9%)	* (< 4.1%)
Christian	103,944 (39.6%)	**117** (49 – 62%)
Hindu	3,529 (1.3%)	* (< 4.1%)
Jewish	9,397 (3.6%)	* (< 4.1%)
Muslim	33,295 (12.6%)	34 (11 – 22%)
No religion	83.535 (31.6%)	40 (14 – 25%)
Other religion	6,164 (2.3%)	**10** (2.6 – 8.5%)
Sikh	892 (0.3%)	* (< 4.1%)
Religion not stated	21,027 (8.0%)	7 (1.6 – 6.7%)
Unknown		654

Percentages may not add up to 100% due to rounding. Confidence intervals are based upon recorded data only – this is to mitigate for the large amount of missing data for HRS services.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

Census data and HRS data

Detail the findings of the data

Residents who identify as Christian or follow an "other religion" appear to be more likely to be impacted by homelessness than other groups. Conversely residents identifying as following no religion are less likely to be affected by homelessness.

The reasons for this may be linked to other demographic and socioeconomic factors. Census 2021 data at Output Area level – the smallest geography available – show strong positive correlations between the proportion of residents identifying as Black (African, Caribbean, Other) versus the proportion identifying as Christian or following another religion. A weaker but still positive correlation can be seen for the Other White group and Christian belief.

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[20] Religion, 2021 Census, accessed December 2022

Areas with a high proportion of residents identifying as Christian were located in the north and east of the borough, which are also some of the most deprived. Meanwhile areas with the highest proportion of residents identifying as following no religion were in the affluent west of the borough. It is important to remember, however, that correlation does not mean causation.

Impacts

The proposed rough sleeping strategy will have a mostly neutral impact on people who share a protected characteristic related to religion. People of all religions and beliefs will be able to access rough sleeping services. However, we do not currently hold reliable data on the religion or beliefs of the homeless population. While it is currently an unknown impact, we recognise there is an intersection between religion and ethnicity that will require monitoring.

Commissioned and directly delivered rough sleeping services have robust policies around challenging stigma, harassment, abuse, and discrimination that will be rigorously monitored.

4h. Sex

Data

		18-25	26-35	36-45	46-55	Over 55	All ages
Haringey	Female	13,552 (51.9%)	26,294 (52.1%)	22,579 (51.7%)	19,413 (52.0%)	28,400 (54.5%)	136,998 (51.8%)
	Male	12,559 (48.1%)	24,213 (47.9%)	21,135 (48.3%)	17,950 (48.0%)	23,725 (45.5%)	127,249 (48.2%)
HRS	Female	48 (39 – 59%)	43 (16 – 28%)	54 (21 – 33%)	33 (14 – 26%)	25 (14 – 28%)	203 (23 – 29%)
	Male	49 (40 – 60%)	**157** (72 – 84%)	**149** (67 – 79%)	**138** (74 – 86%)	**102** (73 – 86%)	**595** (71 – 77%)
CHAIN	Female						35 (10 – 18%)
	Male						**226** (82 – 90%)

Haringey has a higher proportion of residents identifying as Female compared to those identifying as Male. This difference increases with age and is in part due to increased life expectancy for Females. The gap has increased since the 2011 Census which tentatively may be due to reduced international migration in the wake of Brexit and travel restrictions during the coronavirus pandemic.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

A combination of council-held data, CHAIN, and the census.

Detail the findings of the data

The data suggest that residents identifying as male are much more likely to have experience of sleeping rough compared to females. Data from CHAIN for 2021/22 showed 87% of people seen rough sleeping in Haringey by outreach services over that period were male. It is important to stress that this only refers to people that were observed rough sleeping. A growing body of evidence suggests that if someone female does sleep rough, then they are more likely to find somewhere out of reach of statutory services[21,22]. Against Violence and Abuse (AVA) in their evaluation of women's homelessness found LGBTQ+ women, Black and minoritised women, migrant women and women living with disability/ies face additional barriers to support and access to housing. They are also likely to face greater disadvantage in the labour market which might leave them more vulnerable to financial instability and homelessness.

Impacts

The commitments made in the Rough Sleeping Strategy will have a positive impact on women's experience of homelessness. The Strategy makes specific commitments to improving the data held about women experiencing rough sleeping and homelessness. This includes continuing the evaluation with AVA (Against Violence and Abuse) and committing to an annual women's census to reach a more robust understanding of the experiences and needs of women rough sleeping in the borough.

4i. Sexual Orientation

Additional data sources

ONS Annual Population Survey 2020, question on Sexual Identity.[23] Figures are based on subsequent analysis of data contained in the report, using ONS principal population projections for London and the UK. Note that the ONS survey combines responses from people identifying as gay or lesbian into one category "Gay Man / Woman". Similarly, people responding "Prefer not to say" or with missing responses were combined into a single category.

Data

Between 4.7 and 6.1% of Londoners aged 16 or over were estimated to identify as lesbian, gay, or "Other" in 2020.[24] Currently available estimates at a more local level (for example from the ONS Subnational sexual identity estimates, UK: 2013 to 2015) have very large statistical uncertainties and are therefore unreliable for practical purposes. The "Haringey (16+)" figures given below assume that Haringey is representative of London as a whole.

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[21] Fulfilling Lives in Camden and Islington (FLIC)
[22] Myth Busting Women's Homelessness, Homeless Link (2022)
[23] Sexual orientation, UK - Office for National Statistics (ons.gov.uk)
[24] Sexual orientation, UK - Office for National Statistics (ons.gov.uk).

Data from the 2021 Census has for the first time given accurate and reliable figures at borough and lower levels; for further detail see below.

	Haringey (16+)	HRS	HRS (missing data dropped)	HRS (CHAIN verified only, missing data dropped)
Heterosexual	198,560 (88 – 90%)	458 (49 – 55%)	(86 – 92%)	**(91 – 98%)**
Gay or Lesbian	6,660 (2.4 – 3.4%)	21 (1.6 – 3.6%)	(2.7 – 6.2%)	* (< 5.5%)
Bisexual	3,960 (1.5 – 2.1%)	14 (0.9 – 2.6%)	(1.6 – 4.6%)	* (< 5.5%)
Other (including prefer to self-describe)	1,820 (0.5 – 1.1%)	* (< 1.0%)	(< 1.7%)	* (< 5.5%)
Prefer not to say	Combined 11,710 (4.5 – 5.9%)	16 (1.1 – 2.9%)	(1.9 – 5.0%)	* (< 5.5%)
Unknown		370 (39 – 45%)	-	
Bisexual, gay, lesbian, or other	12,430 (4.7 – 6.1%)	48 (4.1 – 7.1%)	**(7.1 – 12%)**	(1.7 – 8.1%)

The data suggest that people who identify as bisexual, gay/lesbian, or other are overall more likely to be affected by homelessness compared to those identifying as heterosexual. The opposite appears to be true for residents who have been CHAIN verified (previously sleeping rough). Small sample sizes, large amounts of missing data, and the assumptions highlighted above mean, however, that these estimates are not especially robust, and should be treated with caution.

Various evidence obtained locally and at a national level corroborate this finding for 16- to 25-year-olds; where research has shown that the main cause of homelessness for this cohort is being asked to leave the family home.[25] Comparative data for older age groups is unfortunately lacking in the wider literature.

Recent research suggests that people who are autistic may express a wider range of sexual orientations compared to their peers in the general population.[26]

Sexual orientation

- 12,167 Haringey residents aged 16 and over (5.63%) identified as gay, lesbian, bisexual, or other (LGB+) - 9th in London.
-

| Sexual orientation	Haringey	Percentage (may not add up to 100% due to rounding)	Rank in London
Straight or heterosexual	180,100	83.38%	25th

[25] Jo Bhandal and Matt Horwood. *The LGBTQ+ Youth Homelessness Report.* s.l. : Alfred Kennedy Trust (AKT), 2021; F. Ashman, G. Taylor, and J. Vale, *Youth Single Homelessness in Haringey – A Brief Analysis of Need*, London Borough of Haringey, August 2022

[26] E. Weir, C. Allison, and S. Baron-Cohen, The sexual health, orientation, and activity of autistic adolescents and adults, Autism Research 14, 2342 (2021)

Gay or Lesbian	5,912	2.74%	12th
Bisexual	4,503	2.08%	9th
Pansexual	1,143	0.53%	4th
Asexual	140	0.06%	5th
Queer	310	0.14%	5th
All other sexual orientations	159	0.07%	3rd
Not answered	23,733	10.99%	4th

- Inner London boroughs generally had a higher proportion of LGB+ residents, which may be related to a younger population with more students.

Sexual orientation (Gay|Lesbian|Bisexual|other)

Percentage of MSOA (%)
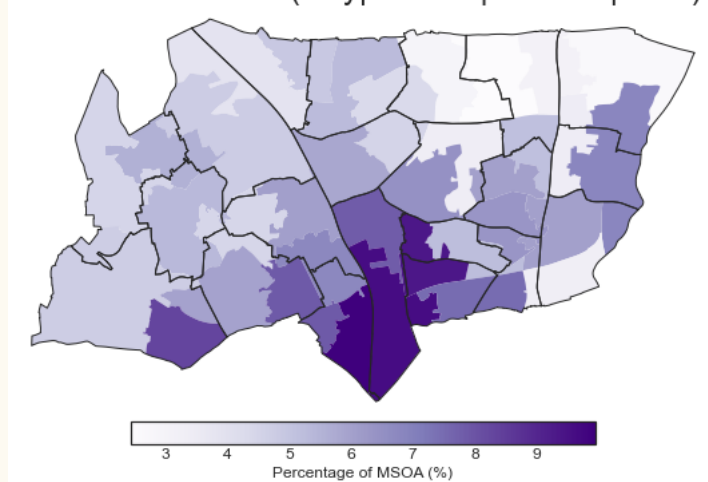
- Locally there is a greater proportion of residents identifying as LGB+ towards the south of the borough.

Gender identity

- 2,686 Haringey residents aged 16 and over (1.24%) identified as a gender different to the one they were assigned at birth – 3rd in London.

Gender identity	Haringey	Percentage (may not add up to 100% due to rounding)	Rank in London
Gender identity same as sex registered at birth	193,177	89.34%	30th
Gender identity different to sex registered at birth	1,377	0.64%	4th
Trans woman	383	0.18%	8th
Trans man	389	0.18%	12th

Non-binary	357	0.17%	3rd
All other gender identities	180	0.08%	5th
Not answered	20,137	9.32%	4th

Gender identity
(Trans|different from sex registered at birth|other)
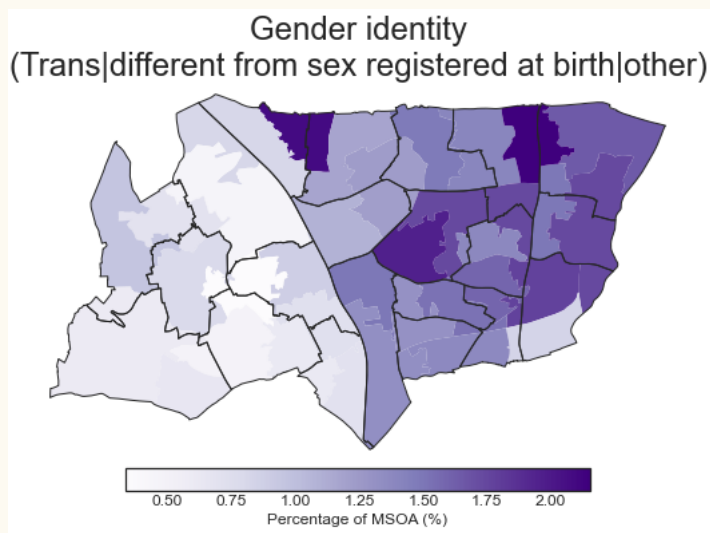
- Residents identifying as a different gender to the one they were assigned at birth were most prevalent towards the east of the borough.

Non-response rates to the sexual orientation and gender identity questions were generally higher in boroughs with a higher proportion of residents identifying as from an ethnic minority background. Locally, non-response rates to both questions were particularly high in the part of South Tottenham bordering Hackney (29% for sexual orientation, 22% for gender identity). This could tentatively be due to poor engagement with the local Jewish community. There were significantly more people identifying as Trans in the Borough.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

A combination of HRS and CHAIN data

Impacts

A growing body of evidence highlights that experiences of homelessness by people identifying as LGBT+ differ significantly from those of their cisgender, heterosexual counterparts.[27] The commitment to ensure that rough sleeping is rare, brief and non-recurrent will have a positive impact on people identifying as LGBT+ who are experiencing hidden homelessness.

4j. **Socioeconomic Status (local)**

Data

Borough profile

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[27] LGBT+ Homelessness: More Common, More Hidden, More Neglected - ChamberUK

Income[28]

- Haringey is the 4th most deprived in London as measured by the IMD score 2019 (where 1 = most deprived). The most deprived LSOAs (Lower Super Output Areas or small neighbourhood areas) are more heavily concentrated in the east of the borough.
- An estimated 26% of all households in Haringey, and 17% of Haringey residents aged 16-65, receive Universal Credit as of August 2022.[29] These average figures hide significant financial inequality in the borough – the proportion of households on UC in Tottenham and Northumberland Park is around four times higher than the most affluent areas (Crouch End, Highgate, Muswell Hill).

An estimated 34% of employee jobs in the borough are paid less than the London Living Wage of £11.95 per hour – the highest in London (and indeed nationally once local adjustments are accounted for).[30,31] This figure is even higher for part-time roles (estimated at 70%), highlighting the impact of "the gig economy" in Haringey.

Educational Attainment[32]

While Haringey's proportion of students attaining grade 5 or above in English and Mathematics GCSEs is higher than the national average, it performs worse than London. 5.5% of Haringey residents have no qualifications.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

A combination of council-held data, the census and studies showing national and regional trends.

Detail the findings of the data

See above

Impacts

The Rough Sleeping Strategy supports the borough's poorest residents to access appropriate support to exit street homelessness in a rapid and sustainable way. By committing to exhaust all options to find routes off the street for vulnerable people who face immigration restrictions, we will improve the lives and conditions of those who have nil income, have experienced multiple disadvantage and inequality.

5. Key Impacts Summary

5a. Outline the key findings of your data analysis.

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[28] Source: Annual Survey of Hours and Earnings, ONS, 2019
[29] Stat-Explore, Department for Work and Pensions, accessed 3rd January 2023.
[30] Employee jobs below the real living wage 2022, Sakinah Abdul Aziz and Joe Richardson, Living Wage Foundation, November 2022
[31] Annual Survey of Hours and Earnings 2022, Office for National Statistics
[32] Source: Annual Population Survey 2019 (via nomis)

By setting out a vision to end rough sleeping and making clear how we aim to achieve it, the strategy will have a positive impact on BAME residents, people with disabilities and those who have experienced multiple disadvantage and women.

5b. Intersectionality

- Many proposals will predominantly impact individuals who have more than one protected characteristic, thereby transforming the impact of the decision.
- This section is about applying a systemic analysis to the impact of the decision and ensuring protected characteristics are not considered in isolation from the individuals who embody them.
  Please consider if there is an impact on one or more of the protected groups? Who are the groups and what is the impact?

People who experience rough sleeping are disproportionately disadvantaged across multiple areas and have more than one protected characteristic, in particular in terms of race, socio-economic status, sex and disability. The Rough Sleeping Strategy prioritises meeting the housing and support needs of these groups.

and the strategy makes specific commitments to the following groups (amongst others):

- People from BAME backgrounds who have experienced multiple disadvantage and have complex mental and physical health needs
- Women who have survived trauma, including abuse and violence
- People who experience hidden homelessness including young people and LGBTQ+

5c. Data Gaps

Based on your data are there any relevant groups who have not yet been consulted or engaged? Please explain how you will address this

A formal consultation will take place following approval of draft in February 2023

6. Overall impact of the policy for the Public Sector Equality Duty

Summarise the key implications of the decision for people with protected characteristics.

In your answer, please consider the following three questions:

- Could the proposal result in any direct/indirect discrimination for any group that shares the relevant protected characteristics?

The rough sleeping strategy sets out that it is our priority to prevent rough sleeping, and to ensure that where it does happen it is rare. In 2021/22, 62% of people seen bedded down in Haringey were new to rough sleeping.[33] We are committed to better understanding the interactions of those at risk of rough sleeping, and using this evidence to inform our interventions. The proposal to publish a new rough sleeping strategy would not result in direct/indirect discrimination for any group that shares the protected characteristics.

- Will the proposal help to advance equality of opportunity between groups who share a relevant protected characteristic and those who do not?

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[33] Greater London Full Annual Report 2021-22: https://data.london.gov.uk/dataset/chain-reports

The strategy will help to advance equality of opportunity between groups who share protected characteristics and those who do not by creating a shared vision with concrete commitments, that will work to highlight and minimise known inequalities, meet the specific needs of people with protected characteristics and encourage participation of vulnerable people in the evaluation of the success of the strategy through the convening of a peer scrutiny panel.

- Will the proposal help to foster good relations between groups who share a relevant protected characteristic and those who do not?

Services commissioned to deliver elements of the strategy including services in the single homeless pathway will also help to foster good relations between groups who share and do not share protected characteristics by having specific and tailored policies and procedures around discrimination, bullying and abuse as well as delivering supportive interventions and activities for service users around violence and abuse, hate crime, consent, and personal boundaries.

The Strategy will not result in identified direct or indirect discrimination for any group that shares the relevant protected characteristics.

By ensuring that inequalities for those experiencing rough sleeping are reduced the Strategy will help to advance equality of opportunity between groups who share a relevant protected characteristic and those who do not. The Strategy will help to foster good relations between groups who share a relevant protected characteristic and those who do not.

7. Amendments and mitigations

N/A

7a. What changes, if any, do you plan to make to your proposal because of the Equality Impact Assessment?

Further information on responding to identified impacts is contained within accompanying EQIA guidance

No major change to the proposal: the EQIA demonstrates the proposal is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. If you have found any inequalities or negative impacts that you are unable to mitigate, please provide a compelling reason below why you are unable to mitigate them

7b. What specific actions do you plan to take to remove or mitigate any actual or potential negative impact and to further the aims of the Equality Duty?

Not applicable

Lead officer: Rough Sleeping Coordinator

Timescale: To be reviewed annually

Please outline any areas you have identified where negative impacts will happen because of the proposal, but it is not possible to mitigate them.

Not applicable

Please provide a complete and honest justification on why it is not possible to mitigate them:

Not applicable

7. Ongoing monitoring

Summarise the measures you intend to put in place to monitor the equalities impact of the proposal as it is implemented.

- Who will be responsible for the monitoring?
  The Rough Sleeping Coordinator
- What the type of data needed is and how often it will be analysed.
  Data sources mentioned above will be reviewed
- When the policy will be reviewed and what evidence could trigger an early revision
  The strategy and achievement of the aims stated in the strategy will be reviewed on an annual basis.
- How to continue to involve relevant groups and communities in the implementation and monitoring of the policy?
  On an ongoing basis we will ensure the voices, insights and experiences of people with protected characteristics continue to feed into the work committed to in the strategy. A peer review panel will be convened, who will work with the Rough Sleeping Coordinator to review progress towards the vision and commitments set out in the strategy.

Date of EQIA monitoring review:

January 2023

8. Authorisation

EQIA approved by (Assistant Director)   **Gill Taylor**

Date   **TBC**

9. Publication

Please ensure the completed EQIA is published in accordance with the Council's policy.

Please contact the Policy & Strategy Team for any feedback on the EQIA process.