Appendix 4 - Equality Impact Analysis Supported Accommodation People with Mental Health Needs

Title of Project/Service/Policy	Supported Accommodation based services for Homeless Adults with Mental Health needs in East Sussex.
Team/Department	Housing & Support Solutions
Directorate	Adult Social Care and Health
Provide a comprehensive description of your Project (Service/Policy, etc.) including its Purpose and Scope	**Summary of changes to original proposal and revisions to Equalities Impact Assessment** The consultation process highlighted the significant risk of service closure and resultant risk of people currently living in the supported accommodation being made homeless, if funding for the support services is ceased. As a result of this feedback, whilst the proposal is still for the support services to cease, it is now recommended to delay the implementation of the proposals and to continue the funding for these services for an additional three months until 31 December 2025. It is anticipated that extending the funding for this period may mitigate the impact on some residents and enable some individuals to find alternative suitable accommodation and support. During that period it may also be possible to work with partners to identify alternative arrangements that will mitigate the impacts across sectors. However, at the current time it is not known how/if the three month extension will materially affect the outcome of withdrawing the funding on 31 December 2025 and the service closure that is expected. This EqIA therefore takes account of the revised proposal to extend the funding for a longer period and how this could mitigate some impacts where appropriate, but focuses on the expected overall impact created by the scheme closing down. **Supported Accommodation for Adults with Mental Health Needs – Description of service and savings proposal** East Sussex County Council Adult Social Care and Health (ASCH) commissions a range of supported accommodation for adults that experience Mental Health issues, and who also have complex and multiple needs and are at risk of homelessness. Funded by East Sussex County Council, the provision is commissioned in partnership with the five district and borough housing authorities. The service supports adults aged 18 and over who are homeless, or at risk of homelessness, whose primary need is risk of harm due to a recognised mental health need. It comprises 45 units across three schemes located in Hastings, Eastbourne and Rother which support adults 24 hours a day, seven days a week.

The proposal is to cease supported accommodation provision for adults with mental health needs, as a result these services are likely to close. There is no statutory requirement to provide the services, however, we recognise the value of these services and the potential they have to contribute to the prevention agenda.

The total potential saving is £356,000 with £178,000 delivered in 2025/26, and the remainder in 2026/27, the notice period on the contracts is three months.

Services commissioned as part of these contracts are:

Scheme	Council area	Provider	Number of units	Gross Annual Contract Value
Pathways	Rother	Salvation Army Homes	14	£111,000
Bal Edmunds	Hastings	Sanctuary Supported Living	12	£117,000
Hyde Gardens	Eastbourne	Sanctuary Supported Living	19	£128,000

Overview of the service:

The Supported Accommodation services support the strategic priorities of Adult Social Care, Health, and Housing and provide a flexible, outcome focused on site housing support service that:

- Prevents a wide range of crisis situations including homelessness.
- Prevents their mental health from deteriorating into crises (this includes support to access and engage with relevant professionals, particularly when presenting a risk to themselves or others).
- Supports to keep them safe.
- Builds resilience.
- Supports healthy living and wellbeing.
- Supports people to engage with education, employment, volunteering, and training.
- Promotes self-care and avoids hospital or accommodation-based care.
- Supports people to gain independence, maximising their capacity to live as independent a life as possible with a view to positive move on.
- Gives peace of mind to wider family members through knowing the individual is living in a secure environment and the removal of caring responsibilities.

Who uses the services?

People who live in East Sussex who need to access accommodation and support because they have a mental health need and are homeless or at risk of homelessness.

	Demographic information and equalities data about service users is recorded by the service providers and shared with East Sussex County Council on a quarterly basis. These have been analysed to understand more about the people accessing the services and have been used to inform this report. For a full breakdown of this data please see Appendix A. Many adults referred to the service can be described as having 'Multiple compound needs', or multiple disadvantage/complex needs. These specific needs form part of Section 42 of the Care Act: Safeguarding. Some of the adults living in the supported accommodation are eligible for support from ASCH under the Care Act (see below). Multiple Compound need is defined as people who experience three or more of the following: • Homelessness • Current or historical offending • Substance misuse • Domestic abuse • Mental Health difficulties This list is not exhaustive, however, these various needs interact or exacerbate each other, so that a combination of increasing health and social care needs are experienced simultaneously. **How do people access the service?** Referrals into the service are primarily via the District and Borough housing teams. However, people can be referred directly from Adult Social Care. **How are people assessed for the service?** People are assessed against the following eligibility criteria: • aged 18 and over. • homeless (this includes insecurely housed with friends and family) • they require specialist accommodation to minimise the risk to themselves or others. • they have complex and/or challenging needs and cannot live with their family but do not have the skills to live independently and understand the purpose of the service and are prepared. to engage with the housing support. • are ordinarily resident within the geographical area of East Sussex.

	People do not have to meet Care Act eligibility or receive a Care Act assessment to access the services. From a snapshot from September 2024, of the 48 people living in the service, 14 are currently open to Adult Social Care and Health, nine are under Sec117 Mental Health Act aftercare. The aim is for individuals to move out into independent housing within 18 months of moving into the accommodation. People moving on from the service are offered six months move-on support to help them maintain their tenancy and support living independently in the community. This helps to reduce the risk of accommodation break-down. **What are the outcomes of the services?** In 2023/24 66 people accessed the services. A total of 17 people moved on from the services, with 15 of these moves being planned. 47% of people living in the service accepted the offer of six months move-on support with the vast majority continuing to remain living in general needs housing after leaving the service. The service providers interventions are measured against several key performance areas, such as maintaining mental health and wellbeing, and accessing and engaging with paid work, training education, and volunteering opportunities: - Average of 45% of people were engaged in paid work, training, education or volunteering. - Average of 55% of people remained stable- i.e. who better managed their physical health, mental health and substance misuse needs. District and Borough Council partners, who have the statutory duty for housing and homelessness, use and value these supported accommodation services, as it assists them in preventing and alleviating homelessness for people who meet the priority need definition and those who are vulnerable within their authority area. While homelessness prevention in relation to housing provision is not an East Sussex County Council statutory responsibility, improving health and reducing health inequalities is. The cohort of individuals supported by this contract have some of the poorest health and wellbeing within the county. East Sussex County Council have continued to recognise the value of these services and their potential to contribute to the prevention agenda. This is significant given that many local authorities across the country have reduced or withdrawn funding for these services. Locally the Sussex Health and Care partnership has a five year Sussex Integrated Care Strategy 'Improving Lives Together' which has four main goals:

- Improve health and health outcomes for local people and communities, especially those who are most disadvantaged.
- Tackling the health inequalities we have.
- Working better and smarter, and getting the most value out of funding we have; and,
- Doing more to support our communities to develop socially and economically.

And the following additional aims:

- Supporting people to look after their own health and wellbeing.
- Supporting people who have physical disabilities, learning disabilities and mental health conditions, to have good health and joined-up care and support, including access to opportunities such as accommodation, housing, and employment.
- Ensuring more access to services for people who have traditionally been under-served, for example homeless people.

Homelessness – What is it?

The terms rough sleeping and homelessness are often used interchangeably but it is important to separate their meanings:

- Rough sleeping includes living out on the streets / in tents.
- Homelessness is a broader term that is defined by not having a fixed / permanent home, and as well as people who are rough sleepers also includes those living in emergency and temporary accommodation, people who are 'sofa surfing,' and those sleeping in their car.

The issue of rough sleeping is largely visible, but homelessness is mostly hidden from the public eye.

Impact on Health: The average life expectancy for a rough sleeper is 44 years for men and 42 years for women. Over 80% of rough sleepers have mental health needs and 75% have physical health needs including long term conditions. 75% of rough sleepers have drug and / or alcohol issues and have been in contact with the criminal justice system. Over 53% of rough sleepers have sustained a head injury (usually as the result of being intoxicated) and this can add to problems around communication and understanding. The other common types of physical health issues that rough sleepers present with include leg ulcers (often as a result of injecting drugs), foot infections and dental problems.

The annual cost of poor housing has been estimated nationally to be at least £1.4b to the NHS and there are far wider economic impacts. Poor and unsafe housing can occur in all forms of home ownership and occupancy, but in general the private rented sector has the highest rates of poorer housing.

	Suicide is the second most common cause for death in the homeless population (ONS reveals the number of people dying homeless | National Statistical) by providing secure accommodation the services contribute to the East Sussex Suicide Prevention Framework and Action Plan. 3,054 people presented as homeless and were owed a duty in East Sussex in 2023/24. There are currently 1,277 households living in temporary accommodation and 6,476 households on the waiting list for social housing. The office for National Statistics states: • Limited data on some forms of "hidden" homelessness are available but it is not currently possible to estimate the true scale of "hidden" homelessness across the UK because of known complexities in reaching this population group. • The available evidence suggests some population groups, such as women, young people, and ethnic minority groups are more likely to experience "hidden" homelessness than others. • Those are likely to be vulnerable population groups that are particularly difficult to capture in official statistics because of the way they experience homelessness. "Hidden" homelessness in the UK: evidence review - Office for National Statistics (ons.gov.uk) **Intersectionality:** Multiple Exclusion Homelessness: Common explanations for why people experience homelessness includes poverty, substance misuse, mental illness, and lack of affordable housing. These risks intersect with protected characteristics, such as sexual orientation, gender, race, disability, and age, to create unique systems of inequality and/or 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. In order to present a clearer picture of the impact to people living in the service, the following statistics have been collated. This is a snapshot from 43 people living in the service on a day in November 2024 and has been taken directly from the staff teams:

	• 56% are deemed ready to move on and are bidding on properties. • 88% are assessed as requiring some form of support once they move on from the services. • 74% have a historical or current issue with alcohol and/or substance misuse. • 51% are deemed to be at risk of physical, emotional or sexual harm. • 60% are deemed as being at risk of financial harm. • 79% are deemed to be at risk of street homelessness. • 72% are deemed to be within the 'multiple & compound needs' client group. • 37% are deemed to be at increased risk of increased criminal activity. • 44% are deemed to be at increased risk of deliberate self-harm and suicide. The proposal is to cease funding the supported accommodation service for adults with mental health issues on 31 December 2025. At the current time it is understood that ceasing Council funding is likely to make the scheme financially unviable and it will close.

1. Update on previous EqIAs and outcomes of previous actions (if applicable)

What actions did you plan last time? (List them from the previous EqIA)	**What improved as a result?** What outcomes have these actions achieved?	**What <u>further</u> actions do you need to take?** (add these to the Action Plan below)
The previous EqIA was considering a reduction in services and associated impact with a reduced offer of support in relation to a lesser annual budget. This was completed in 2018. It is therefore a different proposition to the contracts being given notice and the services potentially closing.	The proposals were to consider ending the contract for supported accommodation. However, grant funding was found which dramatically reduced the impact of the necessary cuts to council funding.	To draw from the old EqIA in terms of learning opportunities. To review responses from the previous consultation as it is likely that the information will still be relevant.

2. Review of information, equality analysis and potential actions

Consider the actual or potential impact of your project (service, or policy) against each of the equality characteristics.

Protected characteristics groups under the Equality Act 2010	**What do you know?** Summary of data about your service-users and/or staff	**What do people tell you?** Summary of service-user and/or staff feedback	**What does this mean?** Impacts identified from data and feedback (actual and potential)	**What can you do?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age	**0-19** The services only accept adults over 18 years old. There are no people in the service aged 0-19 against the England average of 23%, and East Sussex 21%. There are other commissioned services aimed at 16–25-year-olds who are homeless or at risk of homelessness. **20-44** 79% of the people currently accessing the services are aged between 20 and 44. Comparing this with national and local age range data this reflects a significantly higher proportion of people within this age group than	The majority of people living in the service that engaged in the consultations were of working age. The fear for this group is that the support they receive would not be replicated elsewhere. This is due to most people living in the service being single, homeless and having a severe and enduring mental health condition. In many instances this could result in them seeking alternative supported accommodation in the event of a service closure. The key themes were that this would result in: Working Age:	The proposal would have a negative impact on homeless people with complex needs and people with mental health issues of all ages. This impact would particularly affect people of working age. If this proposal is approved and services close, fewer people of working age will be able to access accommodation with housing support with the outcome that homelessness amongst this cohort will potentially increase. Nationally, the ability of young adults to form households of their own continues to fall.	If these proposals are agreed there are limited mitigation opportunities available. It is likely the services would close and therefore anyone living in the service at that time would need to find alternative accommodation. The revised proposal to extend funding to 31 December 2025 may enable more people to find suitable alternative accommodation and support. We would offer a social care assessment to all current service users. This will ensure that people who are statutorily eligible for ASCH support receive it.

	the general population (33% in England, and 25% in East Sussex). The high number of people between 20 and 44 is reflective of the national picture of homelessness as shown in the 2021 Census. **45-64** 19% of people currently accessing the services are between 45 and 65 years old, this is significantly lower than the national and local averages. 26% in England, and 28% in East Sussex. **64+** 2% of the service is made up by people over 65 against 18% in England, and 26% in East Sussex.	• Homelessness and people ending up on the streets. • Being housed inappropriately in Temporary Accommodation. • Not receiving any support and this leading to poor mental health, alcohol and substance misuse, deliberate self-harm and suicide. Young people: - Concerns about affordability [due to local housing allowance rates]. Older people: - Safety- people living in the service spoken to did not feel safe in temporary accommodation. Older person living in the service quotes: "I ended up moving into a temporary accommodation which wasn't very nice. My room would leak in the winter, and it was cold. There were [drug	homelessness_monitor_england_2018.pdf (crisis.org.uk) Housing Benefit rulings mean people under 35 years old only receive a shared housing benefit rate, unless they have an eligible disability (Personal Independence Payment). These benefit rates are set by central government using Local Housing Allowance rates. Whilst in theory they are based upon the local rental market, recent significant increases in the cost of private rental rates means that these options often become unaffordable for people on benefits. This means social housing, where the rental rates are capped, is the only option open to them. Demand for social housing is extremely high in the Southeast and waiting lists are lengthy (with some local authorities advising 6+ years to be allocated). Therefore, transitioning out of the supported accommodation will be more difficult for people with low support needs who are under 35 years of age. It is anticipated that a six-month	If services close because of the withdrawal of the support funding, we will work with service providers to ensure people who may be at risk of homelessness are identified and appropriate and timely referrals are made to the Local Housing Authorities as per our duties under the Homelessness Reduction Act 2017. For people who are under 25 years old and still require support it may be possible for them to transition into one of the Young People's Supported Accommodation Services also commissioned by East Sussex County Council, this will be dependent upon availability of this accommodation at the point it is required. For people who are over 25 years old there are no other services which provide the same or similar level of on-site support and accommodation for people who do not have care act eligible needs.

		users] living there and I didn't feel safe". "I feel safe here and it keeps me off the streets". "Without the staff here, I would be on the streets".	timeframe to action this will not be enough time for some individuals to find alternative accommodation. The Homelessness (Priority Need for Accommodation) (England) Order 2002 is used by the local housing authorities to identify who they have a duty to provide accommodation to, anyone not covered by the priority need criteria will be deemed as statutory homeless. There is a significant risk that people currently living within the accommodation would fall within the statutory homeless definition. The impact of this is that there is likely to be an increase in the number of people sleeping rough in East Sussex. Numbers of people sleeping rough in East Sussex on a single night in Autumn 2023 (snapshot) = 85. Eastbourne (37) and Hastings (31) had the highest numbers with Lewes, Wealden and Rother having the remaining 17 rough sleepers across these large rural areas.	

			The majority of the services within the proposals are in Hastings and Eastbourne which would place additional stress on the District and Borough Housing teams and homelessness services. Rough sleeping snapshot in England: autumn 2023 - GOV.UK (www.gov.uk) Options for people sleeping rough is limited due to their complex needs and the already overburdened housing rental sector. This is further exacerbated by several grant funding streams supporting services people with multiple compound needs, including the East Sussex Rough Sleeping Initiative and Changing Futures programme, due to end in March 2025. If the proposals are agreed, then all of the people living within the accommodation will need to be offered an assessment by adult social care to identify if they have any Care Act eligible care and support needs and for information and advice or signposting. This will have a	

			significant impact on the operational teams within adult social care who would need to complete these assessments. Given the short notice period on the contract (three months) this will allow limited time for these to take place.	
Disability	In the 2021 census, 20.3% of East Sussex residents were living with a long-term physical or mental health condition or impairment that affected their ability to carry out day-to-day activities, the same proportion as in 2011 (compares to 18% for England & Wales). 34.8% of households in East Sussex had at least one member identifying as disabled under the Equality Act in 2021. 100% of people living in the service during 2023/24 reported having a disability. This is significantly higher than local and national population figures of 20.3% 66% of people living in the service were reported as having a severe and enduring mental health or psychosis as their primary condition.	From both the group engagement and the 1:1 sessions with people living in the service, the majority of people and staff felt that there would be a disproportionate impact to people with mental health conditions. This is due to: • Mental Health services being at capacity. • People not being able to manage crisis without the service. • Increased waiting times at A&E and GP practices. • Temporary Accommodation not being a safe place to live; particularly for	People who are disabled are likely to be more affected by the proposal, this is because a higher number of people accessing the service identified as being disabled in comparison with the number of disabled people in the general population. The current service provides clear pathways of support for those with additional or complex needs and makes sure that all staff have appropriate training in mental health conditions and trauma-informed approaches. Should this service end, these pathways and specialisms will no longer be available unless suitable alternative provision is arranged. The support provided helps individuals to stabilise	If these proposals are agreed there are limited mitigation opportunities available. It is likely the services would close and therefore anyone living in the service at that time would need to find alternative accommodation. The revised proposal to extend funding to 31 December 2025 may enable more people to find suitable alternative accommodation and support. We will offer a social care assessment to all current people living in the service. This will help to ensure that people who are statutorily eligible for support receive it. If services close because of the withdrawal of the support funding, we will work with

	This is compared to 1.2% in East Sussex and 1% of the population in England who were recorded on GP registers as having schizophrenia, bipolar affective disorder and other psychoses in 2020/21. **National Data: Support Needs and Homelessness:** Of all households owed either a prevention or relief duty, 53.7% of households identified as having one or more support needs. The most common support need was for those with history of mental health problems, accounting for 26.0% of households owed a homelessness duty. The second most common was for those with physical ill health and disability accounting for 19.2% of households owed a duty. Other notable groups include those at risk of or with experience of domestic abuse (11.1%), those with offending history (7.9%), those with a history of repeat homelessness (6.5%) and those with learning disability (5.9%). **Please see below for a summary of data from 2023/24:**	vulnerable people with complex needs. • Not receiving support from staff will lead to more risk. Comments: "Mental health will worsen". Residents in crisis – "it's hard to get MH support when its needed, often refused assessments". "I have stayed in Temp accommodation before, it's not nice. Not a good environment for people with MH and disabilities. Staff are not trained and cannot deal with it. [They are] nesting grounds of issues, drugs, crime, people taken advantage of". "There are going to be less opportunities for people with mental health". The secondary impact is the post move on '6-month support offer' which allows people living in the service to contact the team and request additional	their mental health, supporting them to recognise fluctuations, identify techniques to better manage these changes and enable more resilience in the long-term. Many of the current people living in the service report challenges accessing other forms of support i.e. telephone, community based and ad-hoc and felt that having available on-site support made a significant difference to them as they had been able to build up a trusting relationship with the support team. Service providers report that they are working with more people with complex and multiple needs. People with complex needs have a combination of mental health and drug and alcohol problems and possibly additional issues such as a learning or physical disability and offending behaviour. The proposed changes to services may mean that this group find it more challenging to access and maintain accommodation. This may result in an increase in	service providers to ensure people who may be at risk of homelessness are identified and appropriate and timely referrals are made to the Local Housing Authorities as per our duties under the Homelessness Reduction Act 2017. We will ensure individuals are signposted to specific support services in order to receive advocacy and support if required. We will ensure that all information relating to the proposals is provided in various formats to support a range of additional support needs, working with service providers to identify which people currently using services require adjustments.

	Mental Health- Primary mental health conditions: Anxiety = 9% Bipolar affective disorder = 6% Depression = 21% Personality disorder = 26% Psychosis = 14% Schizophrenia = 20% Other = 4% **Secondary mental health conditions:** Anxiety = 27% Bipolar affective disorder = 2% Depression = 18% None = 36% Other = 15% *Not recorded = 2%* This information is further evidenced by the number of people within the service claiming disability related benefits (Personal independence payments (PIP)/Employment Support Allowance): PIP = 62%. PIP helps with some of the extra costs caused by long-term disability, ill-health or where they are approaching the end of their life due to a progressive disease. From 8 April 2013 DWP started to replace Disability Living Allowance	support for up to 6 months. Our data tells us that this is well used and is a positive and preventative aspect of the service that both people who use care and support and staff felt would be missed. Comments included: Offer is 6 months support but there are people who have left the service that might get in touch years later or drop in for a cup of coffee. “It shows the trust they have built with us. Some of these people had no trust and no hope.” “The [people who have left the service] know the service is there for 6 months after they leave and beyond. They feel safe here.” Number of people within the service claiming disability related benefits (Personal Independence Payments (PIP)/Employment Support Allowance): A concern was raised in the group and 1:1 engagements about people on benefits being stigmatised and that finding safe	homelessness and street homelessness, and associated health problems such as substance misuse and mental health issues. Within the service, people are supported to manage their mental and physical health, e.g. by helping to keep appointments and referring to additional services if needed. People may experience negative impacts on their health if alternative provision is not in place. People who are homeless experience some of the worst health outcomes in England and die on average 30 years earlier than the general population.. Primary and secondary health services are difficult for homeless people to access, and intensive support is often required to enable them to engage with services to ensure that health needs are met. Health And Care Services For People Sleeping Rough | The King's Fund (kingsfund.org.uk) A reduction in services available for these adults may result in an increase in unmet health and	

	(DLA) for working aged people with PIP. In 2024 approximately 5% of the UK population claimed PIP. This is in comparison with 62% of people using the service are claiming the 'daily living component' of Personal Independence Payments which perhaps evidences a higher need of support.	and long-term accommodation was more of a challenge for these people than for those in employment. The cost-of-living crisis has also had an impact on affordability of housing in the area. "People that live here learn to become self-sufficient and become useful members of society". "Will closing Pathways not just pass the buck to Housing and they will become overspent? Will they then need to close or reduce temporary accommodation?"	social care needs and due to the complex needs of the people living in the services there is like to be a subsequent increase in A&E attendance, suicide, self-harm, hospital admissions, and demand for adult social care services. There is one wheelchair accessible unit within the current provision (Bal Edmund), alternative suitable accommodation may be difficult to source which would have a negative impact on those with a physical disability.	
Gender reassignment	The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+) Comprehensive Needs Assessment estimates that there may be 5,572 Trans and Gender Diverse (TGD) people (1% of the population) living in East Sussex 2021 Census: 1640 residents declared their gender identity was different to that assigned at birth which is 0.4% of the population. Of the people who lived in the supported accommodation services between 2023-2024, 2% identified as transgender.	There were no specific views regarding this protected characteristic.	There is a higher than national average of transgender people using the service which would indicate this proposal would have a negative impact on this protected characteristic. In the UK, one in four transgender people have experienced homelessness, with twenty-five per cent of participants experiencing discrimination when buying or renting accommodation (lgbt_in_britain_-	No mitigation options have been identified.

			_trans_report_final.pdf (stonewall.org.uk)). This indicates this group of people will be more likely to need to access housing related support services and more likely to struggle to find accommodation. *"Those who were trans, non-binary and/or agender, from a minority ethnic group, and/or disabled were all much more likely to report having been homelessness in the last year, and being from a minority ethnic group, disabled, trans, non-binary and/or agender or under 25 were all associated with increased risk of homelessness in the next year*". How is the LGBTQ+ community impacted by homelessness? – Data Impact blog (ukdataservice.ac.uk)	
Pregnancy and maternity	According to (NOMIS) data for East Sussex there were 4,411 live births in 2022, a crude birth rate of 8% of the population. Pregnancy is a life changing event known to increase the risk of domestic abuse and relationship	There were no specific views regarding this protected characteristic.	The proposal would not have a significant impact on pregnant women or those with young children due to low numbers of referrals for pregnant women in the last year compared with the general population sharing this protected characteristic	Work will be undertaken with providers to identify anyone within services who is pregnant or living with young children to ensure Duty to Refer protocols are followed.

	breakdown which further increases housing insecurity and risk of homelessness. A survey by the Royal College of Midwives and Dispatches in 2019 discovered that more than 99% of midwives had seen a pregnant woman who was homeless in a six-month period. 2023 saw the highest numbers of families experiencing homelessness and living in temporary accommodation since records began. Of the women who used the service in 2023/24 there were none who were pregnant at time of referral.		Women who are pregnant or have young children living with them are classed as priority need under The Homelessness (Priority Need for Accommodation) (England) Order 2002. Several studies have linked housing insecurity and adverse impacts on the health of the child including low birth weight, premature birth, maternal death and increased need for healthcare of the child post birth (Housing instability and adverse perinatal outcomes: a systematic review - PMC (nih.gov)).	East Sussex County Council Commission 21 units of accommodation for young parents (under 25 years old), anyone meeting the criteria to access this accommodation could potentially access this if there is availability
Race (ethnicity) Including migrants, refugees and asylum seekers	8.0% of the adult population in East Sussex is from an ethnic minority group (including White minority groups). This compares to 18.8% in England. In 2021, 93.9% (512,440) of usual residents in East Sussex identified their ethnic group within the high-level "White" category, a decrease from 96.0% (505,420) in the 2011 Census, but still significantly higher than the English national average (81.0%) and also higher than the average for the Southeast region (86.6%).	There were no specific views regarding this protected characteristic.	The data tells us that the service has a high population of white British people which is in line with East Sussex but is significantly lower than the national average. It is not anticipated that people from different ethnic backgrounds would be disproportionately affected by this proposal, and therefore, the impact is neutral. In terms of the national picture of homelessness, a higher	No mitigation options have been identified.

	4.6% were of another white background; 1.6% were Asian/ Asian British, 0.5% were Black/ Black British and 1.3. % were from other ethnic backgrounds. Those selecting a non-UK identity only accounted for 5.5% of the overall population (29,880 people), which is an increase from 4.3% of the population (23,090 people) in 2011. Data from the people living in the service in 2023/24 shows ethnicity as: Asian/Asian British: Chinese= 2% Mixed: White & Asian= 2% Mixed: White & Black African= 2% Mixed: White & Black Caribbean= 2% White: English/Welsh/Scottish /Northern Irish/British = 90% White: Other= 2%		proportion of people identified as homeless in Census 2021 identified within the "Black, Black British, Black Welsh, Caribbean or African" (15.0%), "Mixed or Multiple ethnic groups" (5.1%), or "Other ethnic group" (6.1%) high-level categories, when compared with the rest of the population of England and Wales (4.0%, 2.9%, and 2.1%, respectively) Evidence suggests that ethnic minority individuals are at a higher risk of experiencing "hidden" homelessness. They were also less likely to perceive themselves as homeless and therefore less likely to access homelessness services, making homelessness in these communities less visible. Common housing problems for ethnic minority people include a lack of information about housing options and rights, difficulties in obtaining information due to language differences, literacy issues, and lack of familiarity with the system, institutional discrimination, difficulties in	

			getting specialised advice and difficulties in getting complaints addressed. Ethnic minority people affected by homelessness tend to rely mainly on a limited number of ethnic minority organisations that provided services targeted to these groups.	
Religion or belief	In 2021, 45.9% (250,330) of usual residents of East Sussex identified as Christian, down from 59.9% (315,650) in 2011. The second most common religion in East Sussex after Christianity is Islam. The proportion of the population stating they were Muslim increased from 0.8% of the usual resident population (4,200) in 2011 to 1.1% (6,190) in 2021. This is low compared to both the Southeast Regional and the English national averages, with 3.3% of residents in the South East specified their religion as Islam, and 6.7% across the whole of England. People in East Sussex with the highest proportion of people with no religious belief is Hastings (37%), and Lewes (32.5%) also having a notably higher proportion of people	There were no specific views regarding this protected characteristic.	Most people in the service either have no religion or are Christian. It is not felt that this proposal would have a significant impact on individuals from a religious or belief perspective. Whilst it may be possible for some individuals to seek additional support via their religious or spiritual groups it is not likely this would represent a mitigation unless they are able to provide accommodation and on-site support, Service Providers will be encouraged to consider if this may be relevant within individual's needs.	No mitigation options have been identified.

	with no religion than the national average. People living in the service in 2023/24 shows religion as: **<u>Service (%)</u>** Not recorded= 1% Any other religion= 5% Christian (all denominations) = 21% None= 67% Not known= 6%			
Sex	Of the population of East Sussex, 299,064 (52%) are female and 270,788 (48%) are male. Of the people living in the service in 2023/24 their gender was broken down into the following: Female = 33% Male = 62% Other = 3% Transgender = 2% Homelessness and gender: Women are less likely to experience forms of homelessness that are immediately visible to the public and to services, so it can be assumed that women are less likely to be homeless. However, women	In the engagement and 1:1 sessions, women living in the service reported that they had been without a home or street homeless due to being victims of domestic and sexual abuse. Three women living in the service gave accounts of having fled violence and given up a tenancy to move into a Refuge. Key themes: • Safety and security provided by a staffed environment. • Staff trained in mental health skills and trauma informed support. Comments:	Data indicates that men would be disproportionately impacted by this proposal as more men access the service than women. However, the first-hand accounts of women using the service highlight its specific value to women who are more likely to experience domestic and/or sexual violence. During the consultation there were several reports made by women using the service of their experiences of street homelessness and temporary accommodation and how vulnerable they were to abuse and exploitation in these settings, there is a risk that if individuals currently accessing	No mitigations have been identified.

	make up a greater percentage (60%) of those who are homeless and in temporary accommodation. 32% of homeless women from the general population reported that domestic abuse contributed to their homelessness and 52% of domestic abuse survivors need support to help them stay in their own home or move to new accommodation. (https://safelives.org.uk/spotlight-5-homelessness-and-domestic-abuse) Women in refuges are also not visible to the public and are not included in statutory homelessness statistics. If a woman is homeless but not in temporary accommodation or a refuge, they are less likely to be visibly rough sleeping. Instead, women tend to stay in precarious accommodation, refuges, sleep on trains or other less visible places. In the last 10 years, the number of women in England who are homeless has increased by 88%. Myth Busting Womens	One person living in the service said that the service has changed her life. She is quoted as saying: "You should have seen me when I moved in. I couldn't speak to men or even be in the same room as a man" "I was admitted [to psychiatric hospital] 5 times when I was at the Refuge as they couldn't help me with my mental health". "If it wasn't for Hyde Gardens and the staff here, I would probably live on the streets". Another person living in the service said: "If I wasn't here and I didn't have the support, I'd be dead… either through self-neglect or such a lack of hope I would have taken my own life. I was very close to that. I had a plan."	the service are unable to find suitable alternative accommodation they will return to similar situations.	

	Homelessness - Homelessness Link			
Sexual orientation	The 2021 East Sussex LGBTQI+ Comprehensive Needs Assessment estimates that there may be between 17,273 and 39,004 LGB+ people living in East Sussex (between 3.1% and 7% of the population) In adults, the GP patient survey found that mental health condition prevalence was significantly higher in LGB+ people (41%), compared to heterosexual people (11%), especially in bi people (56%). The National Institute of Economic and Social Research found that heteronormative assumptions as well as experiences and/or fears of discrimination prevent LGB&T people from accessing mainstream services. For this reason, LGB&T people prefer and are more engaged with specialist LGB&T organisations. According to the 2021 Census 3.3% of East Sussex residents declared themselves as LGB+	There were no specific views regarding this protected characteristic.	9% of the people living in the service identified as not heterosexual. This is above the estimated percentage within East Sussex and therefore indicates a negative impact on people with this protected characteristic. The service provider can ensure any people affected are aware of the specialist LGBTQI+ support services in East Sussex & Brighton who can offer signposting, counselling, and advocacy support. However these services will be unable to provide accommodation or onsite support to the individuals living within the service therefore this is not felt to be a mitigation.	No mitigations have been identified.

	Of the people living in the service in 2023/24 the sexual orientation was broken down into the following: Bisexual = 3% Gay Man = 2% Heterosexual = 91% Other = 4% The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+) Comprehensive Needs Assessment found that homelessness disproportionately impacts LGBTQ+ people - 18% of LGBTQ+ and TGD people surveyed had experienced homelessness at some point in their lives.			
Marriage and civil partnership	Not applicable People who are married or in a civil partnership are protected by the Equality Act and should not face discrimination or victimisation. These protections extend in the provision of housing and accommodation. We do not routinely collect data on the relationship status of users of the services.	N/a- There were no specific views regarding this protected characteristic.	N/a	N/a
Armed Forces	There are no people who has served in the armed forces in the service.	N/a There were no specific views regarding this protected characteristic.	Although there are currently no people who have served in the armed forces at the 2023/24 and 2024/25 snapshot, the national	No mitigations have been identified.

	East Sussex had the 4th highest proportion of veterans in the 16 and over population (4.6%) in the Southeast. Across the UK, the majority (93.8%) of veterans said they lived in an owner occupied or shared ownership house, privately rented or socially rented house or flat; a small proportion (2.3%) said they lived long-term with family or friends and 1 in 400 veterans said they were homeless, rough sleeping or living in a refuge for domestic abuse. Last year, in spite of the pledges made under Operation Fortitude, there was an increase in homelessness among Armed Forces veterans of 14%, with 2,110 households affected, up from 1,850 the previous year. Veterans' Survey 2022, demographic overview and coverage analysis, UK - Office for National Statistics (ons.gov.uk)		and local data suggest that this does not mean that there haven't been in the past or would not be in the future.	
Impacts on community cohesion	Due to the complex nature of this group, the likelihood of further need for support to acquire safe, stable and affordable accommodation will be high. Any increase of street homelessness or need for temporary accommodation will have a knock-on impact to the	Many of the comments in all of the feedback sessions were that the human cost of these decisions would negatively impact the community. For example by homelessness increasing and by pushing the associated risks onto already	Potential for increases in rough sleeping and street begging due to inability to manage and maintain employment and accommodation. Wider impacts for consideration would be increase criminality, illicit substance or alcohol	If these proposals are agreed there are limited mitigation opportunities available. It is likely the services would close and therefore anyone living in the service at that time would need to find alternative accommodation.

	community, both in terms of additional pressure on Housing; with long waiting lists for temporary accommodation and social housing, but also an increase in need for reliance on VCSE services in relation to homelessness prevention and all associated support needs/risks highlighted throughout this document.	overstretched community resources. Key themes: • A reduction of support for those that need it in the community. • Increased burden on the community due to Primary, Secondary and Tertiary support services, which are already at capacity, seeing an increase in referrals. • Increases in street homelessness, criminality and preventable deaths. • The stability and safety of services being lost will ultimately cost more. Comments: “First stable environment I have been in”. “There will be more homelessness, drug addiction, crime.” “Care in the community – things go wrong, we fall through the cracks.” “People will die”.	misuse and all of the associated risks.	The revised proposal to extend funding to 31 December 2025 may enable more people to find suitable alternative accommodation and support.

		Person living in the service commented: “They will feel isolated, will go back down and have to pick themselves up”. Staff comment: [The service] fosters a sense of community, with team and peer support. **Criminality**: A key theme from the views of the people living in the service was, due to the stability and safety of the on-site support improving their lifestyles, this has reduced criminal activity. They point out the cost of not supporting people like them could result in higher crime rates which could lead to harm to the community. • “Before I came here, I was in and out of the Conquest and police station, over 3 years. How much would that cost”. • “Look at one individual person and their history of drugs, crime and the costs of supporting them”.		

Additional categories
(identified locally as potentially causing / worsening inequality)

Characteristic	What do you know?	What do people tell you?	What does this mean?	What can you do?
Rurality	It is not known if current people living in the service previously lived within rural areas. A report completed in 2023 Homelessness in the Countryside identified that rural areas receive 65% less funding per capita than urban for homelessness prevention and there is a 24% increase in rural rough sleeping in the past year. 74% of the population in East Sussex lives in an urban area with the remaining 26% living in a rural area (2021 census).	Key Themes: There is a concern for certain areas that people living in the service may not be able to stay in their area of choice due to a lack of social, private rented, supported and temporary accommodation in districts and boroughs. Waiting lists were reported as 6+ years in some areas and it was felt that if people who use care and support were housed (which couldn't be guaranteed) that they would have to move out of area away from their support networks. Staff member feedback: "If Pathways were to close, it will have a big impact on Rother. I am concerned that clients will have to be placed out of area". "If there are no alternatives, where will people go? Rother do not have many temporary options and there are very few options in Bexhill".	Whilst all the services are based within urban areas, they accept referrals for people from across the county including the more rural areas, it can therefore be surmised that the services help to address rural inequalities by providing a supported accommodation offer which if removed further limits accommodation options available to individuals.	No mitigations have been identified.

		"It will be a burden on Rother, impact on services and individuals". "Doesn't make sense, housing crisis in Hastings is more horrendous than before. People are here to get settled and secure, 6mths support is vital as it helps people."		
Carers	There are over 10,000 persons claiming Carers Allowance in East Sussex. (Source DWP Feb 2020) Care for the Carers estimates that there are 69,241 unpaid carers in East Sussex. It is difficult to know the actual number of carers because so many carers are hidden. It is not known if any of the current people living in the service provide care and support to others.	There are people living in the services that have needed to leave their family homes in order to receive support their families could not provide. "For her [family member using service] to become rehabilitated and become a valued and useful member of society she needs the support offered to get back on her feet and be able to cope with her mental health issues. I am constantly afraid that if she is sent back out to the community without the required level of support she will spiral down and end up doing herself serious harm." Comment: A person living in the service with an acquired brain injury that had attempted to take his own life stated that he could not	Any reduction in direct support to people living in the service may result in an increase of families and friends having to take on more of a carer role. This could be anything from providing a temporary place to sleep (sofa surfing) to an individual receiving regular care and support due to them not coping. It is likely that this proposal would have a negative impact on, or see an increase in, the number of people providing informal care and support. This could particularly impact on individuals without a diagnosed severe and enduring mental health condition who may be less likely to be eligible for ASC or Health specialist support. This cohort would need to rely on VCSE support with no eligibility criteria which will reduce support options thereby increasing the likelihood for informal carer roles.	Any carers, family or friends affected by these proposals will be signposted to VCSE, advocacy or wellbeing support where possible. Where eligible, carers will be offered an ASCH Carers Assessment

		return home to live with his parents as they are elderly and have care needs themselves. This person stated that he felt "unable to care for them".	Most of the people who experience homelessness are single adults. Any likelihood of either threat of homelessness or actual homelessness is likely to have a knock-on effect to the person's family or support network who may need to provide informal carer support by either allowing them to sofa surf, or provide emotional, financial and general support during this time. Homelessness and having to rely on family members and/or friends can trigger feelings of hopelessness, helplessness and worthlessness which can increase the likelihood of depression alongside associated risks of maintaining relationships, poor mental health and suicidal ideation.	
Other groups that may be differently affected: (1) **People who use alcohol and substances**	Data from people living in the service showed almost a quarter (24%) of people identified they have an issue with substance misuse. This is in comparison with a UK wide figure of 9.5% of the population. (Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) Data shows, those who were single were more likely to have used a	Key themes: There was a fear from both staff and people living in the service that there was a likelihood of increased substance and alcohol use. Key themes: • A likelihood of increased alcohol and substance misuse. • An increase in criminality.	A quarter of people in the service have disclosed that they have an issue with substance misuse. As this is significantly above the national average it would indicate people with this characteristic will be disproportionately negatively impacted by this proposal. In addition, people with substance misuse issues are far more likely to be street homeless, and thus the impact to this group is higher in	People in East Sussex have access to substance misuse services. However, it is worth noting that as part of the RPPR savings proposals, changes to funding for Substance Misuse Recovery services are also being proposed.

	drug in the past year (15.4%) compared with those who were married or in a civil partnership (4.2%). For the year ending March 2023, the estimated proportion of people reporting any drug use in the last year was higher among younger age groups (17.6% of those aged 16 to 24 years) compared with older age groups (7.7% of those aged 25 to 59 years)	• Preventable deaths. • A reliance on drug & alcohol services that are also within the proposed cuts. Comments: "You're going to have to work really hard on reassurance… people will be losing sleep, people will be drinking more, there's going to be all sorts of repercussions our end". "It is short sighted to look at places like this. You won't save money, there will be more homelessness, drug addiction, crime. This place supports vulnerable people, staff build rapport with us. Saves people from addiction, erratic lifestyles, crime, self-harm."	terms of needing alternative support services and higher mortality rates. Additionally, illicit substance misuse results in increased likelihood of criminality. £1.4 billion is spent on drug-related police enforcement and criminal justice system costs per year in England. A further £5.5 billion is spent on drug-related crime.	With serious issues, an individual may receive statutory support from ASCH alongside, Change, Grow, Live (CGL) who are able to provide support for a variety of substance and alcohol dependency and misuse, such as 1:1 and group counselling support, and/or rehabilitation.
Other groups that may be differently affected: (2) **People at risk of Suicide and Self Harm**	Suicide is the second highest cause of death for homeless people. In the UK alone, 115 people on average die by suicide each week; with 75% of those being male. The suicide rates for adults with severe and enduring mental health illnesses are significantly higher	There is a fear from both people living in the service and staff that any fear of closure, or actual closure could lead to deliberate self-harm and suicidal ideation. Many people living in the service spoken to in the engagement events were quoted as saying that they would be dead without the service. Many of these said this due to having a history of	Any concern in relation to housing is likely to negatively impact wellbeing and may increase the need for specialist support and/or homelessness prevention. People living in the services told us that they would be more likely to attempt suicide or self-harm if they lost their current accommodation, the support they have was removed or they faced returning to temporary	Commissioners to maintain links with service providers who will be monitoring individuals within the services throughout the process to identify those at risk and to refer on to appropriate support agencies. Noting that if the service ceased this monitoring would also cease.

	(5%) than that of the general population. Comparison of Suicide Risk by Mental Illness: a Retrospective Review of 14-Year Electronic Medical Records - PMC (nih.gov) 2022, there were 5,642 suicides registered in England and Wales (10.7 deaths per 100,000 people); this is consistent with 2021 (5,583 deaths; 10.7 per 100,000). Around three-quarters of suicides registered in 2022 were males (4,179 deaths; 74.1%), equivalent to 16.4 deaths per 100,000. The rate for females was 5.4 deaths per 100,000 in 2022, consistent with rates between 2018 and 2021. Among females, the age-specific rate was highest in those aged 50 to 54 years (7.8 deaths per 100,000); in 2021 the highest rate was in those aged 45 to 49 (7.7 deaths per 100,000). Among males, the age-specific rate was highest in those aged 90 years or over (32.1 deaths per 100,000), followed by those aged 45 to 49 (23.0 deaths per 100,000).	suicide attempts and/or deliberate self-harm. Key themes: • Increased anxiety and low mood due to the proposals. • A likelihood of increases in deliberate self-harm and suicidal ideation. • Preventable deaths. • A reliance being pushed to already overburdened mental health services and long waiting list to receive access to psychological therapies. People living in the service and staff comments: "You will have blood on your hands". "People will have nowhere to go and will end up back on the streets". "The community mental health team are putting people back to their GPs because they're stretched". "People are going to die, simple as that. Take their lives, due to the stress."	accommodation. We therefore conclude there is a potential to see an increase in people ending their lives by suicide. The full impact of suicide can affect families and friends for many years, leaving feelings of intense guilt and self-blame. Those bereaved by suicide are a high-risk group of adverse health outcomes and suicidal behaviour. In a study involving 7,158 people bereaved by suicide, 77% were negatively impacted. Mental and physical health problems linked to the effect of suicide on family and friends were reported in half of those who were negatively impacted. Adverse social outcomes and engaging in high-risk behaviours were common. Over a third reported suicidal ideation and 8% had attempted suicide as a direct result of the suicide loss. Most had not accessed support services, with the majority viewing provision of local suicide bereavement support as inadequate.	

Other groups that may be differently affected: (3) **Care Leavers:**	In England, data from the Ministry of Housing, Communities and Local Government (MHCLG) showed that 2.7% of single households owed a homelessness prevention or relief duty by their local authority in 2023/24 had a support need related to being a care leaver. Statutory homelessness in England: financial year 2023-24 - GOV.UK In 2017, the homeless charity Centrepoint argued care leavers were particularly at risk of homelessness due to: • deficiencies in transitional and practical support (for example, financial support), • a lack of suitable accommodation, • accommodation moves coinciding with critical moments in education, and • greater social isolation. Research published by MHCLG in 2020 identified care leavers as facing barriers to securing and maintaining affordable housing, with a third becoming homeless within two years of leaving care.	Children's Services at East Sussex County Council**:** "A decision to stop funding the on-site support for accommodation services for adults with additional and mental health support needs would lead to a reduction in the number of supported accommodation options for care leavers who are most likely to require support to develop their tenancy sustainment skills before moving on to live independently."	2% of the current people living in the service in a snapshot of September 2024 were care leavers. There is limited data on the number of people in the England who are care leavers in relation to the general population. However, figures from the office for national statistics show in 2023 there were 83,630 children looked after by the state which equates to approximately 0.12% of the general population. This indicates care leavers would be disproportionately impacted by this proposal. The four different groups (leaving care status) are: 1 "Eligible child" someone who is 16-17 and still in care. 2 "Relevant child" someone who 16-17 and used to be in care. 3 "Former relevant child" someone aged between 18 and up to 25 who used to be an "Eligible Child" or "Relevant Child". 4 "Qualifying care leaver" someone aged between 16 and up to 25 who was in care for less than 13 weeks after their 14th birthday. As the service provision is for adults aged 18 and over only people	East Sussex County Council will continue to commission Young People's services in order to meet our statutory requirements to this group. East Sussex County Council Commissioning will work with the providers, and Children's Services and the Through Care Teams to ensure any people that we have identified as having a statutory duty for will be offered a service.

	From a snapshot of Q1 2024/25, there was one person who was a Care Leaver in the service.		meeting the criteria in 3 and 4 above are likely to use the service. East Sussex County Council provides support for Care Leavers in accordance with the Children and Social Work Act 2017. The proposal reduces the available options for Care Leavers and therefore may also impact on Children's Services and may result in higher cost specialist funded placements due to a lack of suitable alternatives.	

Assessment of overall impacts and any further recommendations - include assessment of cumulative impacts (where a change in one service/policy/project may have an impact on another)

Key Impacts:
100% of people living in the service reported having a mental health diagnosis, 32% of which reporting to have a secondary mental health condition. A quarter of people also reported to use illicit substances.

The Supported Accommodation Services support some of the county's most disenfranchised residents who experience mental health conditions, with the aim to access support to exit homelessness in a rapid and sustainable way. They improve the lives and conditions of those who have experienced multiple disadvantage and inequality who may otherwise not be eligible for supported living options in East Sussex due to not meeting Care Act eligibility.

If the proposals go ahead, it is likely the services would no longer be financially sustainable and will close resulting in tenants needing to find alternative accommodation or facing eviction.

If the proposal goes ahead, it will have a negative impact on working age adults, disabled people, people of all genders and those who have experienced multiple disadvantages. This is likely to have a knock-on effect to many areas ranging from local VCSE services to primary and secondary services which are already facing reduced funding streams alongside an increase in demand.

This is further exacerbated as several grant funding streams supporting services for people with multiple compound needs, including the 'East Sussex Rough Sleeping Initiative' and 'Changing Futures programme', are funded by short term grant allocations leaving uncertainty about the future of these service.

Risks:
If the proposals go ahead, it is likely that this would result in a decrease in provision and therefore an increase in homelessness, including outcomes that are related to homelessness. This would potentially include an increase in:

- street homelessness
- suicides and death on the streets
- people living in unsafe conditions
- use of health services particularly Accident and Emergency Services
- demand for mental health services
- sexual, physical, and emotional exploitation of vulnerable people at risk
- alcohol and illicit substance misuse
- safeguarding
- criminal behaviour

17% of the people currently living in the service are open to ASCH.
It is anticipated that if the service were to close, many of the residents would require an ASCH assessment to assess Care Act eligibility
This would increase demand for Adult Social Care assessments with a probability of some alternative services being provided by ASCH for people with Care Act eligible needs.

Intersectionality:
If enacted the proposals will impact individuals who have more than one protected characteristic, thereby exacerbating the impact of the decision. People who are homeless can be disproportionately disadvantaged across multiple areas and will often have more than one protected characteristic in terms of race, socio-economic status, sex and disability.

With the potential for additional reductions in funding to other related support services within RPPR scope (for example Drug and Alcohol Recovery Services) the cumulative effect on the availability of support options for people affected by these proposals is significant.

List detailed data and/or community feedback that informed your EqIA

Source and type of data (e.g. research, or direct engagement (interviews), responses to questionnaires, etc.)	**Date**	**Gaps in data**	**Actions to fill these gaps: who else do you need to engage with?** (add these to the Action Plan below, with a timeframe)
1. National Housing Federation - Homelessness 2. Sussex-Uncovered-3_2019.pdf (sussexcommunityfoundation.org) 3. Accessible template for reports and policies in Word (green branding) (eastsussex.gov.uk) 4. "Hidden" homelessness in the UK: evidence review - Office for National Statistics (ons.gov.uk) 5. People experiencing homelessness, England and Wales - Office for National Statistics (ons.gov.uk) 6. is-england-fairer-2016-most-disadvantaged-groups-homeless-people.pdf (equalityhumanrights.com) 7. Deaths of homeless people in England and Wales - Office for National Statistics (ons.gov.uk) 8. East Sussex Joint Strategic Needs Assessment | (eastsussexjsna.org.uk) 9. https://www.eastsussexjsna.org.uk/ Health and Housing 10. Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) 11. Deaths of homeless people in England and Wales 2021 registrations .pdf 12. State of the County 2022: Focus on East Sussex 13. English Housing Survey 2021 to 2022: private rented sector - GOV.UK (www.gov.uk) 14. Suicides in England and Wales - Office for National Statistics (ons.gov.uk) 15. Rough sleeping snapshot in England: autumn 2023 - GOV.UK (www.gov.uk) 16. How is the LGBTQ+ community impacted by homelessness? – Data Impact blog (ukdataservice.ac.uk)	**09/12/2024**	**N/a**	**N/a**

17. Homelessness Act 2002 18. Homelessness Reduction Act 2017 19. Housing Act 1996 section 193 20. Homelessness code of guidance for local authorities - Chapter 8: Priority need - Guidance - GOV.UK (www.gov.uk) 21. Section 20 of the Children Act 1989 22. Improving Lives Together 23. ONS reveals the number of people dying homeless | National Statistical 24. East Sussex Suicide Prevention Framework 25. Veterans' Survey 2022, demographic overview and coverage analysis, UK - Office for National Statistics (ons.gov.uk) 26. Homelessness statistics - GOV.UK (www.gov.uk) 27. Understanding the impact of suicide | Research in Practice 28. Children looked after in England 29. Suicide bereavement in the UK: Descriptive findings from a national survey - PMC (nih.gov) 30. Health And Care Services For People Sleeping Rough | The King's Fund (kingsfund.org.uk) 31. Comparison of Suicide Risk by Mental Illness: a Retrospective Review of 14-Year Electronic Medical Records - PMC (nih.gov) 32. Rethinking drugs: criminalisation is causing harm - Revolving Doors			
What information have we used to develop this EQIA? • KPI's and Contract information • Service user information • Consultations • Risk Assessments • Complaints • Surveys/Feedback • Census data	**09/12/2024**	**N/a**	**N/a**

• East Sussex Demographics • National Reports • Previous EQIAs **Please note: All of the data used within this document has been drawn from the 2023/24 full financial year as opposed to a 2024 snapshot as it has been deemed that a full year would capture the clearest data on adults who were placed in or been referred into the Supported Accommodation services in RPPR scope.** ***(The only exception to the above is the data on 'client age', and 'care leavers' which has been taken from 2024/25; as this area hadn't been captured within the 2023/24 data).***			
We held three separate 'Group Consultation Engagement' session for all of the Mental Health Supported Accommodation Services. They were held on the following dates: • Monday 4th November 2024- PM session- Bal Edmund • Friday 8th November 2024- AM session- Hyde Gardens • Tuesday 12th November 2024- Pathways At these events, we allowed time for any people who live in the service to speak to an Adult Social Care representative. Fourteen 1:1 sessions took place where people living in the service were given the opportunity to have their views on the impacts of the proposals recorded.	**09/12/2024**	**N/a**	**N/a**
Beneficiaries, dependencies and Stakeholder Consultation meetings: • Heads of Service- Operational Management Team Meeting- 20/09/2024 • Homelessness Health and Support Group- 24/09/2024			

• Mental Health and Supported Living Accommodation Board- 26/09/2024 • East Sussex Mental Health Oversight Board- 27/09/2024 • Mini East Sussex Housing Officers Groups- 03/10/2024 • Financial Inclusion Steering Group- 07/10/2024 • Changing Futures- 10/10/2024 • Citizens' Panel- 11/10/2024 • Disability Rights Representation Group- 18/10/2024 • East Sussex Inclusion Advisory Group- 22/10/2024 • Harm to Hope Partnership- 07/11/2024 • East Sussex Seniors Association- 08/11/2024 • East Sussex Housing Partnership Board- 15/11/2024			

4. Prioritised Action Plan

NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
Age	Arrangements for all to be offered a Social Care needs assessment. Arrangements for all to be offered Local Housing Authorities assessment of duty to house. Where there are vacancies, and manageable risks, for any people under 25 to be considered for ASC funded Young People services. Signposting to alternative support services.	The majority of people living in the service accepting an assessment from ASC and the Local Housing Authority.	Eligibility criteria to access alternative housing options and/or support services are set via other legislative frameworks. Whilst all attempts will be made to work with these stakeholders to support people currently living within the service to be referred, there is no guarantee they will meet eligibility criteria to receive housing and/or support. A successful transition would be that there are no people living in the service of any age, disability of need that, due to service closure, results in: • Homelessness and/or living on the streets • Suicide attempts • Death • Increase drug and alcohol use	End of September 2025.

			• Physical or Mental Health deterioration • Admission to hospital • Harm from abuse • Increased needs for support services Increased need for support from carers, family and friends.	
Disability	As above	As above	As above.	End of September 2025.
Impacts on community cohesion	As above	There will be an increased impact on a range of support services due to the complex needs of the people placed in services.	As above. Additionally, the knock-on impact to primary, secondary and tertiary services.	End of September 2025.
Other groups that may be differently affected: • **People who use alcohol and substances** • **People at risk of Suicide and Self Harm**	Support staff will be able to look at support options for any people living in the service who require specialist support. Sussex Partnership Foundation Trust Mental Health services may be accessed via Health channels if a person is deemed to have eligibility to access specialist mental health assessment and treatment.	Any people living in the service that require specialist support will be offered support to engage with services. However, there is likely to be a limit as to what can be offered that will replace the support they currently receive, and external services may not be able to offer support within the set timeframes; if at all. Additionally, some alternative support services that may have been	As above. Additionally, the knock-on impact to primary, secondary and tertiary services.	End of September 2025.

		considered are also under scope of the current ASC funding proposals.		

Appendix A

By Age:

Age range	Bal Edmund (SSL)	Hyde Gardens (SSL)	Pathways (SAHA)
Young Adults- 18-24	**29%**	**10%**	**7%**
Adults- 25-34	**36%**	**35%**	**57%**
Adults- 35-44	**14%**	**25%**	**29%**
Adults- 45-54	**21%**	**15%**	
Adults- 55-64		**10%**	**7%**
Older People- 65-74		**5%**	
Totals	**14**	**20**	**14**

By Referral Source:

Not recorded	1	1%
Children's Services	1	1.5%
Eastbourne Borough Council	17	26%
Hastings Borough Council	18	27%
Lewes District Council	1	1.5%
Mental Health Team	5	8%
Other provider	4	6%
Rother District Council	13	20%
Wealden District Council	6	9%
Grand Total	**66**	

Gender:

Female	22	33%
Male	41	62%

Other	2	2%
Transgender	1	3%
Grand Total	**66**	

By Religion:

Not recorded	1	1%
Any other religion	3	5%
Christian (all denominations)	14	21%
None	44	67%
Not known	4	6%
Grand Total	**66**	

By Ethnicity:

Asian/Asian British: Chinese	1	1.5%
Black/Black British: Caribbean	1	1.5%
Gypsy/Romany/Irish Traveller	2	3.0%
Mixed: White & Asian	2	3.0%
Mixed: White & Black African	1	1.5%
White: British	56	85%
White: Irish	1	1.5%
White: Other	2	3.0%
Grand Total	**66**	

By Sexual Orientation:

Bisexual	2	3.0%
Gay man	1	1.5%
Heterosexual	60	91%
Other	3	4.5%
Grand Total	**66**	

By Pregnancy:

Not recorded	1	4%
No	20	91%
Yes	1	4%

Grand Total	**22**	

Number of children living with the individual:
There are no children in service.

Primary Disability:

Mental Health	66	100%
Grand Total	**66**	

Number of long-term conditions:

1	34	51%
2 to 4	21	32%
None	11	17%
Grand Total	**66**	

Primary Mental Health:

Anxiety	6	9%
Bipolar affective disorder	4	6%
Depression	14	21%
Other	3	4.5%
Personality disorder	17	26%
Psychosis	9	13.5%
Schizophrenia	13	20%
Grand Total	**66**	

By Secondary Mental Health:

Not recorded	1	2%
Anxiety	18	27%
Bipolar affective disorder	1	2%
Depression	12	18%
None	24	36%
Other	10	15%
Grand Total	**66**	

Physical Health:

No	53	80%
Yes	13	20%
Grand Total	**66**	

Substance Misuse:

No	50	76%
Yes	16	24%
Grand Total	**66**	

By Economic Status:

Personal Independence Payment (PIP)	41	62%
Universal Credit	25	38%
Grand Total	**66**	