

General Equality Impact Assessment (EIA) Form

Support:

An [EIA toolkit](#), [workshop content](#), and guidance for completing an [Equality Impact Assessment \(EIA\) form](#) are available on the [EIA page](#) of the [EDI Internal Hub](#). Please read these before completing this form.

For enquiries and further support if the toolkit and guidance do not answer your questions, contact your Equality, Diversity, and Inclusion (EDI) Business Partner as follows:

- Economy, Environment and Culture (EEC) – [Chris Brown](#).
- Families, Children, and Learning (FCL) – [Jamari Billy](#).
- Governance, People, and Resources (GPR) – [Eric Page](#).
- Health and Adult Social Care (HASC) – [Zofia Danin](#).
- Housing, Neighbourhoods, and Communities (HNC) – [Jamari Billy](#)

Processing Time:

- EIAs can take up to 10 business days to approve after a completed EIA of a good standard is submitted to the EDI Business Partner. This is not considering unknown and unplanned impacts of capacity, resource constraints, and work pressures on the EDI team at the time your EIA is submitted.
- If your request is urgent, we can explore support exceptionally on request.
- We encourage improved planning and thinking around EIAs to avoid urgent turnarounds as these make EIAs riskier, limiting, and blind spots may remain unaddressed for the 'activity' you are assessing.

Process:

- Once fully completed, submit your EIA to your EDI Business Partner, copying in your Head of Service, Business Improvement Manager (if one exists in your directorate), Equalities inbox, and any other relevant service colleagues to enable EIA communication, tracking and saving.
- When your EIA is reviewed, discussed, and then approved, the EDI Business Partner will assign a reference to it and send the approved EIA form back to you with the EDI Manager or Head of Communities, Equality, and Third Sector (CETS) Service's approval as appropriate.
- Only approved EIAs are to be attached to Committee reports. Unapproved EIAs are invalid.

1. Assessment details

Throughout this form, 'activity' is used to refer to many different types of proposals being assessed.

Read the [EIA toolkit](#) for more information.

Name of activity or proposal being assessed:	Homelessness and rough sleeping strategy 2025 to 2030
Directorate:	Homes and Adult Social Care
Service:	Homelessness and Housing Options Temporary and Supported Accommodation
Team:	n/a
Is this a new or existing activity?	New

Are there related EIAs that could help inform this EIA? Yes or No (If Yes, please use this to inform this assessment)	Yes – see EIA archive Housing, Neighbourhoods & Communities EIAs
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2. Contributors to the assessment (Name and Job title)

Responsible Lead Officer:	Harry Williams, Director of Housing People Services
Accountable Managers:	Alice Morel, Head of Homelessness and Housing Options Aaron Burns, Head of Temporary and Supported Accommodation
Additional stakeholders collaborating or contributing to this assessment:	Steve Morton, Policy & Public Affairs Officer Tom Matthews, Housing Performance Analyst

3. About the activity

Briefly describe the purpose of the activity being assessed:

Under the Housing Act (2002) as amended by the Homelessness Reduction Act (2017) all housing authorities must have in place a homelessness strategy based on a review of all forms of homelessness in their district. The strategy must set out plans for the prevention of homelessness and for securing that sufficient accommodation and support are or will be available for people who become homeless or who are at risk of homelessness. Our current strategy expires this year.

Initial equality analysis was undertaken to inform the [Review of Homelessness in Brighton & Hove 2025](#). The final review will be published alongside the strategy. This final EIA contains data from the review, other national and local data and evidence as well as feedback from consultation and engagement activity.

What are the desired outcomes of the activity?

This Equality Impact Assessment (EIA) helps the council meet the [Public Sector Equality Duty](#) including the 3 aims of

- Eliminating discrimination
- Advancing equality of opportunity
- Fostering good relations

It has been produced to inform the development of a draft homelessness and rough sleeping strategy. Equality analysis was initially taken forward as part of a [review of homelessness](#). The EIA has been updated following a 7-week public consultation on a draft strategy.

'Homes for everyone' is a key element of the council's vision of a better Brighton and Hove for all and for a fairer, more inclusive city. The three housing outcomes in the [Brighton & Hove City Council plan 2024 to 2027](#) are:

- Improved housing quality
- Increased housing supply
- Improved housing support

The 5 priorities in Homes for everyone: Housing strategy 2024 to 2029 are as follows:

1. Improve housing quality, safety and sustainability

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- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

2. Deliver the homes our city needs
3. Prevent homelessness and meet housing need
4. Support independence and improved health and wellbeing for all
5. Provide resident focused housing services

The final draft homelessness and rough sleeping strategy 2025 to 2030 sets out 3 proposed priorities and 9 areas for focused action.

1. Increase our effectiveness in preventing homelessness and rough sleeping
 - a. Early identification of risk and early intervention
 - b. Support people to stay in their homes or to find a new home
 - c. Deliver targeted prevention for people at risk of rough sleeping
2. Improve temporary accommodation pathways and experiences
 - a. Improve move on from temporary accommodation into settled housing
 - b. Support people living in temporary accommodation
 - c. Improve the supply and quality of temporary accommodation
3. Improve joined-up support with our partners for people who most need help
 - a. Target support for people who are most vulnerable
 - b. Create integrated services for people with Multiple Compound Needs
 - c. Support people experiencing rough sleeping to access services and accommodation

Based on engagement with partners we have also included a dedicated chapter focusing on tackling homelessness in children and young people. This builds on the first 3 priorities as they apply to children, families and young people. The proposed chapter received strong endorsement in the public consultation.

4. Tackling homelessness in children, families and young people

The strategy makes 3 commitments to ways of working which underpin our approach. These are to:

1. Be fair and inclusive
 - a. Develop holistic, person-centred and trauma informed services
 - b. Champion equality, diversity and inclusion
 - c. Challenge stigma and promote community integration and social connections
2. Work in partnership
 - a. With people with lived experience to co-produce and co-design services
 - b. With government, regional and local partners to tackle the root causes of homelessness
 - c. With our voluntary, community and social enterprise sector partners to bring additional resources and expertise to deliver the aims of the strategy
2. Make best use of our resources
 - a. Ensure our workforce has the support, knowledge and skills to do their very best
 - b. Manage our financial resources and assets to ensure best value and financial sustainability
 - c. Use our information to better understand need, deliver evidence-based solutions and drive innovation

Which key groups of people do you think are likely to be affected by the activity?

People at risk of homelessness or currently homeless across all protected characteristics and intersecting groups as set out in the council's [Equality Impact Assessment \(EIA\) Toolkit 2023](#). Specific disproportionate and intersectional impacts are considered across all protected characteristics and vulnerable groups. Homelessness is identified as a specific factor to be considered within the council's equalities framework.

4. Consultation and engagement

What consultations or engagement activities have already happened that you can use to inform this assessment?

- For example, relevant stakeholders, groups, people from within the council and externally consulted and engaged on this assessment. **If no consultation** has been done or it is not enough or in process – state this and describe your plans to address any gaps.

The development of proposals in the draft homelessness and rough sleeping strategy was informed by other local consultation and engagement exercises that considered housing and related issues. This included the following published documents:

- [Homes for everyone - housing strategy 2024 to 2029: consultation report](#)
- [Adult Learning Disability Strategy](#)
- [Autism Strategy](#)
- [Mental Health Housing Action Plan](#)
- [Preventing and Tackling Violence Against Women and Girls, Domestic Abuse and Sexual Violence Strategy](#)
- [Tackling Anti-social Behaviour Policy](#)
- [Community Safety and Crime Reduction Strategy](#)
- [Older People's Housing Needs Assessment](#)
- [Trans Needs Assessment](#)
- [Women's rough sleeping census 2024](#)
- [Homeless health needs audit](#)
- [Here for You: Youth Led Blueprint Project](#)
- [Working Together: Our Vision to End Homelessness](#)
- [Women's mental health through homelessness and housing transitions: barriers and sources of support](#)
- [LGBTQ+ Housing Manifesto](#)
- [Pan-Sussex Domestic Abuse Accommodation Strategy](#)
- [Cost of living plan](#)

A call for evidence in December 2024 and subsequent submissions led to the consideration of the following unpublished reports on local needs which have informed the review of homelessness, strategy development and this EIA.

- Galvanise Brighton & Hove 2019
- Audit of drug deaths report 2024
- Switchboard LGBTQ+ audit
- Out of Area Health Worker evaluation
- Women's Emergency Accommodation Action Group Case for Support
- Impact Report 2024 Clocktower Sanctuary
- Switchboard LGBTQ+ Homelessness and Rough Sleeping 01/01/24 to 31/12/24
- Voices in Exile Migrant Homelessness Case Studies
- Safe Haven Sussex CIC Statistics for Homeless & Rough Sleeping Strategy
- Sussex Interpreting Services Homelessness Case Studies
- Safe Haven by the Sea: A Report on Housing Challenges and Solutions for Domestic Abuse Survivors in Brighton and Hove

Finally, public consultation on a draft homelessness and rough sleeping strategy was held from 8 September to 26 October 2025. Findings as they relate to equality impacts are summarised in this EIA. A consultation report accompanies the cover paper for cabinet decision.

5. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this activity?
Consider all possible intersections.

(Delete and indicate as applicable from the options Yes, No, Not Applicable)

Age	YES
Disability and inclusive adjustments, coverage under equality act and not	YES
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	YES
Religion, Belief, Spirituality, Faith, or Atheism	YES
Gender Identity and Sex (including non-binary and Intersex people)	YES
Gender Reassignment	YES
Sexual Orientation	YES
Marriage and Civil Partnership	YES
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	YES
Armed Forces Personnel, their families, and Veterans	YES
Expatriates, Migrants, Asylum Seekers, and Refugees	YES
Carers	NO
Looked after children, Care Leavers, Care and fostering experienced people	YES
Domestic and/or sexual abuse and violence survivors, and people in vulnerable situations (all aspects and intersections)	YES
Socio-economic disadvantage	YES
Homelessness and associated risk and vulnerability	YES
Human Rights	NO
Ex-offenders	YES
Lone Parents	YES
People facing literacy and numeracy barriers	NO
People who have experienced human trafficking or modern slavery	YES
People with experience of or living with addiction and/ or a substance use disorder (SUD)	YES
Sex workers	NO

Commented [SM2]: Hi @Tom, could you cast your eye over this list in the draft EIA. I've taken direct from the housing strategy but based on our earlier conversations I think some of the answers need amending. Perhaps one for discussion when we meet?

Commented [TM3]: I think this is a "NO" as there aren't support needs specific enough to this, although there is one for "Learning disability" if that is worth commenting on

Commented [TM4]: "YES" as this is recorded as a support need

Commented [TM5]: "NO" as cannot find any data on Home Connections identifying a sex worker.

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness

- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this activity? What are the arrangements you and your service have for monitoring, and reviewing the impact of this activity?

The final strategy will be accompanied by an annual action plan. Specific projects and programmes will be assessed and monitored for their equality impacts.

While equalities data is collected, this is often incomplete or partial. It is also not done consistently or across all services. There are gaps in data highlighted above. Much of our equality data collection is partial and our systems and processes do not facilitate the collection and analysis of data for all groups with protected characteristics. For example, data is held on temporary accommodation clients on both NEC Housing and Home Connections systems, information such as someone's ethnic group may be on one system but not the other. There may also be practical reasons why data is not available or is not reliable. For example, data is not collected on pregnancy, maternity or paternity for housing register applications. It would be difficult to keep track of this data over time as most applicants remain on the register for several years.

[See recommendation 26](#)

6. Impacts

Advisory Note:

- **Impact:**
 - Assessing disproportionate impact means understanding potential negative impact (that may cause direct or indirect discrimination), and then assessing the relevance (that is: the potential effect of your activity on people with protected characteristics) and proportionality (that is: how strong the effect is).
 - These impacts should be identified in the EIA and then re-visited regularly as you review the EIA every 12 to 18 months as applicable to the duration of your activity.
- **SMART Actions mean:** Actions that are (SMART = Specific, Measurable, Achievable, Realistic, T = Time-bound)
- **Cumulative Assessment:** If there is impact on all groups equally, complete **only** the cumulative assessment section.
- **Data analysis and Insights:**
 - In each protected characteristic or group, in answer to the question 'If "YES", what are the positive and negative disproportionate impacts?', describe what you have learnt from your data analysis about disproportionate impacts, stating relevant insights and data sources.
 - Find and use contextual and wide ranges of data analysis (including community feedback) to describe what the disproportionate positive and negative impacts are on different, and intersecting populations impacted by your activity, especially considering for [Health inequalities](#), review guidance and inter-related impacts, and the impact of various identities.
 - For example: If you are doing road works or closures in a particular street or ward – look at a variety of data and do so from various protected characteristic lenses. Understand and analyse what that means for your project and its impact on different types of people, residents, family types and so on. State your understanding of impact in both effect of impact and strength of that effect on those impacted.
- **Data Sources:**
 - **Consider a wide range (including but not limited to):**
 - [Census](#) and [local intelligence data](#)
 - Service specific data
 - Community consultations
 - Insights from customer feedback including complaints and survey results
 - Lived experiences and qualitative data
 - [Joint Strategic Needs Assessment \(JSNA\) data](#)
 - [Health Inequalities data](#)
 - Good practice research
 - National data and reports relevant to the service
 - Workforce, leaver, and recruitment data, surveys, insights
 - Feedback from internal 'staff as residents' consultations
 - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
 - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.
- Learn more about the [Equality Act 2010](#) and about our [Public Sector Equality Duty](#).

5.1 Age

Does your analysis indicate a disproportionate impact relating to any particular age group? For example: those under 16, young adults, with other intersections.	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references

The council collects detailed equality and other data on the main homelessness applicant but not on other members of their household. This is a significant limitation in our understanding of the needs of all people experiencing homelessness in the city. An exception is the age of household members under 18 but this has only been collected since 1 April 2024.

The table below shows the age group of main applicants owed a housing duty compared with the city population.¹ Between 2020 and 2024, people aged between 25 and 44 were significantly over-represented amongst those owed a prevention, relief or main housing duty compared to the city's population. People over 55 were under-represented.

Age Group	Prevention duty owed (2020 to 2024)	Relief duty owed (2020 to 2024)	Main duty accepted (2020 to 2024)	Brighton & Hove Census 2021
16 to 24	9%	17%	18%	18%
25 to 34	25%	30%	28%	18%
35 to 44	26%	26%	25%	16%
45 to 54	20%	16%	15%	18%
55 to 64	11%	8%	9%	14%
65 plus	7%	3%	5%	17%
Total	100%	100%	100%	100%

When compared with the wider city population, homelessness main applicants are more likely to be aged between 25 and 44 (51% of prevention, 56% of relief, 53% of main and 34% of citywide residents) and less likely to 55 and over (19% of prevention, 12% of relief, 14% of main and 30% of citywide residents). Some possible factors behind this are higher rates of home ownership and lower rates of private renting with increased age, shorter life expectancy of homeless people and the long periods households accepted as owed a main housing duty are likely to wait on the housing register before moving into settled housing.

Children (aged 0-17) are usually part of households where the main applicant is an adult. This means that they are not captured in the time series data on main applicants (with the exception of 16-17 year olds where they are the main applicant). Data on the number of children in temporary accommodation is only available from 1 April 2024, so it is not possible to identify a trend. From the data we do have, children are significantly over-represented amongst those experiencing homelessness in the city.

Shelter estimated that there were 1,411 children in Brighton & Hove experiencing homelessness on 30 June 2024. This figure was 39.4% of the 3,580 people they estimated to be experiencing homelessness on that date. At the Census 2021 children made up 17.1% of the city's population.

¹ For definitions of the main housing duties and other terms please see Review of Homelessness in Brighton & Hove 2025, pp. 13-14.

There is a growing body of national evidence showing the negative impact of childhood homelessness, including poorer health, education and access to services.² These impacts can last a lifetime and include lower educational attainment, higher rates of unemployment, risk of future homelessness and risk of offending.³

The table below shows the percentage of households with children, with much higher proportions of households with children among those owed a prevention duty (42%) or accepted for the main duty (42%) when compared with citywide households (24%). The proportion among those owed a relief duty (19%) is lower than for citywide households, as households without children (such as single adult households) are comparatively less likely to present at the prevention duty stage or to be accepted for the main housing duty.

Children in household	Prevention duty owed (2020 to 2024)	Relief duty owed (2020 to 2024)	Main duty accepted (2020 to 2024)	Brighton & Hove Census 2021
Yes	42%	19%	42%	24%
No	58%	81%	58%	76%
Total	100%	100%	100%	100%

47% of the households living in temporary accommodation at the end of December 2024 had children. The rate of households with children living in temporary accommodation in Brighton & Hove was 5.73 per 1000 households. This is higher than the national rate of 3.5 per 1000 households.

Research undertaken by the UK Parliament's Housing, Communities and Local Government Select Committee identifies significantly poorer outcomes for children living in temporary accommodation compared with those in settled accommodation.⁴ Their report highlights a particular concern about the use of Bed & Breakfast and out-of-area temporary accommodation for families with children. The Local Government Association also identify a wide range of impacts that growing up in temporary accommodation can have on children and young people.⁵ These range from disruption of access to universal healthcare like vaccinations; higher rates of infection and accidents; risk of sexually transmitted infections and unwanted pregnancies; higher rates of stress, anxiety, depression and behavioural issues; poorer educational attainment and attendance; bullying and isolation; increased experience of trauma, abuse and other adverse experiences; higher risk of exploitation, trafficking and involvement in gang or criminal activity.

The 2025 review of homelessness conducted to inform strategy development indicates that there is very little specific service provision for children and families living in temporary accommodation in the city.⁶ There appears to be variation in how universal and specialist children's services respond to the needs of

² All Party Parliamentary Group: Households in Temporary Accommodation, 2025, *Child Mortality in Temporary Accommodation 2025* <https://householdsintemporaryaccommodation.co.uk/reports/child-mortality-in-temporary-accommodation-2025/>

³ UK Parliament, House of Commons: Housing, Communities and Local Government Committee, 2025, *England's Homeless Children: The crisis in temporary accommodation* <https://publications.parliament.uk/pa/cm5901/cmselect/cmcomloc/338/report.html#heading-0>

⁴ UK Parliament, House of Commons: Housing, Communities and Local Government Committee, 2025, *England's Homeless Children: The crisis in temporary accommodation* <https://publications.parliament.uk/pa/cm5901/cmselect/cmcomloc/338/report.html#heading-0>

⁵ Local Government Association, 2017, *The Impact of Homelessness on Health: A Guide for Local Authorities* https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

⁶ Brighton & Hove City Council, 2025, [Review of homelessness in Brighton & Hove 2025](#)

the city's homeless children, with particular concern in the public consultation about children placed in temporary accommodation outside the city and those in interim accommodation.

Recent research carried out by Centrepoin indicates that youth homelessness across the UK is increasing.⁷ Family breakdown is often the primary cause, with vulnerable groups like care leavers and LGBTQ+ youth being disproportionately affected. The Centrepoin report identifies gaps in support offered to young people, with many young people not receiving adequate assessment or assistance. It also points out that measuring the extent of hidden homelessness in young people remains a challenge.

National evidence indicates that homeless young people may be under-represented in official statistics.⁸ This is an important caveat to the data presented here. The table below shows the number of main applicants to the council aged 16 to 24 at time of application. While the number assessed as owed a prevention or relief duty have remained broadly stable over the last 5 years, the number accepted as owed a main housing duty has more than doubled.

Number of main applicants aged 16 to 24 per year	Prevention duty owed	Relief duty owed	Main duty acceptance
2020	50	231	52
2021	27	175	48
2022	41	174	98
2023	58	172	89
2024	79	203	116

Home Connections (data extracted 13 Jan 2025)

Evidence submitted to our 2025 review of homelessness by organisation supporting young people identified significant intersections with other characteristics which may increase vulnerability and require tailored service responses. For example, of the young people using the Clocktower Sanctuary in 2024, the cost-of-living crisis was the primary driver of their homelessness. 65% of clients were in unsuitable housing (emergency accommodation, rough sleeping, sofa surfing, etc.) 15% were rough sleeping at end of 2023, with numbers continuing to rise into 2024. Young people using the Clock Tower Sanctuary's services often had high level and complex needs:

- 80% have mental health conditions
- 30% are neurodivergent
- 20% are refugees/asylum seekers
- High levels of trauma and social isolation

In their response to the consultation on the draft strategy, Sussex Nightstop pointed to an over-representation of young people of colour amongst young people using their services and, in the past 2 years of young migrants. The University of Sussex Students' Union in their evidence indicated that international students were disproportionately affected by difficulty finding suitable accommodation leading to insecure and unsuitable housing situations.

The 2025 review of homelessness indicates that the city has strong and well-developed service provision for young people aged 18-25. The Here for You report states that only 40% of young people seek help from

⁷ Centrepoin, Hidden In Plain Sight: Understanding Youth Homelessness In The UK (2025), <https://centrepoin.org.uk/research-reports/databank-2023-2024-hidden-plain-sight-understanding-youth-homelessness-uk>

⁸ Office for National Statistics, 2023, "Hidden" homelessness in the UK: evidence review <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/hiddenhomelessnessintheukevidencereview/2023-03-29>

their local council.⁹ The report found that, while knowledge of youth specific service provision in the city is better than national data would suggest, around 44% of local young people are unaware of services.

Changing needs, particularly in relation to the intersections identified above may require services to adapt their offer. The local evidence indicates that this is a challenge that most services are embracing. During the engagement and public consultation on the strategy, resourcing to meet these needs remains a major issue for all service providers both statutory and non-statutory.

Older adults are significantly under-represented amongst those experiencing homelessness compared to the population of the city. There is a significantly increased risk of early death for older people who have experienced homelessness at any point in their life.¹⁰ There are also challenges for this age group when homeless. Older adults are more likely to have a limiting long-term condition or disability which means that they may need accessible accommodation including accessible temporary accommodation. This is not always available. During the engagement phase of strategy development, health partners identified a rise in the number of clients (85+) who could live independently but who are particularly difficult to find suitable accommodation for due to their frailty. This section should be read in conjunction with section 5.2 on Disability impacts.

During the strategy consultation, the Older People's Council highlighted concerns about the precarious situation of some older people privately renting in the city. National survey research by Crisis indicates that nearly half (47%) of people 55+ on low incomes would have nowhere to go if they lost their home.¹¹ The research found that in the 2023-24 financial year, 40,320 people aged 55+ were facing homelessness, representing a 32% increase on two years prior.

People living in hostels and shelters: Census 2021¹²

National data from the Census 2021 indicates that the median age of people identified as experiencing homeless and living in hostels or shelters in England and Wales was eight years younger than the median age of the rest of the population of England and Wales (32 years old, compared with 40 years old, respectively). Over half of those living in hostels or temporary accommodation were between the ages of 15 and 34.

The chart below shows that over half of females living in hostels or shelters were aged between 15 and 29 years (54.7% of women identified as homeless). Females identified as homeless had a median age of 25 years old, which was 16 years younger than the median female age of 41 years old in the rest of the England and Wales population. Females identified as homeless had a median age nine years younger than males identified as homeless (25 years old for females, and 34 years old for males).

Males identified as homeless had a wider spread of ages, with 59.3% aged 15 to 39 years. Males identified as homeless had a median age of 34 years old, five years younger than the median male age of 39 years old in the rest of the England and Wales population.

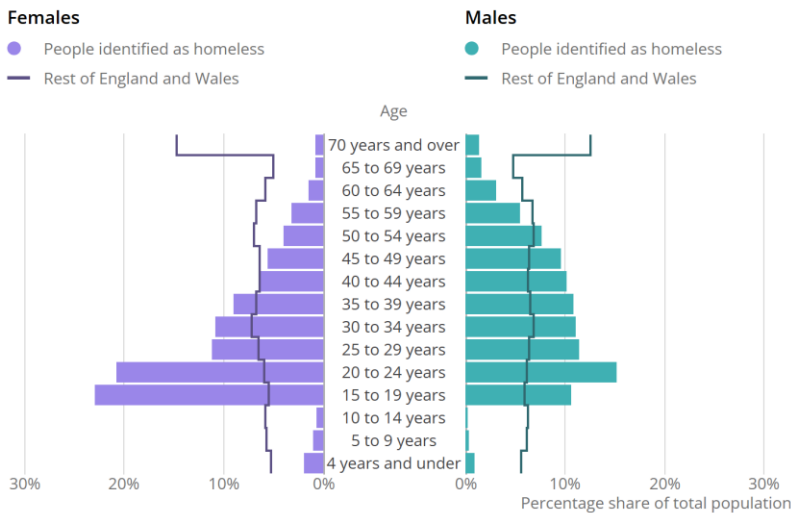
⁹ Clocktower Sanctuary, Sussex Nightstop, YMCA Downslink Group, 2025, [Here for You: Youth Led Blueprint Project](#)

¹⁰ P. Demakakos et. Al., 2020, *Lifetime prevalence of homelessness in housed people aged 55–79 years in England: its childhood correlates and association with mortality over 10 years of follow-up*, *Public Health*.

¹¹ Crisis, 2025, [‘I didn’t expect to be living the way I am’: Older people’s experiences of housing precarity and homelessness](#).

¹² The Office for National Statistics advises caution when using and interpreting this data. There were an estimated 13,955 people at hostels and temporary shelters in Census 2021; this is only a small proportion of all people experiencing homelessness, and therefore much lower than other official estimates for this group. Data was collected during the pandemic and the ‘Everyone In’ policy which may have skewed the data.

Percentage of people identified as homeless compared with the rest of the population of England and Wales by sex and age group



Source: Census 2021 from the Office for National Statistics

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Recommendations

Proposals set out in the draft strategy are likely to have a positive impact on all age groups but particularly on children, young people and older adults. With a clear rationale based on numbers affected, evidence of negative impact of homelessness on current and future outcomes and positive stakeholder feedback, the focus on children, families and young people is likely to improve outcomes for homeless people aged 0-25. Recommendations are:

1. Retain the focus on children, families and young people as proposed and recognise that:

- 0 to 25 is a broad age range and interventions to deliver the strategy should recognise the distinct needs of different age groups, and particularly those of young people aged 18-25.
- Considering children and young people's wellbeing in the context of the broader family reflects the council's 'Think Family' approach, however, family breakdown and domestic abuse are common causes of homelessness and services and interventions need to be aware of the complex issues involved during implementation.

2. Age is both an independent determinant of risk and vulnerability and also intersects with other characteristics and circumstances which increase risk and vulnerability. Services and interventions to deliver the strategy should recognise and address those intersections with a particular focus on mental health, disability, neurodiversity, sexual orientation, gender identity, migration status and ethnicity.

3. **Ensure that the numbers of older people at risk or experiencing homelessness are monitored and their specific needs are met within the implementation of the strategy. This includes the need for supported and other forms of age-appropriate housing.**
4. **Improve the collection and use of data to enable a clearer picture of demand and need. This includes more 'real-time' data analysis including financial data. We need to address gaps in our understanding and develop systems to collect and analyse relevant data including equalities data on all household members. The assessment of the needs of all people living in temporary accommodation, including children and families and young people, should be a priority.**

5.2 Disability:

Does your analysis indicate a disproportionate impact relating to [Disability](#), considering our [anticipatory duty](#)?

YES

If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The 2021 census indicates that 19% of households in the city have a member with a long-term health problem or disability. The 2023 Strategic Housing Market Assessment (SHMA) projects that the number of disabled residents is likely to increase substantially between 2022 and 2041 due to a forecast 46% increase in the population aged 65+ (whereas under 65s will remain static or decrease). There are also projected increases in the number of people with dementia and mobility issues which are likely to be concentrated in older age groups. The SHMA also indicates a future increase in demand for housing services for people with autism.

Demographic projections in the SHMA show:

- Significant increases in all areas of need and increasing complexity of need in the younger disabled adult population.
- People aged 18-64 predicted to have impaired mobility is estimated to increase by 9% from 2019 – 2030 in Brighton & Hove. This is significantly higher than the average in other areas where it is estimated to increase by 2%.
- It predicts that there will be 11% more people between 18 and 64 with a moderate disability and a 15% increase in people with a serious disability by 2030. This equates to 580 more people out of a total of 1,047 more people with moderate to serious disabilities with personal care needs.
- 22% of adults in Brighton & Hove have two or more long term health conditions and this is expected to grow by 20% or 10,500 more people by 2030.

Households with a disabled household member are more likely to be in housing need. For example, the 2021 Census showed that 44% of people identified as experiencing homelessness had a limiting long-term physical or mental health condition or illness, compared to 19% of residents citywide.

The table below shows council recorded data on three disability-related additional support needs for main applicants from 8,494 households who made homeless applications to the council in the five calendar years between 2020 and 2024 and were assessed as either threatened with homelessness and owed a prevention duty (2,753), already homeless and owed a relief duty (5,741) or eventually accepted for the main housing duty if homelessness was not prevented or relieved (2,205 out of the 8,494 total households). Most households accepted for the main housing duty will be placed into temporary accommodation while this duty is in effect, with 87% (1,924 of 2,205) recorded as having spent time in temporary accommodation. While not directly comparable with the 2021 Census data, because this uses a different question to those used to gather data on additional support needs, the measure for the proportion of main applicants with at least one of these three support needs recorded indicates a relatively high prevalence of disabilities among those owed a prevention (42%), relief (46%) or main (54%) duty.

Disability-related support needs (overlapping categories) recorded at time of assessment for homeless application	Prevention duty owed (2020 to 2024)	Relief duty owed (2020 to 2024)	Main duty accepted (2020 to 2024)
History of mental health problems	27%	35%	37%
Learning disability	4%	5%	5%
Physical ill health and disability	23%	22%	30%
At least one of the above	42%	46%	54%

Homeless Link, in their 2021 national survey of 2,776 people experiencing homelessness, found that:

- 63% had a long-term illness, disability or infirmity
- 82% had a mental health diagnosis
- 45% reported self-medication with drugs or alcohol to help them cope
- 38% had been admitted to hospital in the past 12 months
- 37% of hospital admissions related to a physical health condition, and 28% related to a mental health condition, self-harm or attempted suicide

Local data from the Health Counts 2024 survey found that those living in temporary and emergency accommodation were less likely to report being in good health than the population of the city overall. They were more likely to report poor mental health and unhealthy lifestyle behaviours. The survey found that 67% of respondents living in temporary accommodation reported poor health or disability, 72% reported anxiety, 48% reported suicidal thoughts, 20% had self-harmed, and 24% had tried to take their own life.

A history of mental health problems is the most common recorded support need of homelessness applicants to the council, affecting 27% of applicants owed a prevention duty, 35% of applicants owed a relief duty and 37% of those owed a main duty.

Data from Arch Healthcare, a GP practice specialising in healthcare for people experiencing homelessness, indicates that of a practice population of around 1,600 patients, some 20% had self-harmed. This is reportedly more common and likely to be under-recorded. 54% of Arch patients were coded as having depression, 44% anxiety and 12% PTSD.

The Sussex Partnership Foundation Trust Mental Health Discharge Improvement Plan for Sussex identified that between February and July 2021 there were 20 patients whose discharge was delayed. The main reasons for the delayed transfer of care in Brighton & Hove was a lack of available space in a residential home (5 persons) or supported accommodation (5 Persons). In March 2022 the embedded Homeless Prevention Officer had a case load of 20 in-patients, all of whom were suitable for supported or general needs accommodation, and all of whom were homeless. Adult Social Care data shows that as of October 2021 there were 175 people placed in Mental Health Care homes by the council. 54% were placed out of area. For most (70%) this was due to a lack of appropriate placement rather than through choice.

The 2023 SHMA concluded that there is a lack of provision of supported living and residential care accommodation for people with mental health support needs. Feedback from professionals as part of the engagement for the Brighton & Hove Mental Health & Housing Plan May 2022 found that 70% of respondents believed their clients would not be able to access accommodation suitable for their mental health needs.

Physical ill health and disability was the second most recorded support need of homelessness applicants to the council, affecting 23% of applicants owed a prevention duty, 22% of applicants owed a relief duty and 30% of those owed a main duty.

Disability is more common in older adults. This intersection is linked to increasing physical frailty. Being frail describes when someone loses their inbuilt reserves and therefore becomes vulnerable to serious adverse outcomes from seemingly minor stressors, such as a change in housing situation or a trip to the emergency department. There is a growing understanding that more people are becoming homeless in later life. Those experiencing homelessness, especially those with multiple compound needs or with a history of rough sleeping, can also experience frailty at a younger age.

In Brighton & Hove, work is being undertaken to improve the identification of frailty in people experiencing homelessness. The Homeless Health and Inclusion team use the Edmonton Frail Scale to identify those who are frail. The main components of frailty in this group relate to malnutrition and mobility issues. If frailty is not identified and if chronological age and other issues like substance use are focused

upon, individuals are vulnerable to their needs not being adequately met, including being placed in less suitable accommodation.

During consultation on the draft strategy our attention was drawn to research indicating high levels of traumatic brain injury amongst people experiencing homelessness.¹³ Most of those interviewed by researchers had received their injury before they became homeless.

The Brighton & Hove Learning Disability Strategy estimates that 5,031 adults in the city have a learning disability, of whom 1,259 have a moderate or severe learning disability. This represents around 2.2% of the adult population. Learning disability is a recorded support need of 4% of applicants owed a prevention duty, 5% of applicants owed a relief duty and 5% of those owed a main duty. While the numbers are small, these proportions indicate that people with a learning disability are over-represented in the city's homeless population.

Engagement conducted as part of the strategy development highlighted the need for services which are responsive to the needs of people with a learning disability. People highlighted the increasing need for more individualised accommodation to address compatibility issues and the needs of people with challenging behaviours. There is also limited accommodation to meet the needs of those with physical needs alongside their learning disability. Due to the lack of appropriate accommodation in the city, some individuals are placed out of area away from family and friends.

The SHMA 2023 projects an increase of 2.9% in people 18-64 with autistic spectrum disorders (from 1,429 individuals in 2022 to 1,470 in 2041). Council data shows a rise in the demand for supported accommodation for autistic people.

Consultation with autistic adults to inform the Autism Strategy 2024 identified the following areas of need:

- appropriate and accessible information about housing options and housing support
- inclusive adjustments to enable autistic people to access housing support
- the provision of safe, stable and accessible housing that meets sensory needs across all types of tenure
- if homeless, that support is offered by staff that understand the needs of autistic people
- Emergency and temporary accommodation is not suitable for many autistic people
- Autistic people are at greater risk of conflict with neighbours

The Autism Strategy identifies a significant need for supported living accommodation for autistic people, many of whom also have access needs, a need for accommodation that takes account of sensory needs and physical health conditions. It also identifies a need for suitable provision for autistic adults with significant mental health conditions.

National Housing Benefit policy is based on adults under 35 sharing with others, and this is often not appropriate for autistic people who need their own space. There is also a lack of supported living options for autistic adults to move on from temporary accommodation. These factors mean that autistic people are likely to remain living with their family or guardians for longer. Relationships can often break down, and the individual may need to move out of the local area and away from their support networks or become homeless.

The housing strategy consultation in 2024 identified the following issues relating to service provision for people with autism:

- Ensuring reasonable adjustments are made
- Design standards to ensure suitability of housing including temporary accommodation
- Targeted homelessness prevention and housing support
- Training about autism for staff and contractors

¹³ Michael Oddy et. al., undated, The Prevalence of Traumatic Brain Injury in the Homeless Community in a UK City https://brainkind.org/wp-content/uploads/2023/09/dtfoundation-briefing-2pp_web.pdf

The council collects data on a range of support needs of main homelessness applicants. 58% of those owed a prevention duty, 68% of those owed a relief duty and 71% of those accepted for a main duty were assessed as having at least one of the following support needs. The table below details the full list of recorded (overlapping) additional support needs.

All support needs (overlapping categories) recorded at time of assessment for homeless application	Prevention duty owed (2020 to 2024)	Relief duty owed (2020 to 2024)	Main duty accepted (2020 to 2024)
Access to education, employment or training	3%	2%	1%
Alcohol dependency needs	4%	10%	7%
At risk of/has experienced abuse (non-domestic abuse)	2%	4%	4%
At risk of/has experienced domestic abuse	6%	12%	16%
At risk of/has experienced sexual abuse/exploitation	2%	3%	4%
Care leaver aged 18-20 years	0.3%	1%	1%
Care leaver aged 21+ years (retired category)	0.3%	1%	1%
Difficulties budgeting	7%	2%	2%
Drug dependency needs	4%	12%	7%
Former asylum seeker	2%	3%	3%
History of mental health problems	27%	35%	37%
History of repeat homelessness	3%	9%	5%
History of rough sleeping	2%	9%	3%
Learning disability	4%	5%	5%
Offending history	3%	11%	5%
Old age	3%	1%	2%
Physical ill health and disability	23%	22%	30%
Served in HM Forces	0.1%	0.3%	0.1%
Victim of modern slavery	0.3%	0.4%	0.3%
Young parent requiring support to manage independently	1%	1%	2%
Young person aged 16-17 years	0.3%	0.2%	0.2%
Young person aged 18-25 years requiring support	3%	5%	5%
At least one of the above	58%	68%	71%

The intersection of more than one support need, including disability related need, is common. Evidence submitted to the review of homelessness by Changing Futures Sussex indicated that in January-March 2025 there were 704 people in contact with services who were homeless and had 2 or more of the following additional needs - substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system.¹⁴

The 2025 review of homelessness in Brighton & Hove indicates that while there are statutory and VCSE sector services available in the city for people experiencing homelessness who have long term conditions and disabilities, these are clearly stretched, both by the level of demand and by the increasing complexity of need, often caused by the intersection of multiple support needs. The need for more resources and more tailored service provision was a common theme in the public consultation responses.

¹⁴ Changing Futures Sussex, Brighton & Hove Multiple Needs Audit Reports, <https://www.changingfuturesussex.org/learning>

During the engagement and consultation process the importance of trauma and trauma-informed service provision was frequently mentioned in relation to homelessness and its intersection with other factors. Trauma and physical and mental health problems have a strong and well-established relationship. Although not everyone who experiences trauma develops problems, the experience of trauma (especially severe, repeated trauma or trauma in childhood) significantly increases the likelihood of mental or physical health problems developing. Trauma can affect memory, emotional regulation, and ability to form relationships. It can shatter assumptions about safety, trust, predictability, and self-worth - fundamental beliefs that underpin mental wellbeing. Trauma can leave the nervous system in a heightened state of alert, leading to ongoing anxiety and physical health problems. People with lived experience of homelessness told us that traumatic events including family breakdown, domestic and other forms of abuse, loss of employment, and other issues, often caused their homelessness. The majority indicated that the experience of homelessness was itself traumatic.

People living in hostels and shelters: Census 2021¹⁵

Data from the Census 2021 indicated that 44.1% of people living in hostels and shelters were disabled. This was more than double the percentage for the rest of the population of England and Wales (17.5%). Across all age groups, the percentage of people living in hostels and shelters who were disabled was much higher than for the rest of the population. This difference was greatest in those aged 35 to 49 years, where 52.1% of people identified as homeless were disabled, compared with 13.9% in the rest of the population for the England and Wales.

Recommendations

Proposals set out in the draft strategy are likely to have a positive impact on disabled people but only if disabilities are explicitly considered in policy and service development as the strategy is delivered and that they are aligned to the principles of the council's [Accessible City Strategy](#).

Recommendations are that in delivering the strategy:

5. **Ensure that disability as a contributory factor to homelessness is recognised and that prevention strategies explicitly address disabled people with inclusive adjustments for D/deaf, hard of hearing, blind, neurodivergent people (with a focus on a neuro-affirmative approach), those with non-visible disabilities, and with access requirements that may not identify as disabled or meet the legal definition of disability, and have various intersections (Black and disabled, LGBTQ+ and disabled).**
6. **Address the lack of suitable temporary accommodation for disabled people the shortage of move on options for disabled people living in temporary accommodation.**
7. **Recognise the complex intersection of disability with other factors that increase risk and vulnerability and ensure that support services are both disability and trauma informed through the delivery of disability awareness and trauma informed practice training.**

Commented [CB7]: I suggest including somewhere in this section (or wherever else you think appropriate) a commitment to strategic alignment with the principles of our [Accessible City Strategy](#)

Commented [CB8]: Helpful to write D/deaf as this is inclusive of people with acquired hearing loss as well as those who identify as culturally Deaf.

- "Deaf" (with a capital D) typically refers to people who identify with Deaf culture and use sign language as their primary means of communication.
- "deaf" (lowercase) generally refers to the audiological condition of hearing loss.

Commented [CB9]: Edit for your consideration Steve - if you feel we can include this it would align with our strategic aims.

Commented [CB10]: What shape will this take e.g. disability awareness training and trauma informed practice training?

¹⁵ The Office for National Statistics advises caution when using and interpreting this data. There were an estimated 13,955 people at hostels and temporary shelters in Census 2021; this is only a small proportion of all people experiencing homelessness, and therefore much lower than other official estimates for this group. Data was collected during the pandemic and the 'Everyone In' policy which may have skewed the data.

5.3 Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers):

Does your analysis indicate a disproportionate impact relating to ethnicity?	YES
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If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Differences in homelessness between ethnic groups may partly reflect differences in age profiles, so some caution is needed when interpreting the data in this section. The Office for National Statistics, however, has found that people from ethnic minority groups are more likely to be under-represented in official figures and more likely to form part of a broader group of 'hidden homeless'.¹⁶

Black and Racially Minoritised is defined by the council in its Joint Strategic Needs Assessment as all ethnic groups apart from White UK/British. Using this definition 26% of residents at the 2021 Census, or 72,272 people, were Black and Racially Minoritised. Brighton & Hove is becoming a more ethnically diverse city. While the overall number of residents increased by 1% between the 2011 and 2021 Census, the number of Black and Racially Minoritised residents increased by 35% or 18,921 people. More than a quarter (27%, 21,775 households) of multi-person households in the city are multi-ethnic households.

Analysis of national data by Shelter in 2020 indicated that Black, Asian and Minority Ethnic (BAME) households were more than three times as likely to be threatened with homelessness or to become homeless than all other ethnicities (1 in 23 households versus 1 in 83 households).¹⁷ They also point to higher levels of overcrowding when compared to White UK/British households. In the 3 years to March 2019, 2% of White British households were overcrowded, compared with 16% of Black African households and 7% of Black Caribbean households.

Research published in 2022 confirmed that Black and minoritised ethnic communities experience disproportionate levels of homelessness in the UK.¹⁸ Other key findings were that:

- In England the highest risk of homelessness is experienced by people from Black and Mixed ethnic groups.
- Asian people in England are more likely to experience 'hidden homelessness', such as living in over-crowded housing or 'doubling up' with other households.
- A third of Black people who had experienced homelessness reported previous discrimination from a social or private landlord.
- The greater risk of homelessness faced by Black and minoritised ethnic communities can't be fully explained by economic, social, or other factors. Irrespective of employment patterns, poverty levels, housing tenure and local housing market conditions, Black and Mixed ethnicity households still have a higher likelihood of experiencing homelessness.

National evidence points to several systemic issues:

¹⁶ Office for National Statistics, 2023, "Hidden" homelessness in the UK: evidence review <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/hiddenhomelessnessintheukevidencereview/2023-03-29>

¹⁷ Shelter, 2020, Black people are more than three times as likely to experience homelessness https://england.shelter.org.uk/media/press_release/black_people_are_more_than_three_times_as_likely_to_experience_homelessness

¹⁸ Glen Bramley et. Al., 2022, [Homelessness and Black and Minoritised Ethnic Communities in the UK: A Statistical Report on the State of the Nation](#)

- Homelessness systems that, rather than compensating for existing inequalities, reinforce them through poor outcomes and discriminatory treatment
- Immigration status barriers mean that people with no recourse to public funds are shut out of most welfare support, leaving them vulnerable to homelessness
- Multiple sources indicate discrimination from landlords as a significant factor
- Data gaps with a lack of robust data and causal evidence on ethnicity and homelessness

The table below presents the percentage breakdown of ethnic groups where recorded for main applicants of households who made homeless applications to the council (6,395 out of 8,494 had this recorded) in the five calendar years between 2020 and 2024 and were assessed as either threatened with homelessness and owed a prevention duty (2,116 had this recorded out of 2,753), already homeless and owed a relief duty (4,279 has this recorded out of 5,741) or eventually accepted for the main housing duty if homelessness was not prevented or relieved (1,669 had this recorded out of 2,205).

Most households accepted for the main housing duty will be placed into temporary accommodation while this duty is in effect, with 87% (1,924 of 2,205) recorded as having spent time in temporary accommodation. The table below also includes 2021 Census data for citywide residents in Brighton & Hove for comparison.

Ethnic Group	Prevention duty owed (2020 to 2024)	Relief duty owed (2020 to 2024)	Main duty accepted (2020 to 2024)	Brighton & Hove Census 2021
White UK/British	61%	67%	64%	74%
White Other	17%	11%	10%	12%
Black or Black British	5%	7%	8%	2%
Asian or Asian British	6%	5%	6%	5%
Mixed	3%	3%	3%	5%
Another ethnic group	8%	7%	9%	3%

Housing service ethnicity data shows that larger proportions of main applicants owed a prevention, relief or main duty were Black or Racially Minoritised (any ethnic group other than 'White UK/British') compared to citywide residents. This breaks down as 39%, 33% and 36% respectively for these duties respectively and 26% of citywide residents. This indicates that people who are Black or Racially Minoritised in Brighton & Hove are more likely to become homeless than those who are White UK/British. This is especially the case for those recorded as 'Black or Black British' or categorised as part of another ethnic group.

Analysis of households accepted for the main housing duty between the 2020 and 2024 calendar years indicates notable differences in the recorded priority needs, which informed the main duty decision, for Black or Racially Minoritised (BRM) households and White UK/British households. This breakdown for the most common priority needs is presented in the table below. For example, BRM households were more likely to be in priority need because the household included dependent children (39% compared to 29% of White UK/British households) and less likely to be vulnerable because of mental health problems (9% compared to 19%).

Priority need for Black or Racially Minoritised (BRM) households and White UK/British households accepted for a main housing duty	BRM households owed main duty 2020 to 2024	White UK/British households owed main duty 2020 to 2024
Priority need: household includes dependent children	39%	29%
Priority need: vulnerable as result of physical disability / ill health	16%	19%

Priority need: vulnerable as result of mental health problems	9%	19%
Priority need: homeless due to having fled domestic abuse	4%	4%
Priority need: former asylum seeker	3%	0%

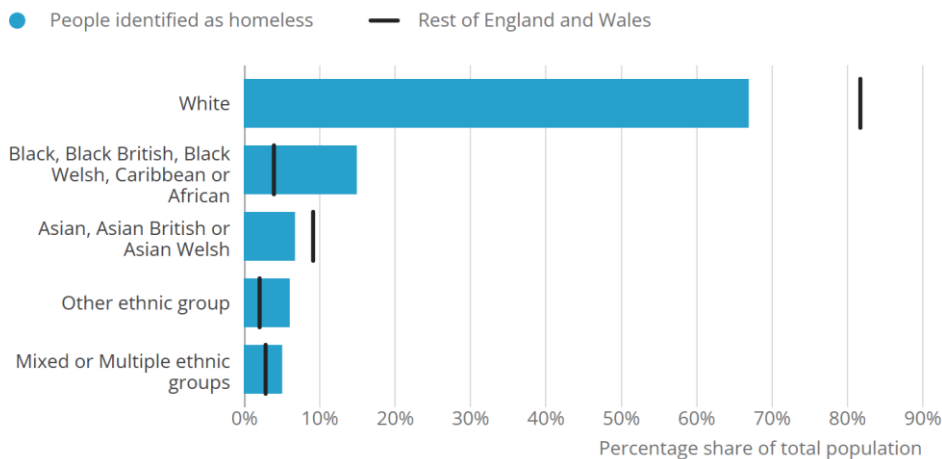
Analysis of data from the 2021 Census by ethnic group and housing tenure indicates that Black and Racially Minoritised residents across the city were significantly more likely to be in the 'Private rented or lives rent free' category (51.3%) when compared with total citywide residents of all ethnic groups (32.9%). They are therefore more likely to be impacted by the ending of a private rented tenancy as a reason for homelessness than White UK/British residents.

Responses to the public consultation on the draft strategy in 2024 point to a failure in the review of homelessness and the draft strategy to explicitly address the needs of gypsies, Roma and travellers.

People living in hostels and shelters: Census 2021¹⁹

People identified as living in hostels and shelters were three times more likely to identify as "Black, Black British, Black Welsh, Caribbean or African" than the rest of the England and Wales population.

Percentage of people identified as homeless compared with the rest of the population of England and Wales by high-level ethnic group, England and Wales, Census 2021



Source: Census 2021 from the Office for National Statistics

Recommendations

Commented [CB11]: I suggest including somewhere in this section (or wherever else you think appropriate) a commitment to strategic alignment with the principles of our [Anti-Racism Strategy](#)

¹⁹ The Office for National Statistics advises caution when using and interpreting this data. There were an estimated 13,955 people at hostels and temporary shelters in Census 2021; this is only a small proportion of all people experiencing homelessness, and therefore much lower than other official estimates for this group. Data was collected during the pandemic and the 'Everyone In' policy which may have skewed the data.

Ethnicity, 'race' and ethnic heritage as a protected characteristic has many possible intersections including but not limited to religion, migrants, asylum seekers, and refugees. This section should therefore be read in conjunction with sections 5.4 and 5.11 with other intersections considered.

Proposals set out in the draft strategy may have a positive impact in relation to ethnicity, 'race', and ethnic heritage (including Gypsy, Roma, Travellers) if the following recommendations are addressed and are aligned with the principles in the council's [Anti-Racism Strategy](#):

- 8. Recognise and address issues leading to higher levels of homelessness in the city's Black and Racially Minoritised population. This includes consistent data collection and monitoring and continuing to embed anti-racist practice, ensuring that policies and services actively seek to identify and address adverse outcomes.**
- 9. Ensure that homelessness prevention reflects the increasingly diverse, multi-ethnic nature of the city's population and design interventions that are appropriate to meet the needs of this population.**
- 10. Ensure that the needs of the city's Black and Racially Minority homeless population are addressed in the provision of temporary accommodation and move on options for settled accommodation.**
- 11. Set out how the needs of Gypsies, Roma and Travellers will be taken forward through a commitment to build on the forthcoming Gypsy, Roma, Traveller accommodation needs assessment with measures built into the strategy delivery plan to be agreed in Q4 2025/26.**

Commented [CB12]: Are you able to clarify how this might be done, Steve? Important given the failure identified in the 2024 consultation.

Could any more specific actions be included here, e.g. targeted GRT engagement, or a needs assessment within a certain timeframe, or identify GRT-specific barriers related to discrimination, site availability etc?

5.4 Religion, Belief, Spirituality, Faith, or Atheism:

Does your analysis indicate a disproportionate impact relating to Religion, Belief, Spirituality, Faith, or Atheism?	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Information about faith is not consistently recorded on homelessness applications (2,795 out of 8,494 applicants had this recorded).

The table below presents the percentage breakdown for religion or belief where recorded for main applicants of households who made homeless applications to the council in the five calendar years between 2020 and 2024 and were assessed as either threatened with homelessness and owed a prevention duty (1,195 had this recorded out of 2,753), already homeless and owed a relief duty (1,600 had this recorded out of 5,741) or eventually accepted for the main housing duty if homelessness was not prevented or relieved (828 had this recorded out of 2,205). Most households accepted for the main housing duty will be placed into temporary accommodation while this duty is in effect, with 87% (1,924 of 2,205) recorded as having spent time in temporary accommodation. The table includes 2021 Census data for citywide residents in Brighton & Hove for comparison.

Religion or belief	Prevention duty owed (2020 to 2024)	Relief duty owed (2020 to 2024)	Main duty accepted (2020 to 2024)	Brighton & Hove Census 2021
Buddhist	1%	1%	2%	1%
Christian	27%	22%	21%	31%
Hindu	0%	0%	0%	1%
Jewish	0%	0%	0%	1%
Muslim	8%	12%	12%	3%
No religion	50%	52%	50%	55%
Other	4%	4%	4%	1%
Prefer Not To Say	10%	9%	11%	7%
Sikh	0.3%	0.1%	0.1%	0.1%
Total	100%	100%	100%	100%

The data shows that those main applicants owed a prevention duty were slightly less likely to be Christian (27%) than citywide residents (31%) and even less so for those owed a relief duty (22%) or accepted for a main duty (21%). This is similarly the case for people with no religion, who formed 55% of citywide residents but lower proportions among those owed a prevention (50%), relief (52%) or main duty (50%). The table indicates that Muslims are more likely to become homeless (8% of prevention, 12% of relief and 12% of main duty households) when considered in comparison with their 3% share of citywide residents. This is also the case for people categorised with another religion or belief, who form 4% of prevention, relief and main duty households but 1% of citywide residents.

There is likely to be a significant intersection between ethnicity, race and ethnic heritage and religion. Some religious and cultural practices may require specific housing arrangements, such as single sex accommodation or adherence to food preparation rules. Different cultural traditions within faith groups may also have certain housing preferences or needs. The age, family size, and socioeconomic status of members of a faith group can influence their housing requirements. Faith-based organisations in the city make a significant contribution to addressing housing need, providing practical, spiritual and moral support to those in greatest need, including those who are at risk or who are currently homeless.

Commented [CB13]: Please could you clarify why you think this is happening Steve? Are there barriers to recording/asking that could potentially be addressed through a recommendation?

Commented [SM14R13]: Have added a recommendation to explore why this might be the case. Can also be picked up under rec 26

Commented [TM15]: I have found a way to get this so I suggest I add some analysis of the Ethnicity data from the [Housing Data for Homeless and Rough Sleeping Strategy.xlsx](#) which will also need to go in the review document. Discuss with Steve.

Brighton & Hove City Council signed a Faith Covenant with the city's faith leaders in 2018. The Faith Covenant is a joint commitment between faith communities and local authorities to a set of principles that guide engagement, aiming to remove some of the mistrust that exists and to promote open, constructive and collaborative partnership working.

Recommendations

There are many intersections between faith, culture and protected and other characteristics, including but not limited to, ethnicity, 'race' and ethnic heritage, migration, asylum seekers and refugees, and human rights. This section should therefore be read in conjunction with others.

Proposals set out in the draft strategy may have a positive impact in relation to religion, belief, spirituality, faith, or atheism if they are considered in relation to recommendations in other sections, including but not exclusively 5.3 and 5.11.

12. Identify what might cause low response rates for the question on religion or belief and adapt practice accordingly.

5.5 Gender Identity and Sex:

Does your analysis indicate a disproportionate impact relating to Gender Identity and Sex (including non-binary and intersex people)?	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The profile of Brighton & Hove mirrors that of England for Sex in the 2021 Census. The figure in brackets is for England. Female 51.1% (51.0%) Male 48.9% (49.0%). Both the council's housing data recording system and the Census ask, 'What is your sex?'. [The target concept of the Census 2021 question is sex as recorded on legal/official documents.](#)

Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth. The question on gender identity was new for Census 2021. The question was voluntary and was only asked of people aged 16 years and over. People were asked "Is the gender you identify with the same as your sex registered at birth?", and they had the option of selecting either "Yes" or "No" and writing in their gender identity. This question is also asked of homelessness applicants to the council.

In Brighton & Hove 92.79% of those asked about gender identity in the Census 2021 answered that their gender identity was the same as their sex registered at birth. The England average was 93.47%. In Brighton & Hove, 0.2% of those asked this question said that their gender identity was different from that registered at birth (2,341 people). Of these 476 gave no specific identity, 329 gave trans woman, 362 gave trans man, 835 gave non-binary, 339 gave another gender identity.

The table below shows the percentage breakdown of sex, where recorded, for main applicants who made homeless applications to the council (8,394 out of 8,494 had this recorded) in the five calendar years between 2020 and 2024. It includes those who were assessed as either threatened with homelessness and owed a prevention duty (2,737 had this recorded out of 2,753), already homeless and owed a relief duty (5,657 had this recorded of 5,741) or eventually accepted for the main housing duty if homelessness was not prevented or relieved (2,194 had this recorded out of 2,205). Most households accepted for the main housing duty will be placed into temporary accommodation while this duty is in effect, with 87% (1,924 of 2,205) recorded as having spent time in temporary accommodation. Census 2021 data for Brighton & Hove is included for comparison.

Sex	Prevention duty owed (2020 to 2024)	Relief duty owed (2020 to 2024)	Main duty accepted (2020 to 2024)	Brighton & Hove Census 2021
Female	60%	37%	55%	51%
Male	39%	62%	44%	49%
Other	1%	1%	1%	-

The data shows that main applicants for households owed a prevention duty or main duty were more likely to be recorded as female (60% of prevention and 55% of main) compared to citywide residents (51%). However, when it comes to main applicants owed a relief duty, the majority are recorded as male (62%) which is significantly higher than for the city population (49%). This indicates that men are more likely than women to present to the council once they are already homeless, rather than when threatened with homelessness.

Women are more likely to be accepted for the main housing duty. A factor which is likely to explain this is the presence of children in a household, which gives a household priority need under the main housing duty. Women are also more likely to be victims of domestic abuse and have priority status for the main

Commented [CB16]: I'd clarify that the intention is to record sex assigned at birth, which aligns with the Supreme Court's definition of sex as biological.

It might be helpful to explain why both are collected and analysed.

This info might be useful: [Our work on data about sex and gender identity – Office for Statistics Regulation](#)

Commented [SM17R16]: Hi @Chris - this is taken directly from the Census question descriptor. I've tweaked text and added a link so this is clear.

Commented [SM18R16]: Whether or not that is what it captures in practice is moot.

Commented [TM19]: This percentage presumably includes those who didn't answer in the denominator

housing duty. This section should be read in conjunction with section 5.15 Domestic and/or Sexual Abuse and Violence Survivors, people in vulnerable situations.

The table below gives a breakdown of the duties owed to households with or without children and whether the main applicant was female or male. When it comes to households accepted under the main duty, 62% of those with a female main applicant had children in the household whereas 19% of those with a male main applicant had children in the household. Similar patterns can also be seen for the prevention and relief duties.

Children in households with female or male main applicants (2020 to 2024)	Female main applicant owed prevention duty	Male main applicant owed prevention duty	Female main applicant owed relief duty	Male main applicant owed relief duty	Female main applicant owed main duty	Male main applicant owed main duty
Yes	59%	21%	42%	8%	62%	19%
No	41%	79%	58%	92%	38%	81%
Total	100%	100%	100%	100%	100%	100%

Data on rough sleeping in the city indicates that men are significantly over-represented among those experiencing rough sleeping.²⁰ The annual snapshot captures data on sex which is not available in the monthly rough sleeping data. Of the 76 people sleeping rough on 1 night in November 2024, most were men, with 69 (90.8%) recorded as male and 5 (6.6%) were recorded as female (sex was not captured for 2 people).

Men are also over-represented amongst those identified in local data as homeless and having Multiple Compound Needs.²¹ Of the 704 individuals (homeless with 2 or more other compound needs) in contact with services between January and March 2025, 470 (67%) were recorded as male and 189 (27%) as female.

The table below gives the percentage breakdown of gender identity for main applicants owed a prevention, relief or main housing duty.

Gender identity	Prevention duty owed (2020 to 2024)	Relief duty owed (2020 to 2024)	Main duty accepted (2020 to 2024)	Brighton & Hove Census 2021
No (gender identity different from sex registered at birth)	1.1%	1.5%	1.8%	0.2%
Yes (gender identity same as sex registered at birth or not recorded)	98.9%	98.5%	98.2%	99.8%

Of those who answered 'No', 29 were owed a prevention duty, 84 a relief duty (and therefore were already homeless) and 40 were owed a main duty. Although the numbers are small, the data gives some indication that people whose gender identity is different from sex registered at birth are more likely to be at risk of homelessness or to become homeless.

More detailed information about gender identity can be found through cross-referencing the Housing service data about gender and gender reassignment: there were 114 homeless main applicants for any duty (1.3% of the total 8,494) whose gender identity was recorded as different from their sex registered at birth, and these identities are recorded as 41 female (trans woman) and 37 male (trans man) with 18 as part of the 'other' category and 16 who preferred not to say. There is not a specific category for non-binary, so any non-binary homeless main applicants are likely to be recorded within the 'other' category.

²⁰ Although see the point below on the likely under-representation of women in official figures.

²¹ Changing Futures Sussex, 2025, [Multiple Needs Audit – Brighton & Hove: January – March 2025](#)

Women are likely to be under-represented in official statistics on homelessness.²² This is especially the case for single women without children and in relation to various forms of 'hidden homelessness'. Evidence submitted during the review of homelessness mirrors national research findings. These indicate that women experiencing homelessness are more likely to occupy precarious forms of accommodation, including, sofa surfing, spending the night with an unwanted sexual partner to obtain a roof over their head, women engaged in sex work sleeping in parlours or hotel rooms.

The national women's rough sleeping census uses a broader definition of 'nowhere safe to stay' than the official rough sleeping definition.²³ Local and national findings submitted as evidence for the review of homelessness indicate that women are significantly underrepresented in the official snapshot figures. Findings indicate that rough sleeping is rarely a standalone experience for women. Most oscillate between rough sleeping and other forms of homelessness, meaning that traditional approaches to addressing rough sleeping and statutory homelessness may be ineffective for women without children in their care. A lack of visibility means that women are less able to access services and accommodation, and that current policies, strategies and funding models do not recognise or address the true scale and nature of women's rough sleeping.

Previous consultation responses on the draft housing strategy 2024 to 2029 identified the following issues in relation to sex and gender identity:

- Women are disproportionately impacted by homelessness and there is a need to fund services supporting women at risk of becoming homeless and homeless women.
- Need to address specific needs of homeless and insecurely housed women who are experiencing, at risk of or traumatised by abuse, trafficking, modern slavery and being prostituted.
- Need for single sex and additional specialist women's refuge provision.
- Women are more likely to experience violence and abuse both before becoming homeless and whilst homeless.
- There may be a conflict of rights in relation to inclusion and different protected characteristics. Need for balance and proportionality and use of exceptions in relation to the Equality Act.

People living in hostels and shelters: Census 2021²⁴

Of all people identified in the Census 2021 as living in hostels and shelters, around two-thirds were male, and one-third were female (67.1% males compared with 32.9% females).²⁵ The percentage of males identified as homeless was higher than the rest of the population of England and Wales, but lower than females (49.0% males compared with 51.0% females).

Recommendations

This characteristic has several intersections in relation to homelessness including, but not limited to age, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and maternity/paternity, domestic and/or sexual abuse. This section should be read in conjunction with these other sections.

Proposals set out in the draft strategy may have a positive impact in relation to sex and gender identity if they are considered in relation to recommendations in other sections. Specific recommendations are:

²² Office for National Statistics, 2023, "Hidden" homelessness in the UK: evidence review <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/hiddenhomelessnessintheukevidencereview/2023-03-29>

²³ Solace, 2024, How do we sleep at night? Women's rough sleeping census 2024 <https://www.solacewomensaid.org/womens-rough-sleeping-census/>

²⁴ The Office for National Statistics advises caution when using and interpreting this data. There were an estimated 13,955 people at hostels and temporary shelters in Census 2021; this is only a small proportion of all people experiencing homelessness, and therefore much lower than other official estimates for this group. Data was collected during the pandemic and the 'Everyone In' policy which may have skewed the data.

²⁵ Office for National Statistics, 2023, [People experiencing homelessness, England and Wales: Census 2021](#)

13. Given that men are more likely to present as homeless rather than at risk of homelessness, ensure that prevention initiatives target men explicitly.
14. Ensure that temporary accommodation and homelessness services meet the needs of women, especially in relation to intersections with other characteristics including but not exclusively pregnancy and maternity, gender reassignment, sexual orientation, domestic abuse etc. This includes ensuring that there are specific services designed for women and appropriate safe spaces.

5.6 Gender Reassignment:

Does your analysis indicate a disproportionate impact relating to [Gender Reassignment](#)?

YES

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in one's self-identified gender.

Gender reassignment is a characteristic that is protected by the Equality Act 2010, and it is further interpreted in the Equality Act 2010 approved code of practice. It is a term of much contention and is one that Stonewall's Trans Advisory Group feels should be reviewed.

The data from the Census 2021 and service data in section 5.5 above give some indication of the numbers of people in the city and those using homelessness services who have this protected characteristic.

The Trans Needs Assessment undertaken by the council in 2015 identified the following issues in relation to housing:

- Trans people have a higher risk of homelessness.
- There are significant gaps in knowledge amongst trans people and support organisations around their rights and eligibility for housing services.
- Some trans people report poor experience of some homeless services, including safety concerns
- Training needs are indicated for housing staff.
- A high proportion of trans people live in the private rented sector and many report poor experiences with letting agents.
- Need to improve data collection in relation to gender reassignment and gender identity.

Consultation identified the following issues:

- Hate crime against trans people and the need for a zero-tolerance policy in social and supported housing.
- Safety issues, particularly in emergency / interim and other temporary accommodation.
- Fear of discrimination when approaching services for support.
- A clearer pathway for trans survivors of domestic abuse and sexual violence.
- The need for trans friendly accommodation and service provision in the city.

This protected characteristic has several intersections including, but not limited to, sex and gender identity, sexual orientation, marriage and civil partnership, pregnancy and domestic and/or sexual abuse. This section should be read in conjunction with these.

Recommendations

Proposals set out in the draft strategy may have a positive impact in relation to gender reassignment if they are considered in relation to recommendations in other sections.

15. Ensure that the specific needs of trans people are addressed in the implementation of the strategy with a focus on ensuring that prevention, temporary accommodation and homelessness services are trans inclusive, with specific measures to address safety concerns.

Commented [CB20]: Could this section more strongly address safety issues in light of the concerns raised here?

For example, could there be a specific analysis of temp accommodation safety concerns?

Or a safety audit of temp accommodation from TNBI perspective within 12 months?

Or clear placement protocols respecting gender identity and safety?

Can we ensure that single-occupancy options are available?

5.7 Sexual Orientation:

Does your analysis indicate a disproportionate impact relating to [Sexual Orientation](#)?

YES

If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The question on sexual orientation was new for Census 2021, with a national response rate of 92.5% of all aged 16 years and above. In Brighton & Hove, 10.7% of those responding identified as lesbian, gay, bisexual or other sexual orientation. This is the highest rate for any local authority and significantly above the rate for England and Wales (3.7%).

A similar question is asked of homelessness applicants by Brighton & Hove City Council. The table below presents the percentage breakdown of sexual orientation where recorded for main applicants of households who made homeless applications to the council (8,461 out of 8,494 had this recorded) in the five calendar years between 2020 and 2024 and were assessed as either threatened with homelessness and owed a prevention duty (2,748 had this recorded out of 2,753), already homeless and owed a relief duty (5,713 had this recorded out of 5,741) or eventually accepted for the main housing duty if homelessness was not prevented or relieved (2,200 had this recorded out of 2,205). Most households accepted for the main housing duty will be placed into temporary accommodation while this duty is in effect, with 87% (1,924 of 2,205) recorded as having spent time in temporary accommodation. The table below includes 2021 Census data for Brighton & Hove for comparison.

A relatively high proportion of households are recorded as ‘prefer not to say’ among homeless applicants (ranging from 30% of prevention duties to 39% of relief duties) compared to the proportion who responded this way in Census 2021 (9%). For this reason the table has been adjusted to calculate the percentages without this category, to allow for more meaningful comparison.

Sexual Orientation (excluding prefer not to say)	Prevention duty owed (2020 to 2024)	Relief duty owed (2020 to 2024)	Main duty accepted (2020 to 2024)	Brighton & Hove Census 2021
Bisexual	1%	1%	1%	4%
Gay / Lesbian	4%	6%	5%	6%
Heterosexual / Straight	91%	88%	89%	89%
Other sexual orientation	4%	5%	5%	1%
Total	100%	100%	100%	100%

Commented [CB21]: Consider including adding some text explaining why ‘prefer not to say’ responses are so high.

Could be due to lack of trust, fear of discrimination, or the way questions have been asked.

Would a potential action be to review of when/how equalities questions are asked?

Further work is needed to identify why there is such a high proportion of ‘prefer not to say’ responses but reasons could include lack of trust, fear of discrimination or the way the question is framed.

Council data shows that homeless applicants owed a prevention duty are slightly less likely to be recorded as gay or lesbian (4%) than citywide residents (6%) but those owed a relief duty (6%) are as likely. Homelessness applicants are less likely to be recorded as bisexual (1% across the three duties compared to 4% of citywide residents) and more likely to be recorded as having another sexual orientation (4% of prevention and 5% of relief and main duties compared to 1% of citywide residents).

When combining sexual orientation other than heterosexual / straight, the proportion of applicants owed a prevention duty (9%) is slightly lower than for citywide residents (11%) but those owed a relief or main duty are about the same or close (12% and 11% respectively).

National research on lesbian, gay, bisexual and transgender people's experiences of homelessness, commissioned by the Government Equalities Office, was published in 2024.²⁶ This aimed to synthesise

²⁶ Government Equalities Office, 2024, [Lesbian, gay, bisexual and transgender people's experiences of homelessness](#)

evidence, including from people with lived experience, to improve understanding of the experiences, attitudes and needs of homeless LGBT people, and how housing and support services are being delivered to LGBT people and how they can be improved to better meet their needs. Key findings were:

- There is no robust data measuring the number of LGBT people currently homeless in the UK. However, existing evidence indicates that LGBT people may be at greater risk of becoming homeless than people not identifying as LGBT.
- Published evidence suggest that some of the homelessness experiences of LGBT people are distinct and closely related to their sexual orientation or gender identity.
- Currently, the housing needs of LGBT homeless people are not being met fully by housing and support services.
- Mainstream temporary accommodation can be a hostile space for LGBT homeless people.
- LGBT homeless people sometimes rely on informal, hidden, and sometimes unsafe temporary housing
- 'Place' matters to LGBT homeless people, who have reasons for migrating to certain areas

Data from Switchboard identified 104 individuals who approached them in 2024 with concerns relating to homelessness and rough sleeping. This included 18 trans, non-binary and intersex people and 12 LGBTQ migrants, refugees and asylum seekers. Of all those seeking help, 80% received support relating to suicide prevention.

Some of the issues raised in public consultation in relation to sexual orientation included:

- Family breakdown and rejection as a driver of homelessness, especially in young LGBTQ+ people
- Low priority given to LGBTQ+ housing needs, safety and health/wellbeing
- Additional vulnerabilities including mental health conditions
- Impact of hate crime and the need for a zero-tolerance approach
- Barriers to housing including discrimination by private landlords and unsuitable housing
- Need for LGBTQ+ training for commissioners and homelessness services staff
- Better engagement and consultation with LGBTQ+ communities
- Safety concerns in emergency/interim and temporary accommodation
- Need for housing information and support and clearer pathways for LGBTQ+ people
- Better understanding and consideration of impact of intersectionalities with other protected characteristics e.g. age, disability or ethnicity
- Improved data collection and monitoring
- Need for LGBTQ+ specific accommodation
- Need for inclusive quality standards for homelessness service providers

People living in hostels and shelters: Census 2021²⁷

Of all people identified in the Census 2021 as living in hostels and shelters, more than double identified as lesbian, gay, bisexual, or "other" (LGB+) (7.7%) than in the rest of the population of England and Wales (3.2%). More people identified as homeless chose not to answer the question (13.7%) compared with the rest of the population of England and Wales (7.5%). This reinforces evidence from other sources that sexual orientation is a factor in homelessness.²⁸

Recommendations

²⁷ The Office for National Statistics advises caution when using and interpreting this data. There were an estimated 13,955 people at hostels and temporary shelters in Census 2021; this is only a small proportion of all people experiencing homelessness, and therefore much lower than other official estimates for this group. Data was collected during the pandemic and the 'Everyone In' policy which may have skewed the data.

²⁸ Brodie Fraser, et. Al, 2019, [LGBTIQ+ Homelessness: A Review of the Literature](#)

This protected characteristic has many intersections. This section should therefore be read in conjunction with other parts of this EIA.

Proposals set out in the draft strategy may have a positive impact in relation to sexual orientation if the implementation plan takes into account the following recommendations:

- 16. Improve inclusive assessment of need, ensuring that all homelessness services, including commissioned services, routinely collect and monitor sexual orientation and gender identity data at all stages of engagement including addressing low response rates. Ensure that assessments of need identify whether homophobic, biphobic, or transphobic abuse has contributed to homelessness. (See also recommendation 26.)**
- 17. Deliver comprehensive LGBT inclusion training for all frontline staff and commissioners, covering recognition of LGBT-specific homelessness triggers, suicide prevention, appropriate language and conduct, and inclusive policies**
- 18. The draft strategy proposes to strengthen early intervention and family mediation. This should include targeted work with families at risk of breakdown due to LGBT identity issues, including working with mediation services with LGBT expertise. Create early intervention pathways through schools, youth services, and community organisations to identify young people at risk before crisis point.**
- 19. Review relevant policies to ensure that LGBT people fleeing homophobic/biphobic/transphobic abuse can access support including temporary accommodation if appropriate.**

Commented [CB22]: Could we also support suicide prevention training for services given the high rate of suicidality identified here by Switchboard?

5.8 Marriage and Civil Partnership:

Does your analysis indicate a disproportionate impact relating to Marriage and Civil Partnership?	YES
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If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Analysis of the Census 2021 indicates that 82.8% of people living in hostels or shelters in England and Wales had never been married or registered in a civil partnership, compared to 37.9% of the general population.²⁹ At the point the census was taken 5.4% of people experiencing homelessness were married or in a civil partnership, compared to 44.4% of the adult population. Being married or in a civil partnership appears to be a protective factor against homelessness - married people appear to be underrepresented in some homeless populations.³⁰

Research indicates that relationship breakdown is a major and increasing cause of rough sleeping with 17.2% of new rough sleepers in London in 2024/25 citing this as the reason they lost their last settled base.³¹

²⁹ Office for National Statistics, 2023, [People experiencing homelessness, England and Wales: Census 2021](#)

³⁰ The Office for National Statistics advises caution when using and interpreting this data. There were an estimated 13,955 people at hostels and temporary shelters in Census 2021; this is only a small proportion of all people experiencing homelessness, and therefore much lower than other official estimates for this group. Data was collected during the pandemic and the 'Everyone In' policy which may have skewed the data.

³¹ Greater London Authority, 2025, [CHAIN Annual Report](#)

Recommendations

This protected characteristic has many intersections, including but not exclusively sex and gender identity and domestic abuse. This section should therefore be read in conjunction with other parts of this EIA.

Proposals set out in the draft strategy may have a positive impact in relation to marriage and civil partnership.

20. In implementing the strategy recognise the relevance of relationships and relationship breakdown for homelessness prevention, temporary accommodation and support services.

5.9 Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum):

Does your analysis indicate a disproportionate impact relating to Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)?	YES
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If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The Census does not collect data on this protected characteristic and while this is not routinely collected for homeless main applicants owed the prevention or relief duty, it is for those who are accepted for the main duty. Of the 2,205 households who were accepted for the main duty between the 2020 and 2024 calendar years combined, 1.5% were recorded as in priority need because the applicant was or the household included a pregnant woman.

During informal engagement during the development of the strategy our attention was drawn to the lack of local temporary accommodation for young pregnant people This results in placements out of area with loss of family and other support networks.

Recommendations

This protected characteristic has many intersections, including but not exclusively age, and sex and gender identity. This section should therefore be read in conjunction with other parts of this EIA.

Proposals set out in the draft strategy may have a positive impact in relation to this characteristic.

21. In delivering the strategy, ensure that there is assessment and appropriate provision for the needs of pregnant people and parents with young children in temporary accommodation and support services.

5.10 Armed Forces Personnel, their families, and Veterans:

Does your analysis indicate a disproportionate impact relating to Armed Forces Members and Veterans?	YES
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If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The 2021 Census estimates that there are 5,618 people in Brighton and Hove who have previously served in the armed forces. This is around 2.4% of the population.

Housing service data on support needs for applicants between the 2020 and 2024 calendar years combined indicates that those recorded as having served in the armed forces were 0.1% of those owed a prevention duty, 0.3% of those owed a relief duty and 0.1% of those accepted for the main housing duty if homelessness was not prevented or relieved. The total number of applicants was 21, of which 3 initially owed a prevention duty and 18 a relief duty (with 3 of those who were owed a relief duty going on to be accepted for the main housing duty).

There are no military establishments in Brighton and Hove and only around 10 MOD employees stationed in the city. The 2023 Strategic Housing Market Assessment cites anecdotal evidence that the city attracts LGBTQ+ service leavers. It argues that the most acute and pressing housing issue is likely to be finding accommodation for those leaving the armed forces.

A review of the literature on homelessness amongst veterans conducted by the Royal British Legion indicates falling numbers of former service personnel in the homeless population, however the percentage of homeless veterans is still higher than for the general population.³² Homeless veterans have been found on average to be older, be sleeping rough and have slept rough for longer, be less likely to use drugs and more likely to have alcohol-related problems. Post Traumatic Stress Disorder (PTSD) has been found among a small number of homeless veterans although other non-military related mental health problems were more common.

Survey research found that veterans who felt unprepared for life after service were significantly more likely to be homeless compared to those who felt prepared (0.5% versus 0.1%).³³ Veterans who said they had money worries or disagreed that they belonged to their local community were also more likely to experience homelessness.

During the consultation on the strategy issues raised relating to this protected characteristic included:

- Need for dedicated transitional and permanent supportive housing for veterans
- Increased priority on council housing waiting lists for former service members
- Housing assistance and homelessness prevention services specifically for veterans
- Coordinated support between veteran service organizations, NHS services, and housing providers
- Community integration programs to prevent isolation and community connections

Brighton & Hove City Council signed the Armed Forces Community Covenant in 2013 with the aims of encouraging local communities to support the armed forces community: nurturing public understanding and awareness among the public of issues affecting the armed forces community; and, ensuring that men, women and their families are not disadvantaged through serving or having served in the armed forces.

Recommendations

This protected characteristic has several intersections. This section should therefore be read in conjunction with other parts of this EIA.

Proposals set out in the draft strategy may have a positive impact in relation to this characteristic.

22. In delivering the strategy, ensure that there is appropriate provision for the needs of veterans.

Commented [TM23]: I think either the word "the" needs removing here or another word is supposed to be added at the end such as "area" or "local authority boundaries" or something like that?

Commented [TM24]: I checked if this is apparent in the homelessness data but it is not: most of the 21 applicants recorded as 'served in HM forces' have 'Prefer not to say' as their Sexual Orientation with none recorded as gay, lesbian, bisexual or other. This is of course likely to be a very small and unrepresentative sample of former services personnel across the city.

Commented [CB25]: In case helpful - we now have a Gold award in relation to the covenant: [Celebrating a new milestone in our support of our Armed Forces community](#)

³² Royal British Legion, [Literature review: UK veterans and homelessness](#)

³³ Office for Veterans Affairs, 2022, [Finance and housing, UK armed forces veterans: Veterans' Survey 2022, UK](#)

5.11 Expatriates, Migrants, Asylum Seekers, and Refugees:

Does your analysis indicate a disproportionate impact relating to Expatriates, Migrants, Asylum seekers, Refugees, those New to the UK, and UK visa or assigned legal status? (Especially considering for age, ethnicity, language, and various intersections)	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The Census 2021 indicates that 54,342 residents of Brighton & Hove were born outside the United Kingdom. This is 19.6% of the usual resident population of the city. Of these, most (28,524) had lived in the UK for 10 years or more. 7,926 had lived in the UK for less than 2 years.

Analysis of housing service data on the nationality of homeless main applicants between the 2020 and 2024 calendar years combined indicates that a sizeable minority were recorded as nationals of a country other than the UK, who were 19% (529 of 2,754) of those owed a prevention duty, 16% (945 of 5,741) of those owed a relief duty and 17% (383 of 2,205) of those accepted for the main housing duty. Furthermore, the service data on support needs for homeless main applicants over the same period indicates that those recorded as former asylum seekers were 2% (58 of 2,754) of those owed a prevention duty, 3% (163 of 5,741) of those owed a relief duty and 3% (72 of 2,205) of those who went on to being accepted for the main housing duty.

National research indicates that migrant homelessness and destitution is increasing, with sharp rises in the number of people seeking support directly after leaving Home Office accommodation and in the number of new refugees rough sleeping.³⁴

The Centre for Homelessness Impact identify a number of issues affecting people being resettled in the UK.³⁵ These include:

- A correlation between the UK's asylum system and a major increase in people sleeping rough after leaving asylum housing.
- Large-scale resettlement programmes, including the Homes for Ukraine schemes, leave people with an increased risk of homelessness due to a lack of support when people leave host households.
- Short move-on periods after asylum application decisions, welfare reforms, the right-to-rent policy, and family reunifications significantly contribute to housing instability for refugees.
- Housing challenges are intricately connected to broader societal issues such as education, health, and employment and refugees face heightened disadvantages in these key areas, impacting their ability to secure and stay in stable homes.

Housing for asylum seekers is the responsibility of the Home Office. Once granted leave to remain, people are expected to find their own accommodation within 28 days. As a rule, refugees fall into a class of persons subject to immigration control who are eligible for housing assistance. Individuals leaving Home Office accommodation may not have sufficient funds to secure private rented housing without additional help. Because asylum seekers are not permitted to work, saving for a deposit may act as a barrier to access the private rented sector. They are also unlikely to have someone who can act as a guarantor. Processing benefit applications can take longer than 28 days. Furthermore, it can take time to receive a National Insurance number, delaying entry to the workforce. These factors mean that refugees can be at increased risk of homelessness.

³⁴ NACCOM, 2024, [Understanding destitution and homelessness in the asylum and immigration system 2023 / 2024](#)

³⁵ Phillip Brown et. al., 2024, [Homelessness, refugees and resettlement](#)

Those whose asylum claim has been refused have no recourse to public funds, no legal right to work, no right to rent in England and extremely limited support options, primarily through voluntary organisations. Others with no recourse to public funds are excluded from benefits and local authority assistance. Adults with care and support needs may receive financial and accommodation assistance from a local authority under the Care Act 2014.

Under the Children Act 1989, local authorities are responsible for asylum applicants below the age of 18 who arrive in the UK unaccompanied and do not have adult close family members already in the UK whom they could join. Support may involve the provision of food, accommodation, foster carers, leisure, language assistance and trauma counselling.

The consultation on the strategy identified specific vulnerabilities for migrants, asylum seekers and refugees (with some also affecting expatriates) including

- risk of trafficking and modern-day slavery
- pre-migration trauma with higher rates of physical and mental health problems, including higher rates of untreated illness
- post-migration stressors including poverty, financial insecurity, unemployment, poor housing conditions, social isolation, loneliness, racism, stigma, and discrimination
- lack of trust in authorities
- increasing hostility to migrants and a 'climate of fear'
- women and LGBTQ+ people may be more vulnerable to domestic and other forms of abuse if they are destitute
- disruption of family life and family support with children and parents sometimes separated

The council is a member of the local City of Sanctuary group, Sanctuary on Sea, with a commitment to build a culture of hospitality and welcome, especially for refugees seeking sanctuary from war and persecution.

Recommendations

As well as other intersections, particular consideration should also be given to sections 5.3 Ethnicity, 'Race', ethnic heritage, 5.15 domestic and/or sexual abuse, violence survivors and people in vulnerable situations and 5.17 human rights and this section should be read in conjunction with these.

Proposals set out in the draft strategy may have a positive impact in relation to this characteristic with the draft strategy explicitly recognising the needs of refugees and asylum seekers.

23. In implementing the strategy, recognise and tackle the multiple and intersecting vulnerabilities affecting refugees and asylum seekers.

5.12 Carers:

Does your analysis indicate a disproportionate impact relating to Carers (Especially considering for age, ethnicity, language, and various intersections).	YES
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If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Data from the Census 2021 indicates that 20,804 people in the city provide unpaid care for someone who has long-term physical or mental ill-health conditions, illness or problems related to old age.

Carers can include people who have care needs themselves or be young carers looking after a parent or other family member. Financial vulnerability increases risk of homelessness in this group. Around 28% of carers in the UK live in relative poverty after housing costs, with 1.2 million unpaid carers living in poverty.³⁶ Only 51% of informal carers aged 16+ are in employment compared with 60% of the general population aged 16+.

Data on this protected characteristic is not recorded in the data held on homelessness applications and assessments in a structured way that can readily be analysed. For those assessed as owed a main housing duty, priority need of the main applicant or member of the household, can include a number of factors which indicate that one or more members of that household may have caring responsibility. These are set out in the table below.

This protected characteristic has intersections with age, sex, ethnicity, disability and others and should be read in conjunction with those sections.

Proposals set out in the draft strategy may have a positive impact in relation to this characteristic with the proposed measures to support people to stay in their homes or find new accommodation.

Detailed priority need (2020 to 2024 combined)	No. of households owed main duty	% of households owed main duty
Priority need: household includes dependent children	697	32%
Priority need: vulnerable as result of physical disability / ill health	395	18%
Priority need: vulnerable as result of mental health problems	345	16%
Priority need: homeless due to having fled domestic abuse	98	4%
Priority need: vulnerable as result of old age	41	2%
Priority need: applicant is / household includes a pregnant woman	33	1%
Priority need: vulnerable for other special reason	25	1%
Priority need: vulnerable as fled home because of violence / threat of violence (not domestic abuse)	24	1%
Priority need: applicant is care leaver and aged 18 to 20 years	23	1%
Priority need: vulnerable as result of learning difficulty	21	1%
Priority need: former asylum seeker	17	1%
Priority need: vulnerable as a care leaver 21+	11	0%
Priority need: vulnerable as been in custody or on remand	10	0%
Priority need: homeless because of fire, flood or other emergency	8	0%
Priority need: alcohol dependency	5	0%
Priority need: drug dependency	2	0%
Not in priority need	1	0%
Priority need not assessed as reapplication duty owed	1	0%
Priority need: applicant aged 16 or 17 years	1	0%
Priority need: homeless because of fire flood or other emergency	1	0%
Priority need: vulnerable as served in HM Forces	1	0%
Priority need: vulnerable served in HM Forces	1	0%
No priority need	0	0%
Priority need: homeless because of fire, flood or other emergency	0	0%
Priority need: vulnerable been in custody or on remand	0	0%
Total households owed main duty	2205	100%

³⁶ Rachel Harker et. al., 2025, [Who provides informal care?](#)

5.13 Looked after children, Care Leavers, Care and fostering experienced people:

Does your analysis indicate a disproportionate impact relating to Looked after children, Care Leavers, Care and fostering experienced children and adults (Especially considering for age, ethnicity, language, and various intersections). Also consider our Corporate Parenting Responsibility in connection to your activity.	YES
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If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

In 2023 a total of 345 children were in care in Brighton & Hove. The number of children in care varies from year to year but has fallen over time in the city. In the same year, 163 children ceased to be looked after by the local authority.

Analysis of housing service data on support needs for homelessness applicants between the 2020 and 2024 calendar years combined indicates that those recorded as care leavers at the time of their initial assessment were 0.6% (16 of 2,754) of those owed a prevention duty, 2.5% (146 of 5,741) of those owed a relief duty and 2.4% (53 of 2,205) of those accepted for the main housing duty.

Evidence compiled by the UK Parliament Education Committee indicates that care leavers are particularly vulnerable to becoming homeless.³⁷ In their call for evidence, they received an estimate that a third of care leavers become homeless within two years of leaving care, and that a quarter of homeless people have been in care. Analysis of national data indicates that most care leavers (61.2%) were already homeless when they approached a local authority for help.³⁸

Research undertaken by Centrepoin in 2017 indicates that care leavers experience additional challenges on leaving care.³⁹ These include

- Difficulty managing money
- They are unable to afford to rent
- They may have to move to an unfamiliar area
- They have to get used to less support
- Higher risk of losing their tenancy and becoming homeless

Issues raised in relation to care experience in the consultation for the strategy included:

- Importance of the council's corporate parenting role
- Risk of care leavers being deemed intentionally homeless when their behaviours and trauma impact relationships and management of tenancies.
- Calls for care leavers to maintain their priority until they are 25

Brighton & Hove City Council's as corporate parent has collective responsibility to act as a good parent for the children and young people in its care, including care leavers. This legal duty involves all council employees, elected members, and commissioned services supporting these young people's education, health, welfare, and overall well-being.

In July 2023 the council voted to recognise care leavers as a protected characteristic, recognising that care experienced people face significant barriers that impact them throughout their lives.

Commented [CB26]: Might be helpful to add this info if you feel it relevant:

A [full council meeting](#) in July 2023 voted to recognise care leavers as a protected characteristic, recognising that care experienced people face significant barriers that impact them throughout their lives.

³⁷ UK Parliament: Education Committee, 2025, [Children's social care](#)

³⁸ Become, 2023, [33% increase in homelessness among care leavers](#)

³⁹ Centrepoin, 2017, [From care to where? Care leavers' access to accommodation](#)

Recommendations

This protected characteristic has intersections with age, sex, ethnicity, disability and others and should be read in conjunction with those sections.

Proposals set out in the draft strategy may have a positive impact in relation to this characteristic if the specific needs of care experienced young people are addressed in the delivery of the strategy.

5.14 Homelessness:

Does your analysis indicate a disproportionate impact relating to people experiencing homelessness, and associated risk and vulnerability? (Especially considering for age, veteran, ethnicity, language, and various intersections)	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

A detailed review of homelessness in the city has informed the development of the draft strategy. Data on homelessness and rough sleeping [can be found in the review document](#).

Intersections between homelessness and protected characteristics are identified in other sections of this equality impact assessment. Two categories of risk in relation to protected characteristics and their intersections need to be highlighted here: the risk of becoming homeless and increased risk when homeless. Other factors, not related to characteristics protected under the Equality Act 2010, are also likely to compound risk, for example, substance misuse, employment status, educational achievement, and personal circumstances. A data led approach to risk profiling and service development means that measures to improve and use equalities and other data as set out **Recommendation 24** will be key to successful delivery.

Although the number of people experiencing rough sleeping in the city is low compared to the overall number of people experiencing homelessness, outcomes for this group are particularly poor. People who sleep rough or in other forms of insecure accommodation have nearly five times the mortality risk compared to the general population.⁴⁰ The evidence shows significantly elevated rates of infectious diseases, musculoskeletal disorders and chronic pain, skin and foot problems, dental problems and respiratory illness. People experiencing rough sleeping are twice as likely to die of stroke compared to the poorest people with stable accommodation.⁴¹

In March 2025, of people sleeping rough over the month, 13% were returning to sleeping rough, and of these returners, 30% had moved into settled accommodation in the previous year - indicating high rates of housing breakdown and repeat homelessness. Long-term rough sleepers (those seen 2 or more times within a 6-month period) are the largest group of people sleeping rough over the month and have had the largest year-on-year increase nationally.⁴²

People experiencing rough sleeping have often faced severe disadvantage including mental ill health, dependency on drugs and alcohol, adverse childhood experiences and histories of trauma and domestic abuse. Women who sleep rough are more likely than men to have experienced traumas, including self-

⁴⁰ James White et. Al., 2021, [Mortality among rough sleepers, squatters, residents of homeless shelters or hotels and sofa-surfers: a pooled analysis of UK birth cohorts](#)

⁴¹ Public Health England, 2020, [Health matters: rough sleeping](#)

⁴² Ministry for Housing, Communities and Local Government, 2025, [Rough sleeping data framework, March 2025](#)

harming and domestic violence, and experience of domestic violence and abuse is very common among women who become homeless.⁴³

The rate of rough sleeping in Brighton & Hove has risen from 20 per 100,000 population in 2020 to 30 per 100,000 in 2025.

Issues raised in the consultation included:

- Need for financial and benefits advice to help prevent financial difficulties resulting in homelessness
- Identification of risk of homelessness plus early intervention / prevention
- Need for trauma/psychologically informed practice and training for staff
- Funding for organisations working with homeless people being reduced
- Support for innovative approaches but also calls to use evidence of effectiveness where this exists
- Systems and processes e.g. bidding for housing are complex and hard to understand for many people experiencing homelessness
- Intersection of homelessness with protected characteristics e.g. LGBTQ+, disability, ethnicity and sex
- Importance of partnership working to tackle increasing homelessness

Details of themes arising in the public consultation and the council's response can be found in the consultation report published with cabinet papers for decision on 11 December 2025.

24. Recognise the significant intersection between people experiencing rough sleeping and people experiencing multiple compound needs requiring a continued focus on this overlapping cohort

5.15 Domestic and/or Sexual Abuse and Violence Survivors, people in vulnerable situations

Does your analysis indicate a disproportionate impact relating to Domestic Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)?	YES
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If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Housing service data on homelessness applications between the 2020 and 2024 calendar years combined includes the main reason for the applicant's loss of their settled home, with a category for cases where they are a victim of domestic abuse. This applied to 4% (104 of 2,754) of households owed a prevention duty and 9% (543 of 5,741) of those owed a relief duty. Of the 2,205 households whose homelessness was not prevented or relieved and who were accepted for the main duty during the same period, 4% were recorded as in priority need specifically because the applicant fled domestic abuse.

The proportion of people who are at risk of and/or have experienced domestic abuse is higher (16%) based on the data on additional support needs for homelessness applicants. The data on additional support needs includes three categories relating to different types of abuse, as shown in the table below. This shows that significant proportions of homeless applicants are likely to be survivors of domestic, sexual and/or other forms of abuse, ranging from 8% of those owed a prevention duty, 17% of those owed a relief duty, and 20% of those accepted for the main housing duty.

⁴³ Public Health England, 2020, [Health matters: rough sleeping](#)

All support needs (overlapping categories) recorded at time of assessment for homeless application	Prevention duty owed (2020 to 2024)	Relief duty owed (2020 to 2024)	Main duty accepted (2020 to 2024)
At risk of/has experienced abuse (non-domestic abuse)	2%	4%	4%
At risk of/has experienced domestic abuse	6%	12%	16%
At risk of/has experienced sexual abuse/exploitation	2%	3%	4%
At least one of the above	8%	17%	20%

Analysis of housing service data over time points to a significant increase in the numbers of victims of domestic abuse approaching the council at the relief stage (where they are already homeless). The table below shows the number of people assessed as owed a relief duty by main reason.

Calendar Year of assessment: Relief duty owed	Family or friends no longer willing or able to accommodate	End of private rented tenancy	Victim of domestic abuse	Eviction from supported housing
2020	323	117	41	45
2021	308	134	96	87
2022	224	186	106	84
2023	239	204	144	117
2024	290	206	156	116
Total	1,384	847	543	449

Source: Home Connections (data extracted on 13/01/25 using the 'Hope Extract' report)

The [pan-Sussex domestic abuse accommodation strategy](#) identified that over a three-month period, 64% of refuge referrals in Brighton & Hove where a postcode was provided were from out of area, indicating significant cross-boundary movement of survivors seeking safety.

Data reporting by Brighton & Hove City Council indicates that between 1 April 2024 and 31 March 2025, 594 domestic abuse survivors received accommodation support. This represents a rise of almost 36% (from 438 to 594) since 2022/23 the earliest year data is available). Of these, the majority (368) were supported in safe accommodations schemes, with 153 in Sanctuary scheme accommodation and 72 in refuge accommodation. Of the 594 individuals, 78% (n=466) were female adults, 8% (50) were male adults, and 6% (n=38) were trans or non-binary adults. There were 40 children (7%) living in domestic abuse safe accommodation.

Data on other characteristics of the 594 people supported in domestic abuse safe accommodation for Brighton & Hove in 2024/25 indicated over representation of Black and minoritised people, 33.5% (n=199) compared to 26% for the city as a whole; 27.6% were disabled (n=164) compared to 19% for the city as a whole; 12.1% (n=72) were recorded as LGBTQ+ compared to 10.7% of the city population.

The 4 most common recorded support needs for survivors supported in domestic abuse safe accommodation were mental health history (n=315 or 53%), drug support needs (n=11 or 20%), alcohol support needs (n=69 or 11.6%) and young person under 25 (n=52 or 8.8%). A total of 110 individuals could not be supported. While in many areas of the country this is due to service capacity issues, no household fell into this category, with most either declining a referral or were not contactable.

Analysis by the Office for National Statistics (ONS) of National Crime Survey data indicates that for the survey year ending March 2024, 8.0% of people aged 16 years and over experienced domestic abuse in the last year (equivalent to 3.9 million people).⁴⁴ When breaking the figures down by sex, they estimate that 9.5% of women (2.3 million) and 6.5% of men (1.5 million) have experienced domestic abuse in the last year.

⁴⁴ Office for National Statistics, 2025, [Redevelopment of domestic abuse statistics: research update May 2025](#)

The ONS also estimate 1 in 4 (26.1%) people aged 16 years and over have experienced domestic abuse since the age of 16 years, (equivalent to 12.6 million people). Split by sex, they estimate that 30.3% of women and 21.7% of men have experienced domestic abuse since the age of 16 years (equivalent to 7.4 million and 5.1 million, respectively).

Consultation responses included the following points

- there is under-provision of refuge accommodation for trans survivors of domestic abuse
- the gendered nature of domestic abuse was highlighted with consultees calling for protected, specialist services for women, children, and trans people fleeing abuse,
- the importance of recognising domestic and sexual violence as a root cause of homelessness
- the impact of financial hardship and economic abuse
- a need for improved data collection
- Greater visibility for single women and trans people experiencing homelessness due to abuse

Recommendations

This characteristic has many possible intersections including but not limited to sex and gender identity, age, gender reassignment, ethnicity and disability. This section should therefore be read in conjunction with these sections and their intersections considered.

Proposals set out in the draft strategy may have a positive impact with the draft strategy recognising the importance of domestic abuse and a cause of homelessness.

25. Ensure that the statutory domestic abuse accommodation strategy is updated as soon as possible and that the planned review of supported accommodation in the city and the development of a supported accommodation strategy considers the needs of survivors of domestic abuse.

[See also recommendation 26](#)

5.16 Socio-economic disadvantage:

Does your analysis indicate a disproportionate impact relating to Socio-economic Disadvantage? (Especially considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections)	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The lack of affordable housing options in the city negatively impacts people at socio-economic disadvantage and places them at higher risk of becoming homeless. Poor housing conditions also impact the health and wellbeing of low-income households. Inadequate insulation contributes to higher energy bills. This is likely to intersect with other characteristics (e.g. older people, young people, people from Black and Racially Minoritised groups and people with disabilities amongst others are more likely to have lower household income).

The table below shows the employment status of main homeless applicants over 5 years from 2020 to 2024. For all 3 housing duties a significant proportion of applicants were either registered unemployed or not working because of long term sickness or disability.

Employment status of main applicant	Prevention duty owed	Relief duty owed	Main duty acceptance
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At home/not seeking work (including looking after the home or family)	5%	3%	7%
Don't know / Refused	4%	9%	5%
Full-time student	1%	1%	1%
Not registered unemployed but seeking work	2%	3%	2%
Not working because of long term sickness or disability	21%	24%	26%
Other	1%	2%	1%
Registered employed but currently off work due to ill health / disability on reduced or SSP	1%	1%	1%
Registered employed but currently off work on maternity/paternity/adoption leave on reduced or statutory pay	1%	0%	1%
Registered unemployed	25%	39%	31%
Retired (including retired early)	5%	2%	4%
Training Scheme / apprenticeship	0%	0%	0%
Working: 30 hours a week or more (contracted, regular or guaranteed)	13%	6%	7%
Working: irregular hours with variable or irregular pay	2%	1%	1%
Working: less than 30 hours a week (contracted, regular or guaranteed)	17%	6%	11%
Not recorded	2%	2%	2%

Source: NEC Housing (data extracted 31 Dec 2024)

The strategy is likely to have a positive impact on people at socio-economic disadvantage. Measures are included to support people to remain in their homes by tackling issues such as rent arrears and other forms of debt, education and skills etc. Other measures likely to have a positive impact include improving the quality of temporary accommodation and reducing the use of B&B and out of area placements for families with children. The draft strategy also makes a commitment to fairness and inclusion, including tackling the stigma and discrimination faced by people experiencing homelessness.

5.17 Human Rights:

Will your activity have a disproportionate impact relating to Human Rights?	YES
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If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The right to adequate housing is a human right recognised in international human rights law. Without a right to housing, many other basic rights are compromised, including the right to family life and privacy, the right to freedom of movement, the right to assembly and association, the right to health, and the right to development. Adequate housing is essential for human survival with dignity. The right to adequate housing is defined by the United Nations as the right to live somewhere in security, peace, and dignity.

In 2021 the council was the first local authority in the United Kingdom to sign up to the [Homeless Bill of Rights](#). This committed the council to respect and uphold the rights of people who are experiencing homelessness, particularly their right to housing.

The strategy is likely to have a positive impact on human rights with its focus on preventing homelessness, improving temporary accommodation and providing support to those who become homeless.

5.17 Cumulative, multiple [intersectional](#), and complex impacts (including on additional relevant groups):

What cumulative or complex impacts might the activity have on people who are members of multiple Minoritised groups?

- For example: people belonging to the Gypsy, Roma, and/or Traveller community who are also disabled, LGBTQIA+, older disabled trans and non-binary people, older Black and Racially Minoritised disabled people of faith, young autistic people.
- Also consider wider disadvantaged and intersecting experiences that create exclusion and systemic barriers:
 - People experiencing homelessness
 - People on a low income and people living in the most deprived areas
 - People facing literacy and numeracy barriers
 - Lone parents
 - People with experience of or living with addiction and/ or a substance use disorder (SUD)
 - Sex workers
 - Ex-offenders and people with unrelated convictions
 - People who have experienced female genital mutilation (FGM)
 - People who have experienced human trafficking or modern slavery

Intersections and complex impacts are considered in the sections above. Given the nature of this wide-ranging strategy, it has not been possible to identify and consider all such intersections. A number of key issues not considered above include:

Multiple Compound Needs – An assessment carried out as part of the Joint Strategic Needs Assessment programme in 2020 identified that around 90% of this population are homeless, with most having a significant history of rough sleeping. The SHMA identifies a gap in accommodation for people with multiple complex/compound needs, noting that this is an extremely challenging cohort to house. The housing strategy and Y1 action plan committed the council to work with partners to improve services and support for people with multiple, compound needs. This is reflected in the third priority of the draft homelessness and rough sleeping strategy.

People with some characteristics and intersections are at higher risk of exploitation and harm, for example, cuckooing or modern slavery. This includes, but is not limited to, care leavers, people with learning disabilities, or people with mental health issues. The increased complexity and level of need of those placed in social housing or living in the private rented sector is noted in the SHMA and was also raised as a concern by respondents to the consultation.

Recommendations relating to specific characteristics and their intersections are set out in each section of this EIA. There is one cross cutting recommendation below.

26. The collection and analysis of equality data should be reviewed and, where required, improved. This included reviewing the systems and processes used to collect and analyse equalities data.

7. Action planning

Which action plans have the actions identified in the previous section been transferred to?

Commented [CB27]: The EIA contains 24 recommendations with no clarity around priority, timescale, or resourcing.

To assist decision-makers and support monitoring, a summary table would be useful that highlights for each action:

- Priority (High/Medium/Low)
- Timescale (Year 1-5)
- Success measures
- Resource implications

Commented [CB28]: Given the significance and cross-cutting nature of this action, can it be made SMART?

Would any of the following be useful accompanying actions?

conduct a comprehensive data audit within XX months

Develop a data improvement plan with clear timelines

Commented [SM29R28]: Hi @Chris. See the draft action plan. I started to add in Yx Qx against each of the actions. I really do understand the need to make these SMART but it felt like such a 'finger in the air' exercise that in the end I removed them. We are still to set up the data, research and insight group - this is likely to be Q4 2025/26. They really need to do the work on the prioritisation, baselining, reporting etc.. We should have the strategy action plan in place by end Q4 25/26. It will not go to cabinet with the strategy in December for a variety of reasons (unclear funding envelope, need to get partner sign off for actions etc). We're asking for delegated authority for Genette Laws & Cllr Williams to agree this.

Commented [CB30R28]: Understood - thanks for this additional context Steve.

Homelessness and rough sleeping strategy delivery plan – to be developed Q4 2025/26

What SMART actions will be taken to address the disproportionate and cumulative impacts you have identified?

- Summarise relevant SMART actions from your data insights and disproportionate impacts below for this assessment, listing appropriate activities per action as bullets. (This will help your Business Manager or Fair and Inclusive Action Plan (FIAP) Service representative to add these to the Directorate FIAP, discuss success measures and timelines with you, and monitor this EIA's progress as part of quarterly and regular internal and external auditing and monitoring)

Y0 = 2025/26, Y1 = 2026/27

1. Data, monitoring and research

Priority: Medium-High

Timescale: Year 0-1

Key actions:

- Seek to establish data, research and insight working group
- Agree baseline data for strategy monitoring
- Review and revise data collection for protected characteristics with a focus on gaps identified in this EIA e.g. young people
- Implement regular reporting mechanisms on equality outcomes
- Identify and implement priority recommendations from Gypsy, Roma Traveller needs assessment
- Seek to take forward needs assessment for people living in TA
- Review trend data and agree next steps on older people presenting to services

Resource implications:

- Staff time
- Potential need for externally commissioned TA needs assessment if unable to progress through JSNA

2. Workforce development and training

Priority: Medium-High

Timescale: Year 1-3

Key actions:

- Ensure all staff have undertaken mandatory equality and diversity training across homelessness & housing needs services FIAP HCW-W05
- Review options for additional EDI learning for areas identified in this EIA e.g. suicide prevention, trans inclusion, cultural competency
- Continue roll out of trauma-informed training & updates for all homelessness & housing needs staff

Resource implications:

- Mainly within existing resources
- Potential costs in buying in additional EDI learning

3. Prevention

Priority: High

Timescale: Year 1-5

Key Actions:

- Develop 'test and learn' methods for targeted prevention and early intervention for vulnerable groups with a focus on families with children, single men, and people from Black, Mixed and Other ethnic groups
- Monitor impact and scale up if appropriate
- Strengthen partnership working for prevention with a focus on engaging universal services
- Implement risk assessment tools that consider equality factors

Resource implications:

- Potential additional staffing or commissioned services if targeted prevention models rolled out
- Potential resource implications for universal services

4. Temporary accommodation

Priority: High

Timescale: Year 1-4

Key actions:

- Drive up quality standards in interim temporary accommodation
- Explore ways to reduce use of B&B and out of area placements for families with children
- Explore accommodation meets diverse cultural and religious needs
- Explore how to ensure that there are sufficient women only and single person spaces available
- Develop accessible accommodation options

Resource implications:

- Dynamic purchasing model resourced
- Potential cost implications from placements within city
- Work to diversify TA supply underway

5. Support

Priority: Medium-High

Timescale: Year 1-4

Key Actions:

- Explore options to improve access to mental health and substance misuse support
- Continue service integration between health, social care and housing
- Improve access to healthcare and social services for rough sleepers through homeless healthcare hub

Resource implications:

- Service integration depends on partners being able to jointly fund – risk
- Enhanced support services have funding implications
- Homeless healthcare hub requires premises and funding from partners to be viable

6. Children, families and young people

Priority: High

Timescale: Year 1-5

Key Actions:

- Develop support and service offer to families with children experiencing homelessness
- Explore options to make our services more child-friendly

Resource implications:

- No current provider market. Would require resourcing to stimulate provision
- Work to diversify TA offer underway

7. Safety and domestic abuse

Priority: High

Timescale: Year 1-3

Key Actions:

- Review refuge and safe accommodation provision through supported housing review and refresh of DA accommodation strategy
- Strengthen approaches to recording and safety planning for TA placements

Resource implications:

- Expected new burdens funding to support review of supported housing
- Staff capacity required for DA accommodation strategy refresh

8. Outcome of your assessment

What decision have you reached upon completing this Equality Impact Assessment? (Mark 'X' for any ONE option below)

Stop or pause the activity due to unmitigable disproportionate impacts because the evidence shows bias towards one or more groups.

Adapt or change the activity to eliminate or mitigate disproportionate impacts and/or bias.

Proceed with the activity as currently planned – no disproportionate impacts have been identified, or impacts will be mitigated by specified SMART actions.

X

Proceed with caution – disproportionate impacts have been identified but having considered all available options there are no other or proportionate ways to achieve the aim of the activity (for example, in extreme cases or where positive action is taken). Therefore, you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.

If your decision is to "Proceed with caution", please provide a reasoning for this:

Summarise your overall equality impact assessment recommendations to include in any committee papers to help guide and support councillor decision-making:

This equality impact assessment considers the implications of proposals set out in the draft homelessness and rough sleeping strategy 2025 to 2030. The strategy is intended to be a high-level document, setting out the principles and priorities to contribute to the council's ambitious goal to deliver accessible, affordable and high-quality homes for everyone in Brighton & Hove. If that goal is achieved, then the strategy will have a positive impact on people with the protected and other characteristics considered in this EIA.

The EIA identifies several factors relating to protected characteristics and their intersections which impact homelessness and rough sleeping. The council can directly influence those factors relating to its statutory duties and its other services. There are other factors where it needs to work in partnership to deliver improved outcomes. Given the breadth and nature of the strategy, it has not been possible to identify the equality impact of specific proposals therefore separate equality impact assessments will need to be undertaken in line with council policy on all service development and change proposals undertaken as part of the implementation of the strategy.

9. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:

10. Directorate and Service Approval

Signatory:	Name and Job Title:	Date: DD-MMM-YY
Responsible Lead Officer:	Harry Williams, Director of Housing People Services	20-11-25
Accountable Manager:	Alice Morel, Head of Homelessness and Housing Options	31-10-25
	Aaron Burns, Head of Temporary and Supported Accommodation	3-11-25

Notes, relevant information, and requests (if any) from Responsible Lead Officer and Accountable Manager submitting this assessment:

EDI Review, Actions, and Approval:

Equality Impact Assessment checklist and sign-off

EIA Reference number assigned:

EDI Business Partner to cross-check against aims of the equality duty, public sector duty and our civic responsibilities the activity considers and refer to relevant internal checklists and guidance prior to recommending sign-off.

Once the EDI Business Partner has considered the equalities impact to provide first level approval for by those submitting the EIA, they will get the EIA signed off and sent to the requester copying the Head of Service, Business Improvement Manager, [Equalities inbox](#), any other service colleagues as appropriate to enable EIA tracking, accountability, and saving for publishing.

Signatory:	Name:	Date: DD-MMM-YY
EDI Business Partner:	Chris Brown	24-Nov-2025
EDI Manager:		
Head of Communities, Equality, and Third Sector (CETS) Service:	N/A	
<i>(For Budget EIAs/ in absence of EDI Manager/ as final approver)</i>		

Notes and recommendations from EDI Business Partner reviewing this assessment:

Notes and recommendations (if any) from EDI Manager reviewing this assessment:

Notes and recommendations (if any) from Head of CETS Service reviewing this assessment: