

## **Cabinet – 26 June 2018**

### **Adult Social Care Equality Impact Assessments**

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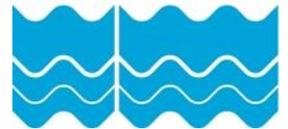
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## Equality Impact Assessment

### Project or Service Template

Name of the proposal, project or service
<b>Reconciling Policy Performance and Resources (RPPR) 2018/19:</b>
<b>Proposed review of Milton Grange and Firwood House Intermediate Care Services</b>

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## **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”

These are sometimes called equality aims.

### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

**1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21st Century Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When

members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.

- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## **Part 2 – Aims and implementation of the proposal, project or service**

### **2.1 What is being assessed?**

#### **a) Proposal or name of the project or service.**

East Sussex County Council is reviewing the intermediate care bed services provided by Milton Grange and Firwood House in order to deliver £1,232,000 savings.

#### **b) What is the main purpose or aims of proposal, project or service?**

The review will look at the impact of closure or other savings options such as re-provision. This review is closely linked to a related review of day services at Milton Grange and Warwick House.

East Sussex County Council is reviewing the intermediate care bed services provided by Milton Grange.

#### **c) Manager(s) and section or service responsible for completing the assessment**

Audrey Franks, Operations Manager – Directly Provided Services

Shane Heber, Head of Service – Directly Provided Services

### **2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?**

As Milton Grange and Firwood House both provide services for older people with disabilities (especially mental health), it is likely that those who are elderly and disabled will be affected by this proposal, as well as those with caring responsibilities.

### **2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?**

The review and subsequent proposal will be conducted by East Sussex County Council, Adult Social Care, and will be led by Shane Heber, Head of Service and Audrey Franks, Operations Manager.

### **2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

East Sussex Hospitals Trust and the two Clinical Commissioning Groups – Eastbourne Hailsham and Seaford and Hastings and Rother CCGs - both provide services and/or staff at Firwood House and Milton Grange.

### **2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?**

The proposals are as a consequence of the strategic planning activity in response to the council's RPPR (Reconciling Policy, Performance and Resources) process.

As well as meeting our duty under the Care Act 2015 to meet eligible care and support needs, we have described our duties under the Care Act (Information and Advice) at Appendix one. This would be crucial in signposting people to find appropriate care and support – as well as advice for carers.

**2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.**

People are referred through Health & Social Care Connect, Adult Social Care's and Health's contact centre, which also provides a referral service for health professionals in the NHS.

**2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.**

Clients may be referred through a number of sources including Hospitals, A&E departments, GPs, social work teams.

Assessments are carried out using the adult social care assessment process. Referrals are processed by HSCC. On receipt of new referrals, staff at Milton Grange /Firwood House will visit the person either at home or at hospital to explain about the service and gain a greater understanding of specific needs. This pre-screening will also explore the suitability of the service in relation to the person's needs and whether or not they are ready for rehabilitation.

They will also consider any specific health and dietary related needs, any moving and handling issues, transport requirements, medication requirements as well as gathering essential information relating to next of kin, (emergency contacts, GPs etc), and gain an understanding of the social activities the individual enjoys. They will then design a care plan to meet these needs and agree date of transfer if the persons needs can be met at Milton or Firwood.

**2.8 How, when and where is your proposal, project or service provided? Please explain fully.**

Milton Grange and Firwood House both offer 'intermediate care'. Intermediate care is best described as 'a short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or inappropriate admission to hospital or residential care. The care is person-centred, focused on rehabilitation and delivered by a combination of professional groups.<sup>1</sup>

Milton Grange is located in Eastbourne. Of the 37 beds, 19 provide a 'generic service' which includes an integrated team of professionals providing nursing and therapy to support people with a range of physical needs and enable them to return home after a stay in hospital.

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<sup>1</sup> <https://www.kingsfund.org.uk/sites/default/files/Developing-Intermediate-Care-guide-health-social-services-professionals-Jan-Stevenson-Linda-Spencer-The-Kings-Fund-July-2009.pdf>

The remaining 18 beds support older people with mental health needs and provide specialist nursing care and therapy. The aim of the service is to enable people to return to their own homes following a period of rehabilitation, thus reducing the risk of re-admission to hospital. Firwood House is located in Hampden Park. The 19 beds provide a 'generic service' which includes an integrated team of professionals providing nursing and therapy to support older people with a range of physical needs to enable them to return home after a stay in hospital, and reducing the risk of re-admission. The service at Firwood is jointly delivered by staff from Adult Social Care and East Sussex Hospitals Trust.

Both services operate 24 hours every day of the year.

The services at Milton and Firwood support timely discharges from hospital and prevent admissions to hospital where possible. The services at Milton Grange and Firwood House are supported by an on-site multidisciplinary team consisting of Physiotherapists, Occupational Therapists, and Nurses. There is a visiting Pharmacy and GP service. Additionally, the service at Milton Grange also includes Social Workers and Mental Health professionals.

It is this multi-disciplinary approach which makes these services unique in the county. Although other care services exist, the integrated team providing short term support (usually for up to 6 weeks) for people is achieving very positive outcomes. According to 2016/17 data, referenced by the Care Quality Commission, 90.5% of people aged 65+ who received rehabilitation or reablement services after discharge from hospital were still at home 91 days after discharge. This was higher than similar areas (nationally) where 81.7% were still at home after 91 days and the England average was 82.5%.<sup>2</sup> Client compliments for the service also bear this out.

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<sup>2</sup> East Sussex Local System Review, CQC, page 35

**Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.**

**3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.**

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>x</b>	Service User Data		Contract/Supplier Monitoring Data
<b>x</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
<b>x</b>	Complaints	<b>x</b>	Risk Assessments
	Service User Surveys		Research Findings
	Census Data	<b>x</b>	East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

**3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.**

None

**3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.**

- On line public consultation
- Inclusion Advisory Group
- Comments forms available at both sites

**3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?**

**Overall themes from public consultation:**

**Firwood House specific themes**

- People said don't make savings here and that the current service works well.
- People value the rehabilitation it provides. It helps get people ready to go home and improve their independence.

- People said that access to a physio and support with exercising made the biggest difference in getting them ready to go home.

### **Milton Grange intermediate care specific themes**

- People said the service shouldn't be closed and that it will be more expensive in the long term for the Council and the NHS.
- People value the rehabilitation that this high quality service provides.
- The service also provides valuable residential respite for carers of people with dementia and allows them to cope with their caring role.
- It helps to get people ready to go home and improve their independence.
- Having a high quality service with good support from staff made the biggest difference in getting people ready to go home. Access to assessments made a difference too.

### **Firwood House**

- **Value most:** People value the high quality service that it offers. They praised the staff who are friendly and supportive. They said the value the rehabilitation it offers and is an essential service which helps to prevent delayed transfers of care.
- **Biggest difference in getting ready to go home:** People said that the support of helpful and caring staff made the biggest difference. Access to a physio and support with exercising are important. Having a high quality service and getting help to go home.
- **Suggestions:** People said don't make savings here and suggested limiting the use of expensive agency staff.
- **If the service were to close how would people be affected:** Eastbourne District General Hospital would be affected through increasing delayed transfers of care. It will have a negative impact on people who need this sort of support and their families and carers. There will be more pressure on the NHS locally and people may end up in care homes. Where would people go instead?
- **Any other comments:** The service shouldn't be closed. It is a silly idea to consider closing a service that stops delayed transfers of care. Eastbourne would lose a vital service.

### **Milton Grange intermediate care**

- **Value most:** People said that they value the high quality service it provides. They praised the staff who are friendly and supportive. The service provides residential respite for carers and helps avoid delayed transfers of care at the hospital. People value the rehabilitation the service provides.
- **Biggest difference in getting ready to go home:** Having a high quality service with good support from staff. The service helped rebuild their confidence and gave them access to assessments. Time to regain their strength and get help to return home was important too.

- **Suggestions:** People said don't make savings here and suggested limiting the use of expensive agency staff.
- **If the service were to close how would people be affected:** Eastbourne District General Hospital would be affected through increased delayed transfers of care. It will have a negative impact on people who need this sort of support and their families and carers. There will be more pressure on the NHS locally and people may end up in care homes. Where would people go instead?
- **Any other comments:** The service shouldn't be closed. It is essential. Look at other areas for savings. Closing the service would cause delayed transfers of care and Eastbourne would lose a vital service.

### Sample quotes:

#### Intermediate care

"These facilities have considerable expertise at supporting vulnerable people. If they were closed there is a huge safety issue and a risk that this expertise could be lost and the care provided compromised."

"We are concerned that the closure of these two institutions compromises patient safety and would add extra cost to the health and social care system through increased cost of care of social care at home or institutions, and in an increased number of hospital bed days."

#### Inclusion Advisory Group 14 March 2018

- Concerns raised (particularly within ESSA) about meeting intermediate need should Milton Grange & Firwood House close. Fear and unrest has been whipped up by the press.
- The impact of the proposals are rarely felt in individual isolation, and that the ripple effect to relatives, carers, neighbours should not be underestimated. Such drastic changes can result in the upheaval and detriment to many lives the long-term effects of which (isolation, impaired prospects) can be calamitous. East Sussex is at a point where only extreme crisis intervention is available.
- Although there's been an increase of people for whom English is not their first language, this hasn't been reflected in demand for interpreters as many have a good level of English. People from Black and Minority Ethnic (BAME) communities have been consulted a number of times over the years, and the perceived lack of action has led to distrust and engagement fatigue. These groups and communities are often used as a scapegoat which is divisive and potentially dangerous, and an individual cited an increase in anti-Semitic harassment.
- The group feel that the safety net for people in need of support has gone, and subsequently many people feel abandoned. There are huge concerns for people who have 'exhausted' their options and care pathways; they're left on their own to cope.

**Part 4 – Assessment of impact**

**4.1 Age: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

The overall population of East Sussex is 527,209 (2011 Census data) and projected to continue increasing over the next few years. The population by age breakdown for East Sussex is:

Age	Population
15-29	83,791
30-44	90,220
45-64	147,613
65+	120,722

ESIF Dataset: Census Population in 2011 – Districts:

Age groups	All people	0-14	15-29	30-44	45-64	65+
Geography						
England & Wales	56,075,900	9,891,200	11,183,200	11,515,200	14,263,400	9,223,000
South East	8,634,800	1,535,300	1,604,100	1,761,300	2,252,300	1,482,000
East Sussex	526,700	85,000	83,700	90,800	147,500	119,800
Eastbourne	99,400	15,600	18,400	18,200	24,800	22,300
Hastings	90,300	15,700	17,200	17,600	24,400	15,300
Lewes	97,500	15,800	14,900	16,900	27,800	22,200
Rother	90,600	13,200	12,000	13,000	26,500	25,700
Wealden	148,900	24,600	21,300	24,900	43,900	34,000

People are living longer and by 2020, it is estimated that around 38% of the UK population will be aged 50 plus and in East Sussex the figure is likely to be as high as 50%. We know that East Sussex has a higher than average older population with around 23% of people aged over 65, compared to the national average of 16%.

There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates based on 2011 Census data).

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

The services are for older people therefore this cohort will be directly impacted. Some of the services are for people who have a Dementia diagnosis which is more common in older people. Clients have frailty and physical needs, as well as mental health needs.

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Older people are likely to be more affected by the proposals – not only clients but their families and carers.

- d) What is the proposal, project or service's impact on different ages/age groups?**

Negative impact would arise if these services were closed, and may result in unnecessary admissions to hospital/ delayed discharges from hospital and a reduction in the opportunity to return home.

In the absence of alternative short term specialist intervention, some people would have no alternative but to move to long term care which may not be their preferred choice. Clients may take longer to recover without access to the specialist intervention provided by these services.

Clients would be more likely to be readmitted to hospital at a future date than if they had the opportunity of an intermediate care service.

- e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Commissioning of suitable alternative services should existing services cease.

It would be important to source facilities near to peoples home wherever possible.

- f) Provide details of the mitigation.**

Monitoring of delayed discharge and hospital admissions on residential care will provide evidence of the impact and if the mitigations are working.

- a) How will any mitigation measures be monitored?**

See above

**4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

Projected disability by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	10-17	18-64	65+	All people	10-17	18-64	65+
Geography	Year								
East Sussex	2010	85,428	1,952	34,041	49,435	16.6	3.9	11.7	40.9
	2026	103,415	1,826	33,202	68,386	19.7	3.9	12.5	41.6

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

The majority of clients who receive a service at Milton Grange or Firwood House will be older and thus have a range of physical and mental health needs associated with the ageing process.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes

**d) What is the proposal, project or service’s impact on people who have a disability?**

Currently older people with physical disabilities and mental health needs can receive onsite therapy and nursing enabling them to return home and maintain their independence. This may affect their psychological wellbeing as people experience longer periods away from home and their routine, and the associated anxieties of this. Without these services people may need to access acute care, and remain in hospital if appropriate rehabilitation is not available.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

If the services close and are provided in an alternative way, for example – by a range of external providers - it should meet a wide range of needs (both mental and physical) as clients may have sensory impairments, physical disabilities and/ or mental health conditions.

The unique nature of the current service provision at Milton Grange and Firwood House means that there is unlikely to be a like-for-like alternative. Therefore, any future services should be modelled on the current services (ie, a multidisciplinary approach) in order to continue to provide the same level of support and same positive outcomes for future clients.

**f) Provide details of any mitigation.**

Monitoring of delayed discharge and hospital admissions on residential care will provide evidence of the impact and if the mitigations are working.

**g) How will any mitigation measures be monitored?**

See above.

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

The overall population of East Sussex is 527,209 (2011 Census data) and is projected to continue increasing over the next few years. Census figures below demonstrate ethnic diversity in the area as 8.3% overall. Increases are particularly in the ‘White other’ and ‘mixed’ categories reflecting East European and other white groups’ migration and other societal changes. Largest overall minority populations are ‘White other’ and ‘Asian and Asian British’.

Ethnicity	All people	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
Geography									
England & Wales	56075912	45134686	531087	57680	2485942	1224400	4213531	1864890	563696
South East	8634750	7358998	73571	14542	380709	167764	452042	136013	51111
<b>East Sussex</b>	<b>526671</b>	<b>482769</b>	<b>3966</b>	<b>815</b>	<b>17872</b>	<b>7473</b>	<b>9143</b>	<b>2912</b>	<b>1721</b>
Eastbourne	99412	86903	978	66	5561	1791	2795	783	535
Hastings	90254	80624	702	150	3155	1948	2126	1065	484
Lewes	97502	90218	757	97	3087	1275	1400	416	252
Rother	90588	85279	596	134	1942	1031	1103	305	198
Wealden	148915	139745	933	368	4127	1428	1719	343	252

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Ethnicity information isn't collected from clients, however a sample of clients are sent customer satisfaction surveys. Data from completed surveys indicate that people from black and ethnic minorities use services in line with population data.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Ethnic and cultural identity can be important for people using care and support services, particularly in recognising individual life history and personal circumstances. It has greater impact if ethnic identity is not recognised and supported. Therefore each person's review will as far as possible take account of any information about ethnic background and cultural identity which may help to support their sense of self.

**d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?**

A neutral Impact is anticipated.

**4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

Data from the 2011 Census shows the population of East Sussex to be **527,209**, broken down into the following gender and age groupings:

East Sussex	Total	18+	18-64	65+	18-64 %	65+ %
<b>Female</b>	<b>273,142</b>	222,604	154,510	68,094	69.4	30.6
<b>Male</b>	<b>254,067</b>	200,320	147,692	52,628	73.7	26.3
<b>All people</b>	<b>527,209</b>	422,924	302,202	120,722	71.5	28.5

Source: ONS Mid Year Population Estimates 2011 (based on Census) released 25/9/11 by ONS

Limited data on the number of transgender people in East Sussex is available.

A gender/transgender question is included in Adult Social Care's satisfaction survey to better understand the needs for this group and to ensure an appropriate service response. Data from 241 "About You" forms were analysed as part of the "Listening To You" satisfaction questionnaires from the summer of 2017.

The questionnaires were sent to a random sample of clients and carers who had had relevant assessments or reviews. The responses received showed:

- 2% of respondents stated they were transgender
- 2% of respondents said they preferred not to say,
- 96% of respondents stated they were not transgender.

Source: ASC Listening To You Results, October 2017

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

As this is a short term service it is not possible to predict the ratios of male or female clients who would be affected in the future if this service were to cease.

No information is held about transgender clients, although clients are randomly sampled and surveyed for the Listening to You customer satisfaction reports (as shown above).

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

It is anticipated that there will be a neutral impact. However, it's important to note that transgender men and women express concern about the need to use care and support services (as above).

As women form the slight majority of clients there may be larger numbers affected however the service is open to all genders.

**d) What is the proposal, project or service's impact on different genders?**

Neutral.

There may be an additional cross-impact with the proposals around carers services; where it is acknowledged that working age women have the majority of caring relationships in East Sussex for older people.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

It is important for providers to be aware of the personal care needs of any individual transgender person (including regular medical support) and to be aware of confidentiality issues arising from both good practice and the provisions of the Gender Recognition Act.

**f) Provide details of any mitigation.**

N/A

**g) How will any mitigation measures be monitored?**

N/A

**4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**

a) **How is this protected characteristic target group reflected in the County/District/Borough?**

A neutral impact is anticipated.

**4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**

a) **How is this protected characteristic target group reflected in the County/District/Borough?**

A neutral impact is anticipated.

**4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.**

a) **How is this protected characteristic reflected in the County/District/Borough?**

A neutral impact is anticipated.

**4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**

a) **How is this protected characteristic reflected in the County/District/Borough?**

Estimates of the UK LGB population generally vary between 5%-7% of the overall population ([www.stonewall.org.uk](http://www.stonewall.org.uk)). The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys. All estimates are subject to the very significant caveat that many LGB people are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected sexual orientation or gender identity data to date.

Taking the Stonewall estimate as a guide, this means that in East Sussex, with a population of 527,209 (2011 Census), 26,360 – 36,904 people, including older people, are likely to be LGB. <http://www.eastsussexjsna.org.uk/briefings.aspx>.

Population over 65 (2011) with *estimated* (5% Estimate) numbers of LGB people over 65 by district in East Sussex.

Age	All people	65+	65+ %	65+ male	65+ male%	65+ female	65+ female%
Geography							
England and Wales	560759 12	92230 73	16.4	409616 1	7.3	5126912	9.1
South East	863475	14820	17.2	656272	7.6	825748	9.6

	0	20						
<b>East Sussex</b>	<b>526671</b>	<b>11976</b>	<b>3</b>	22.7	52124	9.9	67639	12.8
Eastbourne	99412	22303		22.4	9363	9.4	12940	13
Hastings	90254	15401		17.1	6803	7.5	8598	9.5
Lewes	97502	22154		22.7	9623	9.9	12531	12.9
Rother	90588	25763		28.4	11174	12.3	14589	16.1
Wealden	148915	34142		22.9	15161	10.2	18981	12.7

Age	All people	65+	65+ LGB (5%)
Geography			
England and Wales	56075912	9223073	
South East	8634750	1482020	
<b>East Sussex</b>	<b>526671</b>	<b>119763</b>	<b>5988</b>
Eastbourne	99412	22303	1115
Hastings	90254	15401	770
Lewes	97502	22154	1107
Rother	90588	25763	1288
Wealden	148915	34142	1707

Limited data on the sexuality of the residents of East Sussex is available.

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Although this information isn't routinely collected from clients, a sexual orientation question is included in Adult Social Care's satisfaction survey. Data from 280 "About You" forms were analysed as part of the "Listening To You" satisfaction questionnaires from the summer of 2017. The questionnaires were sent to a random sample of clients and carers who had had relevant assessments or reviews. The responses received showed:

Heterosexual/Straight	91%
Other	0%
Prefer not to say	6%
Gay man	1%

Bi/Bisexual	1%
Gay woman/Lesbian	0%

Source: ASC Listening To You Results, October 2017

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

LGB older people may have greater anxiety than other older people about care and support; especially in a residential setting. Many people will not ‘come out’ to service providers unless it is clearly safe to do so. Not being able to do so has a negative impact on mental health in itself. It is important that care providers have an awareness of the likely frequency of LGB people in the population and policies and practices that are positive on sexual orientation- including providing staff training on practical support.

**d) What is the proposal, project or service’s impact on people with differing sexual orientation?**

People who need intermediate care in the future may experience delays in accessing appropriate services. They may need to stay in hospital for longer. The lack of available intermediate care service may compromise their opportunity to return to their own homes resulting in more people being admitted prematurely to long term care. Stress and anxiety will be increased which in turn may negatively impact on people’s health and well being. This is particularly likely for people who identify as LGB, as continuous disclosure about their sexuality – especially if their partner is a carer for them – could cause additional stress and anxiety, alongside fear of discrimination or judgement.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Any specific individual needs relating to a client’s sexuality will be taken into account in individual care plans when considering alternative provision should the decision be closure of services.

It is important that care providers have an awareness of the likely frequency of LGB people in the population and policies and practices that are positive on sexual orientation- including providing staff training on practical support for carers as well as clients themselves.

**f) Provide details of the mitigation**

Monitoring of delayed discharge and hospital admissions on residential care will provide evidence of the impact and if the mitigations are working.

Individual service reviews, client feedback and client survey mechanisms such as Listening to You would play an important part in ensuring the service was being provided as equitably as possible, and in monitoring.

**g) How will any mitigation measures be monitored?**

See above.

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**Carers**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Provision of unpaid care in 2011 - districts

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	56075912	50275666	5800246	3665072	775189	1359985
South East	8634750	7787397	847353	577114	96883	173356
<b>East Sussex</b>	<b>526671</b>	<b>467262</b>	<b>59409</b>	<b>39537</b>	<b>6745</b>	<b>13127</b>
Eastbourne	99412	88894	10518	6678	1261	2579
Hastings	90254	80812	9442	5708	1321	2413
Lewes	97502	86001	11501	8000	1197	2304
Rother	90588	79327	11261	7279	1250	2732
Wealden	148915	132228	16687	11872	1716	3099

Provision of unpaid care in 2011 – districts (%)

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	100	89.7	10.3	6.5	1.4	2.4
South East	100	90.2	9.8	6.7	1.1	2
<b>East Sussex</b>	<b>100</b>	<b>88.7</b>	<b>11.3</b>	<b>7.5</b>	<b>1.3</b>	<b>2.5</b>
Eastbourne	100	89.4	10.6	6.7	1.3	2.6
Hastings	100	89.5	10.5	6.3	1.5	2.7
Lewes	100	88.2	11.8	8.2	1.2	2.4
Rother	100	87.6	12.4	8	1.4	3
Wealden	100	88.8	11.2	8	1.2	2.1

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

Current service data suggests around 30% of clients may have carers who would be affected by these proposals.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

It is likely that there would be a greater impact on these groups than the general population, due to the care and support that they currently provide clients and the extra pressure that this proposal may cause.

**d) What is the proposal, project or service's impact on the factor or identified group?**

There is the risk that carers will themselves become ill and disabled as a result of increased pressures.

Many people who access these services are themselves carers. These services support them to recover, return home and resume their caring role. Without these services this opportunity would be limited and would impact on the carer in terms of their ability to resume caring. Consequently there would be a further negative impact on the cared for person perhaps resulting in them moving to long term care prematurely.

When carers are in hospital the intermediate care beds often provide a place of safety for the cared for person enabling the carer to have sufficient time to recover and return home while ensuring the safety of the cared for person. Without these services there would be added pressure on the whole system to find suitable alternative care for the person while their carer recovered.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Any future provision will need to consider the needs of carers and the provision of a place of safety should a carer require a hospital admission.

**f) Provide details of the mitigation.**

Monitoring of delayed discharge and hospital admissions on residential care will provide evidence of the impact and if the mitigations are working.

**g) How will any mitigation measures be monitored?**

Monitoring of delayed discharge and hospital admissions on residential care will provide evidence of the impact and if the mitigations are working.

**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	The evidence suggests that if the proposal proceeds in its current form, i.e. possible closure of the intermediate care beds at Milton Grange and Firwood House, there is evidence to suggest there is likely to be a negative impact on people falling within many of the protected characteristics.
x	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	It may not be possible to mitigate against this impact, and we have a duty to ensure we continue to meet eligible care and support needs.
	<b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	However, if the review produces options which enable the current service to continue, there may be some flexibility in the way in which it is provided which does not require the services to remain in their exact current format.
	<b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

**5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?**

## Equality Impact Assessment

*Should the proposals be agreed, there will be regular progress updates given to DMT and include monitoring of the equality elements identified in this EqIA.*

### 5.4 When will the amended proposal, proposal, project or service be reviewed?

April 2019

<b>Date completed:</b>	June 2018	<b>Signed by (person completing)</b>	Audrey Franks & Shane Heber
		<b>Role of person completing</b>	RPPR Leads
<b>Date:</b>	June 2018	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

X
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The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

**6.1 Accepted Risk**

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
<p>Unique nature of service means that like-for-like replacement in the independent sector would be more difficult to procure. Closure of these services would leave clients and their carers with a significant gap in their care and support provision, and increase the pressure on primary and acute healthcare.</p>	<p>Financial</p>	<p>If closure of the services is recommended by Cabinet, we will need to ensure adequate service provision for this cohort and liaise with NHS colleagues.</p>	<p>DMT</p>	<p>Shane Heber, Audrey Franks</p>	<p>N/A</p>

## Appendix 1: Care Act duties on information and advice

As a local authority, and under the Care Act 2014, East Sussex County Council has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

**Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.

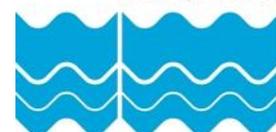
**Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.

### Online directories

There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – a free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.

**East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.



# Equality Impact Assessment

## Project or Service Template

Name of the proposal, project or service
<b>Reconciling Policy, Performance and Resources (RPPR) 2018/19:</b> <b>Proposal to review Milton Grange and Warwick House Day Services</b>

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	April 2019

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## **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”

These are sometimes called equality aims.

### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

**1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21st Century Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When

members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.

- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1 What is being assessed?

#### a) Proposal or name of the project or service.

East Sussex County Council is reviewing the day service provided by Milton Grange and Warwick House in order to deliver savings.

#### b) What is the main purpose or aims of proposal, project or service?

The review will look at the impact of closure or other savings options such as re-provision. This review is closely linked to a related review of commissioned day services and intermediate care beds at Milton Grange and Firwood House.

#### c) Manager(s) and section or service responsible for completing the assessment

Audrey Franks, Operations Manager – Directly Provided Services

Shane Heber, Head of Service – Directly Provided Services

### 2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?

Day services provided by Milton Grange and Warwick House are aimed at older people. Therefore, it is likely that those who are elderly and disabled will be impacted by this proposal, as well as those with caring responsibilities.

### 2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?

The review and subsequent proposal will be conducted by East Sussex County Council, Adult Social Care, and will be led by Shane Heber, Head of Service and Audrey Franks, Operations Manager.

### 2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?

None

### 2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?

This proposal has been developed in order to identify savings for 2018/19 and subsequent years as part of ESCC's Reconciling Policy, Performance and Resources business planning process

The majority of people attending day services have eligible needs under the Care Act 2014, as do many of their carers. Therefore, we have a statutory duty to meet those

eligible needs safely and appropriately. Additionally, Appendix 1 sets out our Information and Advice duties under the Care Act, to show how people can find information about care and support available to them.

**2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.**

People are referred through Health & Social Care Connect (HSCC), Adult Social Care and Health's first point of contact. HSCC also provides referrals for NHS professionals.

**2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.**

Clients may be referred through a number of sources including GPs, family, carers or other support services e.g. carers breaks.

Assessments are carried out using the adult social care assessment process. Referrals are processed by HSCC. On receipt of new referrals staff at Milton Grange /Warwick House will visit the person at home to explain about the service and gain a greater understanding of specific needs.

They will consider any specific health and dietary related needs, and moving and handling issues, transport requirements, medication requirements as well as gaining an understanding of the social activities the individual enjoys. They will design a care plan to meet these needs and agree days of attendance and start date.

They will gather essential information relating to next of kin, emergency contacts, GPs etc.

**2.8 How, when and where is your proposal, project or service provided? Please explain fully.**

The service is provided at Milton Grange, Eastbourne, BN21 1SL and at Warwick House, Seaford, BN25 1FG.

The service at Milton Grange operates 7 days per week between 8.30am and 5.00pm. The service at Warwick House operates 5 days per week between 8.30 am and 5pm.

There are currently 114 clients receiving a service at Milton Grange Day Service. This service operates from a large day centre located at Milton Grange in Eastbourne. The day service operates 7 days per week 365 days per year.

Milton Grange also provides an intermediate care, bed based service for 37 clients. This service is also subject to savings proposals, and is covered in a separate Equality Impact Assessment.

There are currently 42 clients receiving a service at Warwick House Day Service. The day centre is part of a shared site with Seaford library and is located on Warwick Road in Seaford. The service operates 5 days per week.

Day services can be short or long term and people can come every day or for one day depending on their needs. The main aim of the day service is to enable clients to remain in their own homes for as long as possible, providing essential support to carers and preventing social isolation.

The needs of those attending vary from person to person but almost all clients have a dementia diagnosis or mental health issue as well as physical needs associated with the ageing process.

The services offer a range of activities designed to engage clients and keep people active but also to provide stimulus, entertainment and fun. Transport is provided to those assessed as needing it, and a freshly cooked menu is on offer every day with a range of drinks and snacks provided throughout the day.

### Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

#### 3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>x</b>	Service User Data		Contract/Supplier Monitoring Data
<b>x</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
<b>x</b>	Complaints	<b>x</b>	Risk Assessments
<b>x</b>	Service User Surveys		Research Findings
	Census Data	<b>x</b>	East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

#### 3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

None.

**3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.**

Two consultation meetings held with clients and their carers at Milton Grange.

One consultation meeting held with clients and their carers at Warwick House.

On line public consultation

**3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?**

**Health and support needs of ethnic groups aged 65 years and over**

It is widely acknowledged that the age-corrected rate of limiting long-term illness and disability is higher in minority ethnic groups than in the general population.

(Ageing and Ethnicity: a demographic profile of black and minority ethnic older people in England. Age Concern 2007)

Evidence also shows that people from some BME groups are more likely to experience long-term health problems (including diabetes, cardiovascular disease and stroke) and at earlier ages than the white British population. This includes White Irish and Gypsies and Travellers who have about 12 years lower life expectancy on average.

Research shows that older people from black and minority ethnic groups continue to receive poorer treatment from health and social care services; they are also often underrepresented among those using services.

Barriers to accessing services include:

- Lack of information, language difficulties, and differing expectations about how services can help
- Stereotyped assumptions on the part of professionals

Other factors may increase the likelihood of problems and exclusion including; social class, employment that is insecure, poor housing and poorer access to services.

Racism is also likely to have an impact on health: Direct racism increases the experience of stress related illnesses and long-term conditions. Indirect racism results in exclusion from services and inappropriate services being provided.

Indirect racism includes

- Lack of information about the needs of BME people, and cultural or religious factors impacting on lifestyle and needs

- Belief that low numbers of BME people in a locality means that race equality is not an issue
- Inaccurate assumptions affecting service delivery 'they look after their own' being a common myth about low take up
- Belief that services are 'not equipped;' to deal with certain cultural groups (particularly gypsies and travellers for example), coming from assumption that services are designed for white British people
- If BME people do not enquire about a service, they do not want or need it. This leads to a lack of proactive information giving
- Poor provision for diverse communication/language needs
- No accurate data about local take up and views on quality of service

People not knowing (not told, or confident in) how to complain about poor service or racial harassment- and worried about losing services if they do so. (Race Equality Foundation 2008)

The BME Engagement Project in East Sussex (2007) has highlighted that BME people in the locality including Gypsies and Travellers, have particular difficulty accessing our services due to lack of knowledge about what is available, communication problems with telephone based systems and a lack of culturally appropriate services. This has been confirmed through the Race Equality Mental Health Service (REMHS 2009-12); ASC BME Health and Social Care forums across the county; and local research with BME carers and events in Hastings and Eastbourne (2011-12). Although some progress is made the underlying tendency is persistent and needs focussed effort to counteract the negative effects. (Equalities National Council/Scope 2012)

### **Older lesbian, gay, bisexual and transgender people in later life**

It is estimated that between 5-7% of the population are lesbian, gay or bi-sexual.

When compared to their heterosexual counterparts, therefore, older lesbians, gay men and bisexuals are:

- 2½ times as likely to live alone
- twice as likely to age as a single person
- 4½ times as likely to have no children to call upon in times of need

This translates into a lack of traditional support networks that are not replaced by the strength of other close friendships or the size of informal support networks within the lesbian, gay or bisexual community, with the result that:

- 20% of older lesbians, gay men and bisexuals indicate they have no one to call on in a time of crisis or difficulty – a rate up to ten times higher than that seen in the general older population

This means that older lesbians, gay men and bisexuals are much more reliant on and have a much greater need for professional services and formal support systems in old age than is the case with their heterosexual counterparts. However, other studies in the US have shown that older lesbians, gay men and bisexuals do not access the programmes and services they need. In fact:

- older lesbians, gay men and bisexuals are five times less likely to access services for older people than is the case in the general older population, because they fear discrimination, homophobia and ignorance and that they will have to hide their sexuality

There may also be issues with trans people accessing social care services. However, no studies on trans people's experiences of this could be identified. The only relevant literature is the Commission for Social Care Inspection's (2008) LGBT good practice guide for social care which surveyed social care providers. The authors note that 'six of the 400 services in the sample had carried out some work on gender identity, in every case in response to having a transgender person using the service' (ibid.).

Trans people may also be particularly likely to be disabled. In a survey of 71 trans people in Scotland, 37 per cent (26/71) reported being disabled. The two most frequent types of disability – mental health disability and mobility disability – were reported by 20 per cent (14/71) and 14 per cent (10/71) of respondents respectively.

### **Key themes from public consultation:**

#### **Overall themes**

People disagreed with, or are unhappy about, the proposals to cut funding for day services, although there are only a few comments about the Charter Centre.

- They say there is a lack of clarity around the savings and what is happening with services.
- Organisations said there is an increasing need for services like this for older people and those with dementia.
- Day services are a lifeline to older people. They provide routine, social contact, stimulation, access to activities, and people really enjoy attending them.
- They are concerned that if the services close there wouldn't be any alternative or that private sector services won't be as good.
- People said their family member would become increasingly isolated if they couldn't use the service and would be stuck at home.
- It could push people into decline or crisis and lead to the use of more expensive services.

- Families and carers save the government money and closing the service will have a negative impact on their health and wellbeing too and may mean they can't continue in their caring role.
- It would be a false economy, as there would still be community care costs to pay if people can't attend day services and some people might need more expensive residential care if they can't access day services.
- Publicise the day services more, make more money from them and charge for transport.
- Look at innovate ways of raising money, such as lotteries, sponsorship and charitable status for services.

### **Milton Grange day service specific themes**

- People value the social aspect and enjoyable activities that this essential and high quality service offers to dementia sufferers.
- People particularly value the fact that the service provides expert support people with dementia and Parkinson's.
- Reducing or closing services would limit access for people with dementia and Parkinson's and could accelerate their condition.

### **Warwick House specific themes**

- The Council invested significant money in Warwick House and this excellent purpose built facility should not be wasted.
- Older people, particularly those with dementia and Parkinson's, often attend regularly during the week and this enables them to continue living in the community.
- People particularly value the fact that the service provides expert support people with dementia and Parkinson's.
- Reducing or closing services would limit access for people with dementia and Parkinson's and could accelerate their condition.

### **Milton Grange day services**

- **Value most:** The opportunity for carers to have some respite while the cared-for has access to a high quality service. People value the social aspect and enjoyable activities that this service offers to dementia sufferers.
- **Suggestions:** People said don't make savings here and look at how the service can make an income by charging for some usage.
- **If the service were to close how would people be affected:** It would have a negative impact on the family and carers of people who use the service, limiting their ability to have a break and possibly affecting their health. People will lose a service they consider a lifeline and they would miss the social aspect.
- **Any other comments:** Families and carers save the government money and closing the service will have a negative impact on them as well as the client.

### Other day services

- **Value most:** People value the social aspect and the fact the activities stimulate the clients, particularly important for people with dementia and Parkinson's. The staff are good, people have access to refreshment and it provides respite for the carer.
- **Suggestions:** Publicise the service and get more people using it. Cut management roles and look at making savings elsewhere. Raise money through things like renting the space out.
- **If the service were to close how would people be affected:** People said their family member would become increasingly isolated and the family would be affected. Some said that there weren't any similar facilities available and there would be less dementia support available.
- **Any other comments:** People said that it would be a false economy and older people need looking after.

### Sample quotes:

"Service is wonderful and gives him a reason to get up in the morning."

"Very good value for money."

"Day care services organised by East Sussex are much more effective than some of the privately run ones. They have more specialism and are not just 'baby minding'."

### Inclusion Advisory Group – March 2018

- Concerns raised (particularly within ESSA) about meeting intermediate need should Milton Grange & Firwood House close. Fear and unrest has been whipped up by the press.
- [Name] outlined an increase of approximately two thirds in referrals (to carers services), which is alarming in terms of proposed reductions and consequences on capacity of the organisation.
- The impact of the proposals are rarely felt in individual isolation, and that the ripple effect to relatives, carers, neighbours should not be underestimated. Such drastic changes can result in the upheaval and detriment to many lives the long-term effects of which (isolation, impaired prospects) can be calamitous. East Sussex is at a point where only extreme crisis intervention is available.
- The group feel that the safety net for people in need of support has gone, and subsequently many people feel abandoned. There are huge concerns for people who have 'exhausted' their options and care pathways; they're left on their own to cope.

## Part 4 – Assessment of impact

### 4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

The overall population of East Sussex is 527,209 (2011 Census data) and projected to continue increasing over the next few years. The population by age breakdown for East Sussex is:

Age	Population
15-29	83,791
30-44	90,220
45-64	147,613
65+	120,722

ESIF Dataset: Census Population in 2011 – Districts:

Age groups	All people	0-14	15-29	30-44	45-64	65+
Geography						
England & Wales	56,075,900	9,891,200	11,183,200	11,515,200	14,263,400	9,223,000
South East	8,634,800	1,535,300	1,604,100	1,761,300	2,252,300	1,482,000
East Sussex	526,700	85,000	83,700	90,800	147,500	119,800
Eastbourne	99,400	15,600	18,400	18,200	24,800	22,300
Hastings	90,300	15,700	17,200	17,600	24,400	15,300
Lewes	97,500	15,800	14,900	16,900	27,800	22,200
Rother	90,600	13,200	12,000	13,000	26,500	25,700
Wealden	148,900	24,600	21,300	24,900	43,900	34,000

People are living longer and by 2020, it is estimated that around 38% of the UK population will be aged 50 plus and in East Sussex the figure is likely to be as high as 50%. We know that East Sussex has a higher than average older population with around 23% of people aged over 65, compared to the national average of 16%.

There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates based on 2011 Census data).

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

These services are for people who have a Dementia diagnosis which is more common in older people and the majority of clients are older. Clients have frailty and physical needs as well as their mental health needs.

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Older people are likely to be more affected.

- d) What is the proposal, project or service's impact on different ages/age groups?**

Carers can be of any age and the majority of carers in East Sussex are aged under 65.

Loss of friendship networks, local services, uncertainty. Negative impact will arise since change will be difficult for this group of clients. People will be unsettled from usual routines, staff, friendships and a familiar environment. For some this may be their primary source of social interaction and mental stimulus.

If the proposals were to go ahead, suitable alternative services would need to be available to meet eligible needs, which, if not available, would result in negative impact for those clients. We have a statutory responsibility under the Care Act to meet eligible care and support needs.

Some clients may have reduced personal budgets as a result of re-assessment of eligible needs which may result in a change to the way their needs are met.

- e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Should the proposals go ahead, any proposed re-provision of service would aim to keep clients grouped together where possible.

Commissioning of suitable alternative services would be considered in a detailed way, and individual care plans would be reviewed and updated to ensure we are meeting our statutory duties, should existing services cease.

- f) Provide details of the mitigation.**

Should the review and subsequent proposals be approved, we will work with clients and their families to achieve the best possible outcomes for individuals and have a duty to ensure their eligible social care needs are being met.

- g) How will any mitigation measures be monitored?**

#### **Individual reviews and support plans**

1. **Support plans** monitored by line managers to ensure needs and risks are properly assessed, recorded and evidenced and all options have been explored as part of the support planning process

2. **Case file audits** are carried out to ensure that standards are being maintained in relation to assessment and application of eligibility and risk, support planning and reviews.

#### 4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

##### a) How is this protected characteristic reflected in the County /District/Borough?

##### Part 4 Projected disability by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	10-17	18-64	65+	All people	10-17	18-64	65+
Geography	Year								
East Sussex	2010	85,428	1,952	34,041	49,435	16.6	3.9	11.7	40.9
	2026	103,415	1,826	33,202	68,386	19.7	3.9	12.5	41.6

##### a) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

The majority of clients attending Warwick or Milton Grange will be older and thus have a range of physical and mental health needs associated with the ageing process.

##### b) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Yes

##### c) What is the proposal, project or service’s impact on people who have a disability?

If the decision is taken to change the way in which the services are delivered a negative impact will arise for existing clients and carers since change is difficult.

People will be unsettled from usual routines, staff, friendships, journeys and a familiar environment, which will be particularly difficult for people with dementia and other mental health difficulties and sensory impairments.

Any new provision will need to be set within an inclusive environment which takes account of people’s individual requirements and impairments.

Any proposed re provision of service will aim to keep clients grouped together where possible.

Commissioning of suitable alternative services should existing services cease.

**h) Provide details of the mitigation.**

Should the review and subsequent proposals be approved, we will work with clients and their families to achieve the best possible outcomes for individuals and have a duty to ensure their eligible social care needs are being met.

**d) How will any mitigation measures be monitored?**

Client and Care feedback mechanisms including reviews, satisfaction surveys and complaints.

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

The overall population of East Sussex is 527,209 (2011 Census data) and is projected to continue increasing over the next few years. Census figures below demonstrate ethnic diversity in the area as 8.3% overall. Increases are particularly in the ‘White other’ and ‘mixed’ categories reflecting East European and other white groups’ migration and other societal changes. Largest overall minority populations are ‘White other’ and ‘Asian and Asian British’.

Ethnicity	All people	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
Geography									
England & Wales	56075912	45134686	531087	57680	2485942	1224400	4213531	1864890	563696
South East	8634750	7358998	73571	14542	380709	167764	452042	136013	51111
<b>East Sussex</b>	<b>526671</b>	<b>482769</b>	<b>3966</b>	<b>815</b>	<b>17872</b>	<b>7473</b>	<b>9143</b>	<b>2912</b>	<b>1721</b>
Eastbourne	99412	86903	978	66	5561	1791	2795	783	535
Hastings	90254	80624	702	150	3155	1948	2126	1065	484
Lewes	97502	90218	757	97	3087	1275	1400	416	252
Rother	90588	85279	596	134	1942	1031	1103	305	198
Wealden	148915	139745	933	368	4127	1428	1719	343	252

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Ethnicity information isn’t collected from clients, however a sample of clients are sent customer satisfaction surveys and data from those who have completed it shows that people from black and ethnic minorities use services in line with population data.

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Ethnic and cultural identity can be important for people using care and support services, particularly in recognising individual life history and personal circumstances. It has greater impact if ethnic identity is not recognised and supported. Therefore each person's review will as far as possible take account of any information about ethnic background and cultural identity which may help to support their sense of self.

- d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?**

Neutral impact.

#### **4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**

- a) How is this protected characteristic target group reflected in the County/District/Borough?**

Gender Identity:

Transgender men and women are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected gender identity data to date.

- b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Of the 42 people currently using services at Warwick House, 30 are female and 12 are male. Of the 108 people who attend Milton Grange day service 72 are female and 36 are male. There is no data around transgender people.

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Transgender men and women express concern about the need to use care and support services (as above). It is important for providers to be aware of the personal care needs of any individual transgender person (including regular medical support) and to be aware of confidentiality issues arising from both good practice and the provisions of the Gender Recognition Act.

Figures suggest that women may be more affected by the proposals than men, including because women may be more likely to fulfil caring responsibilities than men. However, overall a neutral impact is anticipated as the service is open to both genders. There may

be an additional impact on people who identify as transgender however the same standards of training would apply to other service providers.

**d) What is the proposal, project or service's impact on different genders?**

Current clients suggest that women may be more affected by the proposals than men, however overall the impact is neutral as the service is open to both genders. There may be an additional impact on people who identify as transgender however the same standards of training would apply to other service providers.

**4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**

A neutral impact is anticipated.

**4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**

A neutral impact is anticipated.

**4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.**

A neutral impact is anticipated.

**4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

Estimates of the UK LGB population generally vary between 5%-7% of the overall population ([www.stonewall.org.uk](http://www.stonewall.org.uk)). The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys. All estimates are subject to the very significant caveat that many LGB people are reluctant to ‘come out’ to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected sexual orientation or gender identity data to date.

Taking the Stonewall estimate as a guide, this means that in East Sussex, with a population of 527,209 (2011 Census), 26,360 – 36,904 people, including older people, are likely to be LGB. <http://www.eastsussexjsna.org.uk/briefings.aspx>.

Population over 65 (2011) with *estimated* (5% Estimate) numbers of LGB people over 65 by district in East Sussex.

Age	All people	65+	65+ %	65+ male	65+ male%	65+ female	65+ female%
Geography							
England and Wales	56075912	9223073	16.4	4096161	7.3	5126912	9.1
South East	8634750	1482020	17.2	656272	7.6	825748	9.6
<b>East Sussex</b>	<b>526671</b>	<b>119763</b>	<b>22.7</b>	<b>52124</b>	<b>9.9</b>	<b>67639</b>	<b>12.8</b>
Eastbourne	99412	22303	22.4	9363	9.4	12940	13
Hastings	90254	15401	17.1	6803	7.5	8598	9.5
Lewes	97502	22154	22.7	9623	9.9	12531	12.9
Rother	90588	25763	28.4	11174	12.3	14589	16.1
Wealden	148915	34142	22.9	15161	10.2	18981	12.7

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Currently, data around sexual orientation collected. The service is responsive to people who openly identify as LGB.

A sexual orientation question is included in Adult Social Care’s satisfaction survey. Data from 280 “About You” forms were analysed as part of the “Listening To You” satisfaction questionnaires from the summer of 2017. The questionnaires were sent to a random sample of clients and carers who had had relevant assessments or reviews. The responses received showed:

Heterosexual/Straight	91%
Other	0%
Prefer not to say	6%
Gay man	1%
Bi/Bisexual	1%
Gay woman/Lesbian	0%

Source: ASC Listening To You Results, October 2017

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

LGB older people may have greater anxiety than other older people about care and support; especially in a residential setting. Many people will not ‘come out’ to service providers unless it is clearly safe to do so. Not being able to do so has a negative impact on mental health in itself. It is important that care providers have an awareness of the likely frequency of LGB people in the population and policies and practices that are positive on sexual orientation- including providing staff training on practical support.

**d) What is the proposal, project or service’s impact on people with differing sexual orientation?**

People who identify as LGB may be less likely to access services such as Milton or Warwick House, due to concerns about discrimination on behalf of themselves or their carer/partner.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Professionals at Milton and Warwick receive training on how to navigate same sex carers and LGBT awareness and provide care in an inclusive and sensitive manner.

**f) Provide details of the mitigation**

If the review and subsequent proposals are approved we would work with clients and their carers to ensure that any specific needs or wishes around care and support would be taken forward sensitively.

**g) How will any mitigation measures be monitored?**

Usual feedback mechanisms such as reviews, comments and complaints and satisfaction surveys would be used to monitor.

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**Carers**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Provision of unpaid care in 2011 - districts

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	56075912	50275666	5800246	3665072	775189	1359985
South East	8634750	7787397	847353	577114	96883	173356
<b>East Sussex</b>	<b>526671</b>	<b>467262</b>	<b>59409</b>	<b>39537</b>	<b>6745</b>	<b>13127</b>
Eastbourne	99412	88894	10518	6678	1261	2579
Hastings	90254	80812	9442	5708	1321	2413
Lewes	97502	86001	11501	8000	1197	2304
Rother	90588	79327	11261	7279	1250	2732
Wealden	148915	132228	16687	11872	1716	3099

Provision of unpaid care in 2011 – districts (%)

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	100	89.7	10.3	6.5	1.4	2.4
South East	100	90.2	9.8	6.7	1.1	2
<b>East Sussex</b>	<b>100</b>	<b>88.7</b>	<b>11.3</b>	<b>7.5</b>	<b>1.3</b>	<b>2.5</b>
Eastbourne	100	89.4	10.6	6.7	1.3	2.6
Hastings	100	89.5	10.5	6.3	1.5	2.7
Lewes	100	88.2	11.8	8.2	1.2	2.4
Rother	100	87.6	12.4	8	1.4	3
Wealden	100	88.8	11.2	8	1.2	2.1

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

55% of people who currently use the services have carers.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

Yes

**d) What is the proposal, project or service's impact on the factor or identified group?**

The services provide respite to carers to enable them to have a break from caring. This supports them to continue in their caring role. Without these services there will be greater strain on carers, they may become ill and this could result in the cared for person having to move into residential care sooner, if alternative provision cannot be identified.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Consideration of carer's needs (carers assessment) when looking at alternative service provision.

**f) Provide details of the mitigation.**

Any future services which are commissioned will specify carer support/respice as an essential criteria for service provision

**g) How will any mitigation measures be monitored?**

Through feedback from carers, complaints etc

**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

If a decision is made by Cabinet to proceed with changes to existing day services, ASC will support providers by sharing information on BME and LGBT people and other cultural and communication requirements so that their care needs can be met.

This includes access requirements; dignity in care; cultural and communication needs; recognition of identity (gender, ethnicity, sexual orientation, gender and gender identity); access to social networks and family and safety- freedom from harassment or bullying.

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	The evidence suggests that if the proposal proceeds in its current form, i.e. possible closure of day services at Milton Grange and Warwick House, there is likely to be a negative impact on people falling within many of the protected characteristics.
X	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	This may impact on social groups if clients choose to attend different services and may mean different journey times for some clients.
	<b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	However, there are no plans to discontinue the allocation of personal budgets that may be used to purchase day services where this is an identified need for a client.
	<b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the	If the review produces options which enable the current service to continue, there may be some flexibility in the way in which it is provided which does not

## Equality Impact Assessment

	policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	require the services to remain in their exact current format.
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### 5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

Systems include client feedback and complaints, and client and carer satisfaction surveys (Listening to You).

### 5.4 When will the amended proposal, proposal, project or service be reviewed?

April 2019

<b>Date completed:</b>	June 2018	<b>Signed by (person completing)</b>	Audrey Franks & Shane Heber
		<b>Role of person completing</b>	RPPR Leads
<b>Date:</b>	June 2018	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

X
---

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

**6.1 Accepted Risk**

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Limited ways to monitor LGB clients and their needs – as well as carers	Moral	Ensure that any future service providers (if applicable) have training on positively supporting LGB clients, as well as their carers, and relevant information from complaints, compliments and client surveys are incorporated as appropriate.	DMT	Shane Heber and Audrey Franks	N/A
Limited ways to monitor Transgender clients and their needs – as well as carers	Moral	Ensure that any future service providers (if applicable) have training on positively supporting transgender clients, as well as their carers, and relevant information from complaints, compliments	DMT	Shane Heber and Audrey Franks	N/A

		and client surveys are incorporated as appropriate.			
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## Appendix 1: Care Act information and advice

As a local authority, and under the Care Act 2014, East Sussex County Council also has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

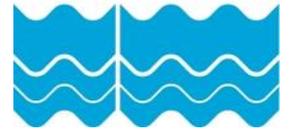
- **Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories**  
There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – an free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.
- **East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS

## Equality Impact Assessment

is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.

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## Equality Impact Assessment

### Project or Service Template

Name of the proposal, project or service
<b>Reconciling Policy Performance and Resources (RPPR) 2018/19:</b>
<b>Proposal to review Older People’s Day Services</b>

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	April 2019

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## **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”)

These are sometimes called equality aims.

### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

### **1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills

- Part time workers
- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.

- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1 What is being assessed?

#### a) Proposal or name of the project or service.

East Sussex County Council is reviewing independently provided day services for older people in order to deliver savings. The services included in the review are those that are meeting the eligible care and support needs of East Sussex residents and provided by the independent sector, both voluntary and private organisations.

#### b) What is the main purpose or aims of proposal, project or service?

The review will look at opportunities to reduce the cost of day service provision to ASC and the impact of closure of any specific services. This review is closely linked to a related review of commissioned day services at Milton Grange and Warwick House.

Adult Social Care currently funds day care places for over 330 clients in over 30 different services across East Sussex. These places are primarily spot purchased at an agreed rate with no additional cost to ASC other than transport.

The exception to this are the services provided by Sussex Community Development Association (SCDA) who were awarded the tender to deliver older people's day services at the Charter Centre in Bexhill, Isabel Blackman Centre in Hastings and the Phoenix Centre in Lewes from July 2014, taking over responsibility from Adult Social Care.

#### c) Manager(s) and section or service responsible for completing the assessment

Tamsin Peart, Strategic Commissioning Manager

### 2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?

Day services can be short or long term and people can come every day or for one day, depending on their needs. The main aim of the day service is to enable clients to remain in their own homes for as long as possible, providing essential support to carers and preventing social isolation.

The needs of those attending vary from person to person but approximately 90% of SCDA clients have a dementia diagnosis or mental health issue as well as physical needs associated with the ageing process, and all Sussex Support Service clients are living with dementia.

The services offer a range of activities designed to engage clients, address social isolation, provide carer respite and keep people active and stimulated with the outcome of people being able to remain living in their own homes for as long as possible. Transport is provided to those assessed as needing it, and services include a freshly cooked hot meal.

It is likely that those who are elderly and disabled will be impacted by this proposal, particularly those living with dementia and/or who have personal care needs as well as those with caring responsibilities.

**2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?**

The review and subsequent proposal will be conducted by East Sussex County Council, Adult Social Care, and will be led by Tamsin Peart, Strategic Commissioning Manager.

The recommendations from the review are to develop the market by commissioning local providers to offer day services on a Framework basis and to terminate the contracts to deliver day services out of the Charter Centre (Bexhill), Isabel Blackman Centre (Hastings).

Currently there are no other local older people's day services providers in Lewes and surrounding area. It is therefore proposed to continue the current model of care at the Phoenix Centre. This will require a further procurement process during 2018/19 as the current contractual arrangements are drawing to a close.

**2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

The services provided by Sussex Community Development Association (SCDA) are within scope of the proposal. SCDA were awarded the tender to deliver older people's day services at the Charter Centre in Bexhill, Isabel Blackman Centre in Hastings and the Phoenix Centre in Lewes from July 2014.

The three Clinical Commissioning Groups (CCGs) in East Sussex, High Weald Lewes Havens, Hastings and Rother and Eastbourne Hailsham Seaford CCGs all commission dementia support services, recognise the value of day services as an integral part of the pathway of dementia care.

**2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?**

This proposal has been developed in order to identify savings for 2018/19 and subsequent years as part of ESCC's Reconciling Policy, Performance and Resources business planning process

The majority of people attending day services have eligible needs under the Care Act 2014, as do many of their carers. Whilst we have a statutory duty to meet those eligible needs safely and appropriately, day services are just one way of achieving this.

**2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.**

People may be referred following a Social Care Assessment; alternatively they may self-refer directly to the service or be referred/signposted by a GP or voluntary sector organisation.

**2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.**

Clients may be referred through a number of sources including GPs, family, carers or other support services such as the Dementia Guide or Dementia Support Services.

For clients referred by Adult Social Care, assessments are carried out using the adult social care assessment process. Self-referrals, also known as self-funders, will pay the full cost of the service. Those eligible via ASC are subject to a financial assessment to determine their charge.

The provider will normally invite a potential client for a “taster” day so that the client/carer can decide whether or not it will meet their needs. The provider will consider any specific health and dietary related needs, and moving and handling issues, transport requirements, medication requirements as well as gaining an understanding of the social activities the individual enjoys. They will design a care plan to meet these needs and agree days of attendance and start date.

They will also gather essential information relating to next of kin, emergency contacts, GPs etc.

**2.8 How, when and where is your proposal, project or service provided? Please explain fully.**

<b>Service</b>	<b>Provider</b>	<b>Where</b>	<b>No of places per day</b>	<b>Average attendance</b>	<b>Days open</b>
Charter Centre	SCDA	Bexhill	17	26%	Mon, Wed, Fri
Isabel Blackman	SCDA	Hastings	21	55%	7 days
Phoenix House	SCDA	Lewes	19	80%	Mon-Fri

There is also a range of other day services that people access privately and that ASC may spot-purchase places in. These are primarily within residential care settings.

### Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

#### 3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>x</b>	Service User Data	X	Contract/Supplier Monitoring Data
<b>x</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
<b>x</b>	Complaints	x	Risk Assessments
<b>x</b>	Service User Surveys		Research Findings
	Census Data	x	East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

#### 3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

There has been a recent complaint regarding the capped fee level that was introduced for clients when the three day services transferred from ASC to SCDA. This highlighted an inequity in the charging rates for different clients.

#### 3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.

A consultation meeting was held with clients and their carers at each of the SCDA services.

Other providers were emailed and informed their clients and carers about the consultation so that people would have time to take part.

Online public consultation.

#### 3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?

From the Inclusion Advisory Group, 14 March 2018:

- **Cumulative impact:** Impact [of individual proposals] is rarely felt in isolation, and that the ripple effect to relatives, carers, neighbours, schools etc should not be underestimated. Such drastic changes can result in the upheaval and detriment to

many lives, the long-term effects of which can be calamitous. East Sussex is at a point where only extreme crisis intervention is available.

- **Rurality and transport:** Services are spread out across the county and this presents issues around transport.
- **BAME:** Although there's been an increase of people for whom English is not their first language, this hasn't been reflected in demand for interpreters as many have a good level of English. People from BAME communities have been consulted a number of times over the years, and the perceived lack of action has led to distrust and engagement fatigue. These groups and communities are often used as a scapegoat, which is divisive and potentially dangerous, and individuals have experienced an increase in anti-Semitic harassment.
- **Pressure on carers and families:** There has also been a rise in DV within carer/ partner relationships and familial relationships, particularly between male relatives. This has been attributed in part to rising stresses and pressures within families about the care needs of relatives. This again is extremely worrying if cuts to support services go ahead. Amongst local voluntary organisations there are records of a sharp increase in self-harming amongst the people that use services, as well as aggression towards workers.

### Key themes from the consultation

#### Overall themes

- People disagreed with, or are unhappy about, the proposals to cut funding for day services, although there are only a few comments about the Charter Centre.
- They say there is a lack of clarity around the savings and what is happening with services.
- Organisations said there is an increasing need for services like this for older people and those with dementia.
- Day services are a lifeline to older people. They provide routine, social contact, stimulation, access to activities, and people really enjoy attending them.
- They are concerned that if the services close there wouldn't be any alternative or that private sector services won't be as good.
- People said their family member would become increasingly isolated if they couldn't use the service and would be stuck at home.
- It could push people into decline or crisis and lead to the use of more expensive services.
- Families and carers save the government money and closing the service will have a negative impact on their health and wellbeing too and may mean they can't continue in their caring role.

- It would be a false economy, as there would still be community care costs to pay if people can't attend day services and some people might need more expensive residential care if they can't access day services.
- Publicise the day services more, make more money from them and charge for transport.
- Look at innovate ways of raising money, such as lotteries, sponsorship and charitable status for services.

### **Isabel Blackman Centre specific themes**

- The IBC is much more than day services. It is a community building and lots of people and groups use it to access/provide activities and services.

### **Phoenix Centre specific themes**

- People particularly value the fact that the service provides expert support people with dementia and Parkinson's.
- Older people, particularly those with dementia and Parkinson's, often attend regularly during the week and this enables them to continue living in the community.
- The Phoenix is much more than day services. It is a community building and lots of people and groups use it to access/provide activities and services.
- Reducing or closing services would limit access for people with dementia and Parkinson's and could accelerate their condition.

### **Sample quotes**

"We still need day care to enable community interaction with others and to feel part of the community a PA is not always appropriate as can still be isolating with that one person as not meeting other people."

"It's very good here; the staff are all very good. We would be isolated at home if we couldn't come here and helps give carers some respite."

"My [relative] has been coming here 5 years for carers respite, we need this help and maybe more contribution towards the cost would help."

## Part 4 – Assessment of impact

### 4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

The overall population of East Sussex is 527,209 (2011 Census data) and projected to continue increasing over the next few years. The population by age breakdown for East Sussex is:

ESIF Dataset: Census Population in 2011 – Districts:

POPULATION ESTIMATES, 2001-2016 - SUPER OUTPUT AREAS						
ONS mid-year estimates						
Filter variables						
Year, 2016						
Age group	All people	0-15	16-29	30-44	45-64	65 and over
Geography						
Eastbourne	103054	17689	16011	17949	26143	25262
Hastings	92236	17262	15347	16446	25329	17852
Lewes	101381	17606	13677	16211	28495	25392
Rother	93551	14080	11542	11862	26619	29448
Wealden	157575	27051	20490	23742	45982	40310

People are living longer and by 2020, it is estimated that around 38% of the UK population will be aged 50 plus and in East Sussex the figure is likely to be as high as 50%. We know that East Sussex has a higher than average older population with around 23% of people aged over 65, compared to the national average of 16%.

There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates based on 2011 Census data).

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

These services are for older people including those with a Dementia diagnosis which is more common in older people. Clients have frailty and physical needs and/or mental health needs. However, carers can be of any age and the majority of carers in East Sussex are aged under 65.

ASC data shows that of ASC clients attending day services, 15% are aged 65-74, 39% aged 75-84 and 46% aged 85+.

#### c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic? Older people may be directly affected by the proposals as they are the users of the services.

#### d) What is the proposal, project or service's impact on different ages/age groups?

Carers can be of any age and the majority of carers in East Sussex are aged under 65.

Loss of friendship networks, local services, uncertainty. Negative impact will arise since change will be difficult for this group of clients. People will be unsettled from usual routines, staff, friendships and a familiar environment. For some this may be their primary source of social interaction and mental stimulus.

Suitable services will need to be available to meet eligible needs which if not available will result in negative impact.

Potentially, longer travel times to reach services, particularly for clients living in rural areas and who are reliant on arranged transport.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Clients and carers will be reviewed on a case by case basis and their preferences regarding alternative provision to be taken into account.

Procurement/commissioning of suitable alternative services should existing services cease, and to be in place prior to closure.

**f) Provide details of the mitigation.**

Should the review and subsequent proposals be approved, we will work with clients and their families to achieve the best possible outcomes for individuals and their carers, and work to ensure their eligible social care needs are being met.

**g) How will any mitigation measures be monitored?**

**Individual reviews and support plans for ASC clients**

1. **Support plans** monitored by line managers to ensure needs and risks are properly assessed, recorded and evidenced and all options have been explored as part of the support planning process.
2. **Case file audits** are carried out to ensure that standards are being maintained in relation to assessment and application of eligibility and risk, support planning and reviews.

**4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

Projected disability by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	10-17	18-64	65+	All people	10-17	18-64	65+
Geography	Year								
East Sussex	2010	85,428	1,952	34,041	49,435	16.6	3.9	11.7	40.9
	2026	103,415	1,826	33,202	68,386	19.7	3.9	12.5	41.6

An estimated 10,172 people in East Sussex currently have dementia (either diagnosed or undiagnosed). This is equivalent to 1.88% of the population, or 1 in every 53 people, *in East Sussex*. The expected number of people living with dementia in East Sussex will have risen to 15,900 by 2030.<sup>1</sup>

63,512 (10%) of older people in East Sussex have a limiting long term illness<sup>2</sup>

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

The majority of clients attending day services will be older and thus have a range of physical and mental health needs associated with the ageing process.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes, as the majority of day service users have a disability.

**d) What is the proposal, project or service’s impact on people who have a disability?** If the decision is taken to change the way in which the services are delivered a negative impact will arise for existing clients and carers since change is difficult.

People will be unsettled from usual routines, staff, friendships, journeys and a familiar environment, which will be particularly difficult for people with dementia and other mental health difficulties and sensory impairments.

Commissioning of suitable alternative services should existing services cease.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

<sup>1</sup> Dementia Joint Strategic Needs Assessment, ESCC Public Health Department, November 2016

<sup>2</sup> Physical and sensory disability in East Sussex: an epidemiological needs assessment 2008

Clients and carers will be reviewed on a case by case basis and their preferences regarding alternative provision to be taken into account.

Procurement/commissioning of suitable alternative services should existing services cease, and to be in place prior to closure.

**f) Provide details of the mitigation.** Should the review and subsequent proposals be approved, we will work with clients and their families to achieve the best possible outcomes for individuals and have a duty to ensure their eligible social care needs are being met.

Any new provision will need to be set within an inclusive environment which takes account of people’s individual requirements and impairments.

Any proposed re-provision of service will aim to keep clients grouped together where possible.

**g) How will any mitigation measures be monitored?**

**Individual reviews and support plans for ASC clients**

1. **Support plans** monitored by line managers to ensure needs and risks are properly assessed, recorded and evidenced and all options have been explored as part of the support planning process.
2. **Case file audits** are carried out to ensure that standards are being maintained in relation to assessment and application of eligibility and risk, support planning and reviews.

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

The overall population of East Sussex is 527,209 (2011Census data) and is projected to continue increasing over the next few years. Census figures below demonstrate ethnic diversity in the area as 8.3% overall. Increases are particularly in the ‘White other’ and ‘mixed’ categories reflecting East European and other white groups’ migration and other societal changes. The largest overall minority populations are ‘White other’ and ‘Asian and Asian British’.

Ethnicity	All people	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
Geography									
England & Wales	56075912	45134686	531087	57680	2485942	1224400	4213531	1864890	563696
South East	8634750	7358998	73571	14542	380709	167764	452042	136013	51111
<b>East Sussex</b>	<b>526671</b>	<b>482769</b>	<b>3966</b>	<b>815</b>	<b>17872</b>	<b>7473</b>	<b>9143</b>	<b>2912</b>	<b>1721</b>
Eastbourne	99412	86903	978	66	5561	1791	2795	783	535
Hastings	90254	80624	702	150	3155	1948	2126	1065	484
Lewes	97502	90218	757	97	3087	1275	1400	416	252
Rother	90588	85279	596	134	1942	1031	1103	305	198
Wealden	148915	139745	933	368	4127	1428	1719	343	252

- a) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

ASC data shows that 100% of ASC clients attending day services state their ethnicity as White British or White other;

- b) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Ethnic and cultural identity can be important for people using care and support services, particularly in recognising individual life history and personal circumstances, and there may be adverse impacts if ethnic identity is not recognised and supported. Therefore each person's review will as far as possible take account of any information about ethnic background and cultural identity which may help to support their sense of self.

- c) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?**

Neutral impact is anticipated.

- e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

N/A

- f) Provide details of any mitigation.**

N/A

- g) How will any mitigation measures be monitored?**

N/A

#### **4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**

- a) How is this protected characteristic target group reflected in the County /District/Borough?**

According to the 2011 Census, of East Sussex residents aged over 65, 56% are female and 44% male. Currently, data around transgender isn't known or collected.

- b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

ASC data shows that of ASC clients attending day services, 66% are female and 34% male.

There is no data around transgender people.

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

It is not anticipated that there will be a disproportionate impact for this group.

Transgender men and women express concern about the need to use care and support services (as above). It is important for providers to be aware of the personal care needs of any individual transgender person (including regular medical support) and to be aware of confidentiality issues arising from both good practice and the provisions of the Gender Recognition Act

- d) What is the proposal, project or service's impact on different genders?**

Women may be slightly more affected than men as there are more of them in the older population, they live longer and they are more likely to be carers. However, the overall impact is neutral.

- d) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

N/A

- f) Provide details of any mitigation.**

N/A

- g) How will any mitigation measures be monitored?**

N/A

**4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**

Neutral impact is anticipated.

**4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**

Neutral impact is anticipated.

**4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

According to the 2011 Census, 60% of East Sussex residents are Christian, 2% other religions, 30% have no religion, and 8% not known

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

ASC data shows that of ASC clients attending day services, 48% are Christian, 10% have no religion 39% not obtained.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Ethnic and cultural identity can be important for people using care and support services, particularly in recognising individual life history and personal circumstances. It has greater impact if ethnic identity is not recognised and supported. Therefore each person's review will as far as possible take account of any information about ethnic background and cultural identity which may help to support their sense of self.

**d) What is the proposal, project or service's impact on the people with different religions and beliefs?**

Neutral

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

If the review and subsequent proposals are approved, we will work with providers, clients and their families or carers to ensure that services are aware of any faith or religious based needs.

**f) Provide details of any mitigation.**

N/A

**g) How will any mitigation measures be monitored?**

N/A

**4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

Estimates of the UK LGB population generally vary between 5%-7% of the overall population ([www.stonewall.org.uk](http://www.stonewall.org.uk)). The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys. All estimates are subject to the very significant caveat that many LGB people are reluctant to ‘come out’ to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected sexual orientation or gender identity data to date.

Taking the Stonewall estimate as a guide, this means that in East Sussex, with a population of 527,209 (2011 Census), 26,360 – 36,904 people, including older people, are likely to be LGB. <http://www.eastsussexjsna.org.uk/briefings.aspx>.

Population over 65 (2011) with *estimated* (5% Estimate) numbers of LGB people over 65 by district in East Sussex.

Age	All people	65+	65+ %	65+ male	65+ male%	65+ female	65+ female%
Geography							
England and Wales	56075912	9223073	16.4	4096161	7.3	5126912	9.1
South East	8634750	1482020	17.2	656272	7.6	825748	9.6
<b>East Sussex</b>	<b>526671</b>	<b>119763</b>	<b>22.7</b>	<b>52124</b>	<b>9.9</b>	<b>67639</b>	<b>12.8</b>
Eastbourne	99412	22303	22.4	9363	9.4	12940	13
Hastings	90254	15401	17.1	6803	7.5	8598	9.5
Lewes	97502	22154	22.7	9623	9.9	12531	12.9
Rother	90588	25763	28.4	11174	12.3	14589	16.1
Wealden	148915	34142	22.9	15161	10.2	18981	12.7

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Currently, data around sexual orientation is not known or collected.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

LGB older people may have greater anxiety than other older people about care and support services. Many people will not ‘come out’ to service providers unless it is clearly safe to do so. Not being able to do so has a negative impact on health in itself. It is important that existing and future care providers have an awareness of the likely frequency of LGB people in the population and policies and practices that are positive about sexual orientation- including providing staff training on practical support.

**d) What is the proposal, project or service’s impact on people with differing sexual orientation?**

People who identify as LGB may be less likely to access older people’s day services, due to concerns about discrimination on behalf of themselves or their carer/partner.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Providers will be expected to work with clients and their carers to ensure that any specific needs or wishes around care and support would be taken forward sensitively.

**f) Provide details of the mitigation**

N/A

**g) How will any mitigation measures be monitored?**

N/A

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**Carers**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Provision of unpaid care in 2011 - districts

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	56075912	50275666	5800246	3665072	775189	1359985
South East	8634750	7787397	847353	577114	96883	173356
East Sussex	526671	467262	59409	39537	6745	13127
Eastbourne	99412	88894	10518	6678	1261	2579
Hastings	90254	80812	9442	5708	1321	2413
Lewes	97502	86001	11501	8000	1197	2304
Rother	90588	79327	11261	7279	1250	2732
Wealden	148915	132228	16687	11872	1716	3099

Provision of unpaid care in 2011 – districts (%)

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	100	89.7	10.3	6.5	1.4	2.4
South East	100	90.2	9.8	6.7	1.1	2
East Sussex	100	88.7	11.3	7.5	1.3	2.5
Eastbourne	100	89.4	10.6	6.7	1.3	2.6
Hastings	100	89.5	10.5	6.3	1.5	2.7
Lewes	100	88.2	11.8	8.2	1.2	2.4
Rother	100	87.6	12.4	8	1.4	3
Wealden	100	88.8	11.2	8	1.2	2.1

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

East Sussex has a total of 59,500 unpaid carers, representing 11% of the total population. <sup>3</sup> There is a 32% turnover in caring, meaning that every year in East Sussex, there are approximately 19,000 new carers and the same number again ending their caring roles. 3 in 5 people will be carers at some point in their lives. <sup>4</sup>

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

One of the primary reasons for the provision of day services is carer respite. Therefore, carers will be more affected by these proposals than the general population.

**d) What is the proposal, project or service’s impact on the factor or identified group?**

Although it is not proposed to stop funding day services, there may be changes in venue and service provider for some clients which may impact on carers.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Ensure that commissioned services are able meet the needs of people with dementia and complex needs in order that carers have access to respite services.

**f) Provide details of any mitigation.**

Services will be commissioned to meet the needs of older adults with care and support needs through day services and other services in the community.

**g) How will any mitigation measures be monitored?**

Individual reviews and support plans for ASC clients:

- 1. Support plans monitored by line managers to ensure needs and risks are properly assessed, recorded and evidenced and all options have been explored as part of the support planning process.**
- 2. Case file audits are carried out to ensure that standards are being maintained in relation to assessment and application of eligibility and risk, support planning and reviews.**

**4.9.2 Rural population**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Population by age groups and location in 2011

Age	All people	0-14	15-29	30-44	45-64	65+
Geography						

<sup>3</sup> Census 2011

<sup>4</sup> Carers UK (2001) It Could Be You – A report on the chances of becoming a carer

England and Wales	56075912	9891138	11183239	11515165	14263297	9223073
South East	8634750	1535168	1604028	1761278	2252256	1482020
<b>East Sussex</b>	<b>526671</b>	<b>84910</b>	<b>83732</b>	<b>90763</b>	<b>147503</b>	<b>119763</b>
Eastbourne	99412	15574	18407	18195	24933	22303
Hastings	90254	15659	17149	17677	24368	15401
Lewes	97502	15832	14854	16907	27755	22154
Rother	90588	13214	12047	13026	26538	25763
Wealden	148915	24631	21275	24958	43909	34142

Population by age groups and location in 2011(%)

Age	All people	0-14	15-29	30-44	45-64	65+
Geography						
England and Wales	100	17.6	19.9	20.5	25.4	16.4
South East	100	17.8	18.6	20.4	26.1	17.2
<b>East Sussex</b>	<b>100</b>	<b>16.1</b>	<b>15.9</b>	<b>17.2</b>	<b>28</b>	<b>22.7</b>
Eastbourne	100	15.7	18.5	18.3	25.1	22.4
Hastings	100	17.3	19	19.6	27	17.1
Lewes	100	16.2	15.2	17.3	28.5	22.7
Rother	100	14.6	13.3	14.4	29.3	28.4
Wealden	100	16.5	14.3	16.8	29.5	22.9

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

There are proportionally more older people living in rural areas: in 2011, 50% of the population in rural areas were aged 45 and above, compared with 36% in major urban areas.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

People living on low incomes in rural areas continue to face significant disadvantage, particularly related to the affordability of housing and availability of services and transport.

In 2011 20.5% of rural households had to travel 4km or more to access their nearest GP surgery compared with 0% of urban households.

**d) What is the proposal, project or service’s impact on the factor or identified group?**

Older people eligible for day services living in rural carers are likely to experience the disadvantages of people living in rural areas (such as inadequate transport or social isolation) which will be compounded by their needs for care and support, potentially fewer local support options and longer travel times.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Ensure a range of provision spread geographically across the county.

**f) Provide details of any mitigation.**

Future commissioning of day services will need to take account of the needs of older people living in rural areas.

**g) How will any mitigation measures be monitored?**

Equalities monitoring of ASC clients referred to day services is recorded on our data system

**4.9.3 Low Income**

**a) How are these groups/factors reflected in the County/District/ Borough?**

[ESiF income deprivation indices](#). 13% of older people in East Sussex are affected by income deprivation.

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

The areas with the highest proportion of *income-deprived elderly persons* living in East Sussex do not necessarily correspond to areas where the highest proportions of the elderly population live. Elderly people living in the most deprived areas [based on national quintile] are concentrated largely along the coastal strip, particularly in Hastings, St Leonards, parts of Eastbourne, Newhaven and Peacehaven. Older people on low incomes may be more dependent on day services as they will have less resources to meet their needs.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

Older people on low incomes may be more dependent on day services as they will have less resources to meet their needs.

**d) What is the proposal, project or service's impact on the factor or identified group?**

Less access to alternatives, therefore more dependent on day services

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Continued procurement of day services to meet the needs of older people.

**f) Provide details of any mitigation.**

Future commissioning of day services will need to take account of the needs of older people who do not have the resources to purchase alternative provision.

**g) How will any mitigation measures be monitored?**

Monitoring of balance of ASC funded clients and private clients in day service settings.

**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
X	<b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	If the proposals are agreed, changes in the way older people’s day services are provided will mean that some current clients will be offered alternative services.
	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	There is potential impact on social groups if clients choose to attend different services and may mean different journey times for some clients.
	<b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	However, there are no plans to discontinue the allocation of personal budgets that may be used to purchase day services where this is an identified need for a client.
	<b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

**5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?**

Equalities monitoring of ASC clients referred to day services is recorded on our data system.

**5.4 When will the amended proposal, proposal, project or service be reviewed?**

April 2019

# Equality Impact Assessment

<b>Date completed:</b>	<b>June 2018</b>	<b>Signed by (person completing)</b>	<b>Tamsin Peart</b>
		<b>Role of person completing</b>	<b>RPPR Lead</b>
<b>Date:</b>	<b>June 2018</b>	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.



The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

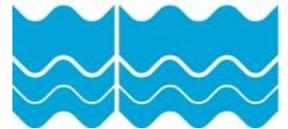
Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

**6.1 Accepted Risk**

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Reduced level of service provision across county	Moral Financial	Through recommissioning there will still be county wide provision of day services but the level of service may be reduced	EqiA	Tamsin Peart	April 2019

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## Equality Impact Assessment

### Project or Service Template

Name of the proposal, project or service
<p><b>Reconciling Policy Performance and Resources (RPPR) 2018/19:</b></p> <p><b>Proposed changes to Learning Disability Directly Provided Services</b></p>

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	May 2019

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## **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”

These are sometimes called equality aims.

### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

**1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21st Century Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.

- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1 What is being assessed?

#### a) Proposal or name of the project or service.

#### **Reconciling Policy, Performance and Resources 2018 – Learning Disability Directly Provided Services**

On 6 February 2018, at a full Council meeting, a decision was taken to reduce the Learning Disability Directly Provided Services budget by £1.17m.

#### **Day Services –**

- Reduce five day support packages to four days maximum
- Close each day centre for one day a week, accommodating all clients over four days
- Cease extended day service at Hookstead (this is a service which runs until 9pm one day per week as an extension to the day service. It only runs in Crowborough)

#### **Respite Services –**

- To not normally exceed 49 respite nights per year per client, unless exceptional circumstances and for a time limited period
- Structure all breaks as weekdays or weekend breaks, with 50/50 split

#### **Community Support Services**

- To provide services in future only to people who would be unsafe if support is not provided
- Reduce supported employment service, focusing resources on people leaving day service provision and people who have already found employment and require support
- Retain two Community Support Worker posts to provide outreach respite in the family home – (as a proposed mitigation to the impact of reducing respite services)

#### **Shared Lives/Supported Accommodation**

- Reduce staffing levels in Shared Lives by one FTE
- Reduce management of Supported Accommodation/Shared Lives by one FTE

#### **Reduce central management and administration costs**

**b) What is the main purpose or aims of proposal, project or service?**

With less Council funding available, Adult Social Care and Health has had to reduce budgets allocated to directly provided services. Within this context Adult Social Care has sought to protect, as far as possible, statutory services for vulnerable adults. However, it is recognised that a reduction to services may have significant impact on the lives of current and potential clients and carers.

**c) Manager(s) and section or service responsible for completing the assessment**

Kay Holden, Head of Service

**2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?**

Learning Disability Directly Provided Services provide support to over 600 clients across East Sussex. . Early indications suggest that 58 clients may experience a total withdrawal of their service. A further 158 clients would experience a reduction to the support they receive, 27 of whom would experience a decrease in support from more than one service. Clients who use Learning Disability Day, Respite and Community Support Services, including ChoicES supported employment service, as well as their families / carers may be adversely affected.

On their own each element of the service represents a medium to low risk if the proposals go ahead, however, collectively these services being reduced at the same time could mean a significant gap in service provision. An alternative provision may need to be considered for some people to reduce the impacts on clients, carers and demand on other providers. Without these preventative activities there may be increased reliance on mainstream health services such as Primary Care and Mental Health and may also result in increased levels of social isolation, reduction in aspirations to get paid employment, increased levels of carers' physical and mental ill health.

**2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?**

The proposals will go through a process of consultation with the public, clients, families / carers and key stakeholders. Any viable alternative that will realise the same level of saving will be fully considered as part of this process. If Cabinet decide to go ahead, services will be withdrawn or reduced.

A three month notice period will be given to clients and their families / carers to inform them of changes. Each person affected by a change to their service will be offered a review of their support package by Care Management teams, and unpaid carers will be offered a carers assessment or a review of their current one.

The provider will communicate changes to clients and their parents/carers and will work with them to identify action needed, where appropriate.

Options may include:

- information and advice about alternative services where available,
- referral to advocacy services,
- where accessing these services has been part of meeting eligible need, suitable alternatives will need to be found if the reduced service no longer fulfils this requirement

### **2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

Some of the clients who may be affected by the changes to day service provision live with private sector providers. In these situations, providers may need to offer additional support to fill the gap that may arise if the proposals are agreed.

In addition colleagues from the East Sussex County Council Transport division, Health managers and Care managers have also been invited to take part in the Consultation.

All key stakeholders will be encouraged to put forward alternative, viable proposals as part of this process

The Stakeholders involved are:

- East Sussex County Council Transport
- Community Learning Disability Care Management teams
- Sussex Partnership NHS Foundation Trust
- Avens Limited
- Eastbourne Mencap
- Mencap OpenDoor
- Southdown Housing Association
- Parkgate Manor Residential Home
- Eastview Housing Limited
- Lifeways
- 1066 Housing Association Limited
- Regard Partnership
- Seeability

- Fitzloy Homes
- Tinkers Hatch Limited
- Parchment Trust
- Saxon Court Care Home
- Caring Homes
- Affinity Trust
- Liveability
- Aspens Care

**2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?**

The proposals are made as part of ESCC's budget planning process, Reconciling Policy, Planning and Resources for 2018-19.

**2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.**

The majority of referrals are made by Care Managers from the Adult Social Care & Health Community Learning Disability Teams, which includes the Transitions service.

Some referrals are made via Care Managers from the generic Care Management teams within Adult Social Care and Health.

**2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.**

All assessments are made in accordance with the Care Act 2014.

Care managers will carry out an assessment of needs for the individual. Clients must meet the eligibility criteria for services: be eligible for ASC funding and have a learning disability to access a service.

Care managers complete a referral on behalf of the client and submit this to the relevant service. The service then assesses the referral to ensure it can meet the needs of the client, at which point the service is agreed.

**2.8 How, when and where is your proposal, project or service provided? Please explain fully.**

**Day Services** are currently available five days per week from 9am to 4.30 pm. There are four sites: Linden Court, Eastbourne; St Nicholas Centre, Lewes; Hookstead in Crowborough; Hastings and Rother services which operate from Beeching Park in Bexhill and Working Wonders in St Leonards.

Hookstead in Crowborough also provides an extended day service one day per week on Thursday, until 9pm.

**Community Support Services** offer support to people in their homes across the County. The ChoicES supported employment service is also provided to people across the County.

**Respite services** are offered from Grangemead in Hailsham and Greenwood in Bexhill. This service provides breaks for parents/carers from their caring role. The number of respite nights is allocated following an assessment of need.

Emergency respite is also provided from Grangemead when a person or their family may be in crisis.

**Shared Lives and Supported Accommodation** is offered across the County. The staff team sources and supports people to become Shared Lives Carers who offer clients accommodation in their home or in supported accommodation. Available placements are then matched to referrals to find temporary or permanent accommodation for vulnerable people.

### Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

#### 3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>X</b>	Service User Data		Contract/Supplier Monitoring Data
<b>x</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
<b>X</b>	Complaints		Risk Assessments
<b>X</b>	Service User Surveys		Research Findings
<b>X</b>	Census Data	<b>X</b>	East Sussex Demographics
<b>X</b>	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

#### 3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

There are currently no Complaints recorded relating to the proposals. However this may change once the consultation period has ended and ESCC Cabinet’s decision is made on 26 June 2018.

#### 3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.

Learning Disability Directly Provided Services undertook consultation events with clients and parents/carers between 13<sup>th</sup> February 2018 and 12<sup>th</sup> March 2018 across the County as follows:

Dates	Type
13 February to 23 <sup>rd</sup> April 2018	Public consultation period launched. Information available on ESCC website setting out proposals. People were invited to complete surveys with their comments
15 February	Letters and Consultation information packs sent to families/carers and

2018	clients with information relating to the proposals, feedback sheets and invitations to consultation meetings across the County. 500 packs were sent to parents/carers and 500 in easy read format sent to clients
19 February 2018	Letters sent to stakeholders with information relating to proposals and an invitation to a Stakeholder consultation meeting
Week beginning 5 <sup>th</sup> March 2018	Client consultation meetings organised by Day Services and Community Support Services held throughout the week commencing 5 March. Advocacy Service, POhWER, involved in process. For Respite Services, information was shared and discussed at client meetings regularly held on a Friday and Monday, to capture as many respite users' views as possible
5 March 2018	Families/carers Consultation meeting held in Bexhill
6 March 2018	Families/carers Consultation meeting held in Eastbourne
7 March 2018	Families/carers Consultation meeting held in Bexhill
8 March 2018	Families/carers Consultation meeting held in Eastbourne
9 March 2018	Families/carers Consultation meeting held in Uckfield
12 March 2018	Key Stakeholders Consultation meeting for independent service providers, health colleagues and ESCC Transport colleagues.
w/b 12 March 2018	4 drop-in sessions available for parents/carers
w/b 12 March 2018	3 drop in sessions available for clients led by POhWER advocacy services
23 March 2018	Frequently Asked questions and Comments raised at Parent/Carer events were circulated to all attendees and posted on the ESCC website

Accessible information was made available to clients who were supported by staff within their services to go through and have any questions answered. Information was displayed in services and in the Consultation Pack sent out to parents/carers and clients, and included:

- Easy read Client Consultation pack and covering letter

- Easy read leaflets relating to proposed changes in each service i.e. Day Services, Respite Services, Community Support and ChoicES Employment Services
- Easy read posters giving details of Consultation meetings in each service area
- Easy read posters giving details of Advocacy support and scheduled Advocacy meetings
- Easy read questionnaire/survey for comments relating to the Consultation

In addition, consultation meetings for parents/carers were scheduled to take place both during the day and in the evenings to provide flexibility for people who work during the day or whilst people they cared for were at their daily activities. Meetings were held in a range of venues across the county and parents/carers could choose which event to attend, depending on where they lived or which services people they cared for attended.

### **3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?**

#### **Key messages from public consultation**

##### **Overall themes**

- The majority of family and carers strongly disagree with the proposals, although they are most concerned about the cap for respite nights and the closure of day centres for one day a week.
- Adults living with their families would be hardest hit because of the way the cuts are being done.
- People who use services are sad, concerned and uncertain about the proposals.
- People with a learning disability need structure and routine and any changes are likely to affect their behaviour.
- The proposals would have a significant impact on carers and their ability to have a break, maintain their employment and continue in their caring role.
- The proposals would cause carers and family more stress, affect their health and could affect their mental health.
- Older carers are particularly concerned about how they will manage in future.
- Decisions about which services people can use and how much they need them should be based on individual assessed need.
- Continuity of service is important, so offering alternative provision to meet assessed need

won't work for some people.

- Reducing essential services like day and respite means that some people will have to consider residential care. The cost of residential care will be much higher.
- For all the proposals, clients said the thing that would help them get ready was to be kept updated about the plans.
- People suggested that the Council look make savings in other departments instead or to bring in income from unused properties.

### **Respite**

- People mainly strongly disagree with the proposal to cap respite nights.
- They think it is short sighted and will be more expensive in the long run, as it risks people not coping and families having to consider residential care.
- People say they need, or have been assessed as needing, their current level of respite and say that it enables them to continue in their caring role.
- They are less concerned about the proposal to change the way respite is booked, although some say it would limit their respite options and others say their relative couldn't cope with longer stays.
- Families said the change in their family member's routines would be hard and could have a big impact on their behaviour.
- There is little interest in using the proposed at-home respite service, while people don't think offering single nights at short notice is practical.

### **Day services**

- People generally strongly disagree with the proposals, although a small number of families and clients agree with them.
- People like seeing their friends & staff and taking part in activities and worried about the changes impacting on them, although some clients don't mind staying at home.
- Families said the change in their family member's routines would be hard and could affect their behaviour.
- Organisations and families are concerned that it would be harder to retain good quality staff if they aren't offered full time positions.
- If the proposals go ahead, more thought needs to go into the days the services would close in order to manage routines and link up with respite.

- The day services cuts could affect the cost of living in supported homes or limit the access to activities for those people.

### **Community Support Service**

- Clients aren't happy about the proposal, while families and carers nearly all disagree with it.
- They are worried about being safe at home and in the community without the community support service.
- The changes would impact on people's independence, limit their learning, increase their isolation and impact on their ability to access the community.
- Clients said they wouldn't be able to do, or would forget to do, everyday tasks and would be more isolated.
- It could be more costly in the long term if people aren't able to continue living at home and have to move into residential care.
- People suggested that having some skills training might help them to get ready.

### **ChoicES**

- People were least concerned about the proposals for ChoicES, although some people did say that they need the service to find or keep a job and volunteering opportunity, and a few families were concerned that future access to the service.

### **Sample quotes**

"The people that are targeted by these proposed cuts are vulnerable adults, all with various disabilities. With too many changes, all in one go, the effect of these cuts will be detrimental to them and their carers. The cuts to their services will be very difficult for them to understand and for most, their behaviour will become more challenging and put extra emotional stress on their carers."

"The cuts would affect not just my son and me but all of his extended family who will share his pain as the cuts bite. The cuts are also very short-sighted as they increase the possibility that parents and other carers will not be able to cope in the future which will lead to more expensive outlay by ESCC in the future."

"It would cause indescribable upset and confusion to the person we support, resulting in escalation of behavioural and challenging behaviour."

## Part 4 – Assessment of impact

### 4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

The overall population of East Sussex is 527,209 (2011 Census data) and is projected to continue increasing over the next few years. The population by age breakdown for East Sussex is

Age	Population
15 – 29	83,791
30 – 34	90,220
45 – 64	147,613
65+	120,722
<b>Total</b>	<b>442,346</b>

Source: East Sussex in Figures 2011

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

The overall number of clients affected by the proposals is 216.

Age	Number of clients
15 – 29	63
30 – 34	69
45 – 64	64
65+	20
<b>Total</b>	<b>216</b>

Clients who can access services are 18+. There is no upper age limit to access services.

**4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

Residents (working age only) with limiting long-term illness in 2011 by districts (numbers)

Type	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
Geography					
England & Wales	56075912	10048441	5278729	4769712	46027471
South East	8634750	1356204	762561	593643	7278546
<b>East Sussex</b>	<b>526671</b>	<b>107145</b>	<b>58902</b>	<b>48243</b>	<b>419526</b>
Eastbourne	99412	20831	11209	9622	78581
Hastings	90254	19956	10375	9581	70298
Lewes	97502	19054	10583	8471	78448
Rother	90588	21242	11591	9651	69346
Wealden	148915	26062	15144	10918	122853

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Learning Disability Directly Provided Services currently support over 600 people with a learning disability across East Sussex. Some people may have further complexities such as sensory impairment, physical disabilities and other health problems which may impact on them further.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

All clients accessing the services included in the proposals have a learning disability or are deemed to be vulnerable. Some people may have further complexities such as sensory impairment, physical disabilities and other health problems which may impact on them further.

People with a learning disability are often unable to access the same opportunities as people without these disabilities. The services affected by the proposals are provided for people with learning disabilities and they will therefore be disproportionately affected.

**d) What is the proposal, project or service's impact on people who have a disability?**

Clients whose services are withdrawn or reduced may experience a breakdown in community life, increased levels of social isolation and reduced aspirations to get paid employment.

A change in routine may also cause clients anxiety and less opportunity for social interaction and ongoing skills development.

Any changes agreed may also cause clients increased emotional and/ or psychological distress.

There may be an increased reliance on other services for example, mainstream health services such as Primary care and Mental Health.

An increased demand on independent providers (private and voluntary sectors) may be an additional impact, both in their capacity to fill the gap in services and supporting their existing clients' increased demand/needs as a result of the proposals.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Following Consultation and if the proposals are agreed by Cabinet:

- Individual reviews of client's support needs will be undertaken for everyone affected by a reduction in service;
- A transition plan is proposed to ensure that all clients experience a consistent level of support from at least one service until April 2019.
- Care Managers, clients and parents/carers will be involved in reviewing the impact on individuals and discussing options (including identifying appropriate alternatives) with a view to revising assessments and support plans, where appropriate.
- Clients will also be able to access advice and information from their Care Managers to explore alternative services
- Clients will be able to access advocacy support where applicable.

**f) Provide details of any mitigation.**

Please see actions in section (d) above. We will continue to work closely with clients and their parents/carers. Options for addressing negative impact on individuals eligible for services will include:

- Where a client will experience a reduction in day and respite services, the person's current allocation of respite nights will be retained until the end of the financial year (end of March 2019)
- Where a client experiences a reduction in day and community support services, the person's allocation of Community Support hours will be retained until the end of the financial year (March 2019)
- The proposed days of closure for day services will take into account any impact on the carers' respite breaks i.e. clients will still be able to access their respite stays straight from their day service, and return directly to their day service when their weekend respite stay has ended.
- Identifying clients who require a high level of support for whom a reduced support package may not be viable. Where possible new solutions would be sought through the use of Direct Payments which can be used flexibly and clients would be supported to make choices and decisions about available options.
- Clients will be able to access advice and information from their care managers to explore alternative services. Please see appendix 1.
- Providing advocacy services where applicable
- Supporting the communication needs of people with a learning disability during all stages of this process

**g) How will any mitigation measures be monitored?**

Please see actions in (e) above

The Learning Disability Management Team RPPR group consists of Operations and Practice Managers for each of the service areas included in the proposals and the Head of Learning Disability Services. The group will be responsible for monitoring, analysing and addressing issues from information collected via:

- Enquiries and comments received by the Community Learning Disability Assessment from clients and carers relating to individual support needs, advice and requests for revised assessments
- Feedback and comments from the Consultation process
- Listening to you customer satisfaction surveys
- Complaints

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

A disproportionate impact is not expected for this group.

**4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**

A disproportionate impact is not expected for this group

**4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**

A disproportionate impact is not expected for this group

**4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**

A disproportionate impact is not expected for this group

**4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.**

A disproportionate impact is not expected for this group

**4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**

A disproportionate impact is not expected for this group

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact. –**

**4.9.1 Carers**

**a) How are these groups/factors reflected in the County/District/ Borough?**

**Provision of unpaid care in 2011 - districts**

Provision unpaid care	All people	People provide no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	56075912	50275666	5800246	3665072	775189	1359985
South East	8634750	7787397	847353	577114	96883	173356
<b>East Sussex</b>	<b>526671</b>	<b>467262</b>	<b>59409</b>	<b>39537</b>	<b>6745</b>	<b>13127</b>
Eastbourne	99412	88894	10518	6678	1261	2579
Hastings	90254	80812	9442	5708	1321	2413
Lewes	97502	86001	11501	8000	1197	2304
Rother	90588	79327	11261	7279	1250	2732
Wealden	148915	132228	16687	11872	1716	3099

There are 141 unpaid carers providing support who will be affected by the proposals.

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

The proposals will have an impact on unpaid carers as these services are primarily accessed by people with learning disabilities who have carers.

Carers benefit from the services provided to clients as they provide respite, day opportunities, skill building and maintain the clients' wellbeing.

These services currently support carers to fulfil and continue in their caring role and prevent deterioration in their health and wellbeing.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

Yes.

**d) What is the proposal, project or service's impact on the factor or identified group?**

Carers of working age who are employed may be negatively impacted, particularly where clients they care for will receive a reduction to day services from 5 to 4 days a week. This may result in carers not being able to maintain their current employment and potentially experience a reduction to their income.

Older carers may be unable to continue caring full time if services are withdrawn or reduced, as this may impact on their physical and/or mental health and their ability to continue to care for the client.

The proposals may cause additional stress on family environments and family life as a whole. Carers may also have other caring responsibilities for other family members e.g. children or other relatives.

In addition, some carers' services are also facing cuts which could mean multiple impacts on some carers in receipt of these services.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Consultation meetings and events have been held with both clients and their carers to discuss the proposed changes, inviting comments and ideas about how savings may be made in alternative ways.

Consultation events have also included Care Managers who have been available to answer any specific questions about individual client's and services.

Following Consultation, if the proposals are agreed by Cabinet:

- Individual reviews of client's support needs will be undertaken for everyone affected by a reduction in service;
- A transition plan is proposed to ensure that everyone experiences a consistent level of support from at least one service until April 2019.
- Care Managers, clients and parents/carers will be involved in reviewing the impact on individuals and discussing options with a view to revising assessments and support plans where appropriate.
- Clients who are eligible for ASC services and funding will also be able to access advice and information from their Care Managers to explore alternative services

Clients will be able to access advocacy support where applicable

**f) Provide details of the mitigation.**

Please see actions in section (d) above. We will continue to work closely with clients and their parents/carers. Options for addressing negative impact on individuals eligible for services will include:

- All carers who are impacted by the proposals will be offered a review of their current carer's assessment. Those carers who have not yet undertaken a carer's assessment will also be offered one.
- Where there is a reduction or changes to allocations of respite stays, the carer's current allocation of respite nights will be retained until the end of the financial year (end of March 2019)
- As part of the Consultation process, it has been proposed that an Outreach service is set up and developed to mitigate the impact of the reduction in respite and community support services.
- Where a client experiences a reduction in day and community support services, the client's allocation of Community Support hours will be retained until the end of the financial year (March 2019)
- The proposed days of closure for day services will take into account any impact on a Carers' respite breaks i.e. clients will still be able to access their respite stays straight from their day service and return directly to their day service when their weekend respite stay has ended.
- Identifying people who require a high level of support for whom a reduced support package may not be viable. Where possible new solutions would be sought through the use of Direct Payments and Carers and clients would be supported to make choices and decisions about available options.
- Direct payments – which can be used flexibly – may assist carers to retain employment (where appropriate provision is available in the local care market)
- Clients will be able to access advice and information from their care managers to explore alternative services. Please see appendix 1.

**g) How will any mitigation measures be monitored?**

Please see actions in (e) above

The Learning Disability Management Team RPPR group consists of Operations and Practice Managers for each of the service areas included in the proposals and the Head of Learning Disability Services. The group will be responsible for monitoring, analysing and addressing issues from information collected via:

- Enquiries and comments received by the Community Learning Disability Assessment from clients and carers relating to individual support needs, advice and requests for revised assessments
- Feedback and comments from the Consultation process
- Listening to you customer satisfaction surveys
- Complaints

#### 4.9.2 Rurality

**a) How are these groups/factors reflected in the County/District/Borough?**

Population by age groups and gender in 2011

Age	All people	0-14	15-29	30-44	45-64	65+
Geography						
England and Wales	56075912	9891138	11183239	11515165	14263297	9223073
South East	8634750	1535168	1604028	1761278	2252256	1482020
<b>East Sussex</b>	<b>526671</b>	<b>84910</b>	<b>83732</b>	<b>90763</b>	<b>147503</b>	<b>119763</b>
Eastbourne	99412	15574	18407	18195	24933	22303
Hastings	90254	15659	17149	17677	24368	15401
Lewes	97502	15832	14854	16907	27755	22154
Rother	90588	13214	12047	13026	26538	25763
Wealden	148915	24631	21275	24958	43909	34142

Areas	Number of clients
<b>Eastbourne</b>	<b>57</b>
<b>Hastings</b>	<b>41</b>
<b>Lewes</b>	<b>42</b>
<b>Rother</b>	<b>27</b>
<b>Wealden</b>	<b>49</b>
<b>Total number of clients</b>	<b>216</b>

- b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?

**Map of East Sussex showing rural/urban areas and transport links**



The services affected by the proposals are located across East Sussex as follows:

- Day Services – Hastings, Crowborough, Eastbourne and Hastings/Rother
- Community Support Services and Choices – Countywide
- Respite Services – Hailsham and Bexhill on Sea
- Shared Lives and Supported Accommodation – Countywide

- c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?

Yes. However, 98 Clients that live in urban areas (Eastbourne and Hastings) will be less affected than those living in the more rural areas of East Sussex (118 clients). The majority of these clients do however live in, or nearby, the more populated towns of rural East Sussex.

- d) What is the proposal, project or service’s impact on the factor or identified group?

Transport links and services are less available in some rural areas compared to larger towns, which may reduce the availability and choice of alternative services e.g. personal assistants, day time opportunities should these be required. Clients who live in rural areas may experience a sense of isolation and social contact/connection where services are withdrawn or reduced. A change to day services routines may mean clients and parent/ carers face additional barriers attending because of other commitments or inadequate transport links. However feedback received during the Consultation has not suggested this to be an issue.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

**Please see 4.9.1. (d)**

**f) Provide details of the mitigation.**

**Please see (d) above**

Access to services for people living in rural areas would remain the same via the current transport arrangements, whether these are provided by ESCC or parents/carers.

If clients affected by the proposals remain eligible for alternative services, then transport would continue to be provided by ESCC where appropriate.

If the proposals are agreed, all clients who are affected will be offered an individual review to consider whether their support package, in light of service reductions, continues to meet their

**g) How will any mitigation measures be monitored?**

The Learning Disability Management Team RPPR group consists of Operations and Practice Managers for each of the service areas included in the proposals and the Head of Learning Disability Services. The group will be responsible for monitoring, analysing and addressing issues from information collected via:

- Enquiries and comments received by the Community Learning Disability Assessment from clients and carers relating to individual support needs, advice and requests for revised assessments
- Feedback and comments from the Consultation process
- Listening to you customer satisfaction surveys
- Complaints



**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

We will be paying due regard to the above when supporting clients through the changes, providing services that are accessible and meet their needs and preferences ,taking into account their eligibility for services.

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four, mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
x	<b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	<p>The overall rationale underpinning the proposals to achieve the required saving is to avoid the need to close services, instead focussing on reduced support to save money without putting vulnerable people at risk. As such, the overall aim is:</p> <ul style="list-style-type: none"> <li>• to protect day and respite services from closure;</li> <li>• to continue to provide services that offer people a home;</li> <li>• to continue to support people who would be unsafe if an existing service is withdrawn.</li> </ul> <p>If the proposals are agreed, all clients who are affected will be offered an individual review to consider whether their support package, in light of service reductions, continues to meet their assessed needs.</p> <p>Where it is deemed that the services</p>
	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
	<b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	<b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

## Equality Impact Assessment

		directly provided by Adult Social Care are not sufficient to meet the assessed needs of individuals, Care Managers will seek alternative support solutions.
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### 5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

Issues relating to individuals will be identified and addressed should they arise. Other options for addressing negative impact on individuals who are eligible for services will include analysing feedback from the Consultation, Listening to You customer satisfaction surveys and Complaints

### 5.4 When will the amended proposal, proposal, project or service be reviewed?

The proposals will be presented to the Cabinet on 26 June 2018. Any reviews to the proposal will be based on the decisions made by the Cabinet at that time.

<b>Date completed:</b>	<b>June 2018</b>	<b>Signed by (person completing)</b>	<b>Kay Holden</b>
		<b>Role of person completing</b>	<b>RPPR Lead</b>
<b>Date:</b>	<b>June 2018</b>	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**



If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

**6.1 Accepted Risk**

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Clients whose services are affected may experience emotional/psychological distress due to change in routine and social anxieties around loss of connection/interaction leading to social isolation	Moral	No – continued monitoring throughout the changes (if agreed) and beyond.	Via a report to Adult Social Care and Health DMT and Cabinet.  EIA	Kay Holden, Head of Service	Ongoing monitoring
Negative impact on families and carers health and wellbeing due to increased pressure on their supporting roles and their ability to continue providing this support.	Moral and financial	No – continued monitoring throughout the changes (if agreed) and beyond.	Via a report to Adult Social Care and Health DMT and Cabinet  EIA	Kay Holden, Head of Service	Ongoing monitoring

# Equality Impact Assessment

<p>It is likely that some clients may require other care services as a result of LD Directly Provided Services being reduced</p>	<p>Financial</p>	<p>No – continued monitoring throughout the changes (if agreed) and beyond.</p>	<p>Via a report to Adult Social Care and Health DMT and Cabinet  EIA</p>	<p>Kay Holden, Head of Service</p>	<p>Ongoing monitoring</p>
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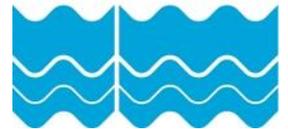
## Appendix 1

Care Act Information and Advice duties:

As a local authority, and under the Care Act 2014, East Sussex County Council has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- **Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories**  
There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – an free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.
- **East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.



## Equality Impact Assessment

### Project or Service Template

Name of the proposal, project or service
<p><b>Reconciling Policy Performance and Resources (RPPR) 2018/19:</b></p> <p><b>Proposed changes to Affinity Trust – Cregg Na Ba</b></p>

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	June 2019

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## **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”)

These are sometimes called equality aims.

### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

### **1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

## **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

## **1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.

- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## **Part 2 – Aims and implementation of the proposal, project or service**

### **2.1 What is being assessed?**

#### **a) Proposal or name of the project or service.**

On 6 February 2018, at a full Council meeting, a decision was taken to reduce the Learning Disability Directly Provided Services budget. The subsequent savings proposal has been identified from the block contract held with Affinity Trust for the delivery of six residential homes for adults with a learning disability. The proposal is to close the residential service at Cregg Na Ba, and for the clients living there to move to an alternative residential service within this block contract.

#### **b) What is the main purpose or aims of proposal?**

Currently the six residential homes delivered by Affinity are underutilised. This is largely due to the profile of the current residents being similar across the 6 homes but not similar to potential new clients; meaning new referrals are not compatible and therefore not accepted. The proposal to close Cregg Na Ba would mean residents being supported to move to an alternative residential home (run by the same provider), and the potential to use the building to develop a new service and updated service model for people with a learning disability.

#### **c) Manager(s) and section or service responsible for completing the assessment**

Richard Lewis, Strategic Commissioning Manager – Learning Disability

### **2.2 Who is affected by the proposal, project or service?**

There are five residents living at Cregg Na Ba who would move to one of the alternative residential services (also provided by Affinity) should this proposal take place, and their families who have been consulted. Staff may also be affected. Potential beneficiaries of a new service are people with a learning disability who are eligible for this type of support.

### **2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?**

If the proposal is agreed there will be a shared approach to implementation.

Care Management and Assessment, Affinity Trust, the advocacy provider POhWER, families of and the clients will work together to identify the most appropriate new home, and support the move at a pace that is best for the client. Where clients are deemed to lack capacity under the Mental Health Act, 'Best Interest' meetings will be held to ensure their views and needs are met.

**2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

Yes – as the Provider Affinity Trust are involved in the planning, meeting with families and will be involved in any move.

PohWER, our advocacy provider, will be involved where clients lack capacity to make decisions about their potential move.

**2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?**

Eligibility for the service is defined by the Care Act 2014. Strategic planning activity and service review has identified that the service provided by Affinity is underused; eligibility, person centred planning and the quality of service provision can continue to be met if the proposal goes ahead.

**2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.**

As a registered residential service for people with a learning disability, potential clients need to have a primary need of a learning disability and be able to access support through the Community Learning Disability Team. People are referred through the ASC brokerage team having been assessed as needing a residential service by a care manager.

**2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.**

Once a referral is made to the service, the provider will carry out their own assessment to see how they can meet the needs of the client referred.

**2.8 How, when and where is your proposal, project or service provided? Please explain fully.**

Cregg Na Ba is in Battle and provides accommodation and personal care for up to six people who have learning disabilities and some associated physical or/and sensory disabilities. The other homes that residents could potentially move to are in Bexhill, Brede and Broad Oak and are registered to provide similar services.

### Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

#### 3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>X</b>	Service User Data	X	Contract/Supplier Monitoring Data
	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
<b>X</b>	Complaints		Risk Assessments
	Service User Surveys		Research Findings
	Census Data	X	East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

#### 3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

No complaints of this nature have been received.

#### 3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.

As the residents have significant learning disabilities it is likely that they will not have capacity to make decisions about where they live, or understand abstract discussions about possibly moving. Therefore they have not been consulted at this stage and are being assessed to see if they have capacity under the Mental Health Act.

Families have been consulted through letter and individual meetings where requested and POhWER have been involved in the process and available for supporting families, where requested.

#### 3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?

Meetings with and correspondence received from the families of residents living at Cregg Na Ba have shown that all families have been happy with the service their family member receives, and are disappointed that there is a proposal that would involve their family member moving. They have raised concerns that it could cause distress, and that it is unsettling for them as they are well established at Cregg na Ba.

Four of the residents have lived at Cregg Na Ba for nearly 20 years and are therefore very familiar with both the service and the local area, with good connections to the local community. The most recent resident had experienced previous placement breakdowns but is now settled at Cregg Na Ba. Some of the residents have health problems that will require specific attention if facilitating a move.

However the families recognise that the provider would manage any move as well as possible and that all relevant practitioners / clinicians would be utilised to support any move.

### **Key messages from the consultation:**

- People praised the service and the wonderful staff, saying their relatives and friends are happy and settled.
- The area the care home is based in is safe and accessible for residents and the alternatives which have been suggested aren't as well located.
- It would be harder for family to visit as the alternative homes are not easily accessible by public transport and this could mean residents become isolated.
- Many residents are known within the local community and some would be moving away from their Church community.
- The residents have complex needs and adjusting to new things can be traumatic.
- Staff said that it is very important that concerns about the health of residents are addressed as part of the assessment and placement process.
- A permanent move from the home is likely to have a negative impact on residents' health and wellbeing and for some residents it may have serious implications for their life and health.
- Some residents will need extra support during and after the move to allow it to happen and to help them to try and settle in.
- Retaining staff they know would help if the move went ahead.
- Staff requested that any move doesn't take place till after the summer holidays, so that they can fully support residents with the process.
- Staff suggested that it would help residents to visit and to retain their links to their local community if extra disabled parking spaces could be added.

### **Views on the proposal (relatives)**

- They are very happy with the current service and the support their relative receives.

- They are confident the provider will handle the move well if it does go ahead.
- They were reassured that any move would be to a home run by the same provider.
- They were reassured that staff would be moving too.

### **The impact of the proposal**

- About the potential disruption to their relative and their lives.
- A move to a rural location making it harder to visit their relative in the longer term.

These comments are a small selection of the comments we received during the consultation. They have been chosen as they either reflect the key themes or offer a specific suggestion.

### **Organisation and group comments**

“We want to support all the [people] we look after to have fulfilled , happy and settled lives in their twilight years.”

### **Individual comments including clients, carers, staff and the public**

“I am very sad to hear that my [relative] is going to move to another care home. [They have] never been happier than now. [They are] calm, clearly feels safe and enjoys the company of [their] fellow residents. The staff ... are wonderful.”

“[S]taff ensure that [two residents] who are both members of my church are able to attend worship each week. This is an extremely important part of their lives and we would take a very dim view if either of them were denied their right to worship in a place of their choosing.”

“My [relative] has complex needs and finds adjusting to new spaces, people and situations, very traumatic... I am hugely concerned for [my relative’s] emotional wellbeing at being moved from [their] stable surroundings permanently.”

## Part 4 – Assessment of impact

### 4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

The overall population of East Sussex is 527,209 (2011 Census data) and is projected to continue increasing over the next few years. The population by age breakdown for East Sussex is:

Age:	Population
15 – 29	83,791
30 – 34	90,220
45 – 64	147,613
65+	120,722

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

The overall number of clients affected by the proposals is 5. The overall age of these clients is outlined below:

Age	Number of clients
15 – 29	0
30 – 44	0
45 – 64	1
65+	4

#### c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Cregg Na Ba is registered to provide care & support for adults with a learning disability of all ages. The other registered residential services have the same registration.

The current age profile of residents is similar across the homes so currently older people will be more affected by this proposal. However, if the proposal were to go ahead younger referrals may have the opportunity to move into the residential homes.

**d) What is the proposal, project or service's impact on different ages/age groups?**

The primary need of the residents is their learning disability, however four of the residents living at Cregg na Ba are also over 65. Implementing any move would need to be managed sensitively to meet the needs of these older residents, with the length of time they have lived at Cregg na Ba being a significant factor.

There are age-related health needs that will need to be managed if any move takes place.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

If the residents do move to alternative residential services there will be a range of steps to achieve this.

- The most suitable option will be agreed taking into account the resident's care needs, friendship groups and new home.
- Staff from Cregg Na Ba will also move to the new homes to ensure continuity of care.
- The new rooms will be decorated for the new resident – this could be replicating their current room or opting for a new look.
- The Specialist Health Community Learning Disability Team will assess and support and health needs during a move.

**f) Provide details of the mitigation.**

See above.

**g) How will any mitigation measures be monitored?**

These mitigations will be managed by:

- Affinity Trust internal processes
- Planning meetings to facilitate any moves
- Monitoring through meetings with the provider
- Client reviews where the client and family will be involved. Advocacy will be provided where required to support the clients involvement.

**4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

Residents (working age only) with limiting long-term illness in 2011 by districts (numbers)

Type	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
Geography					
England & Wales	56075912	10048441	5278729	4769712	46027471
South East	8634750	1356204	762561	593643	7278546
<b>East Sussex</b>	<b>526671</b>	<b>107145</b>	<b>58902</b>	<b>48243</b>	<b>419526</b>
Eastbourne	99412	20831	11209	9622	78581
Hastings	90254	19956	10375	9581	70298
Lewes	97502	19054	10583	8471	78448
Rother	90588	21242	11591	9651	69346
Wealden	148915	26062	15144	10918	122853

Residents (working age only with limiting long-term illness in 2011 by districts (%))

Type	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
Geography					
England & Wales	100	17.9	9.4	8.5	82.1
South East	100	15.7	8.8	6.9	84.3
<b>East Sussex</b>	<b>100</b>	<b>20.3</b>	<b>11.2</b>	<b>9.2</b>	<b>79.7</b>
Eastbourne	100	21	11.3	9.7	79
Hastings	100	22.1	11.5	10.6	77.9
Lewes	100	19.5	10.9	8.7	80.5
Rother	100	23.4	12.8	10.7	76.6
Wealden	100	17.5	10.2	7.3	82.5

**b) How is this protected characteristic reflected in the reflected in the population of those impacted by the proposal, project or service?**

All people	People with long term health problem or disability	Day to day activities limited a little	Day to day activities limited a lot	People without long-term health problem or disability
5	5			0

**a) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes – as this is a learning disability service all the people have a learning disability. Some clients also have significant health needs.

**b) What is the proposal, project or service’s impact on people who have a disability?**

The impact on this group of people would be moving home and the potential distress this could cause. The residents are well established and familiar with their staff and community. They would need to get to know different staff to those working at Cregg Na Ba and to live with some different residents.

Wheelchairs users or people with mobility restrictions could experience difficulty moving to a new environment if it were not fully accessible.

**c) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

If this proposal were to proceed, good practice around person centred approaches to care would be adopted to ensure that the people involved would be well supported, including ensuring buildings are accessible and supportive of people in wheel chairs.

**d) Provide details of any mitigation.**

The residents at Cregg Na Ba are familiar with the other residential services, residents and staff as there are regular social functions held in the different services.

Staff from Cregg na Ba will also be re-locating to alternative residential services so the residents will be supported by familiar staff.

The importance of maintaining access to the local community will be written into the care plan.

Residents will be supported to visit to familiarise themselves with the new surroundings.

**e) How will any mitigation measures be monitored?**

These mitigations will be managed by:

- Affinity Trust internal processes
- Planning meetings to facilitate any moves
- Monitoring through meetings with the provider
- Client reviews where the client and family will be involved. Advocacy will be provided where required to support the clients involvement.

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

The overall population of East Sussex is 527,209 (2011 Census data) and is projected to continue increasing over the next few years. The population aged 65+ (males) and 60+ (females) by ethnic group for East Sussex is shown in the table in Section 4.1 above.

Census figures below demonstrate ethnic diversity in the area as 8.3% overall. Increases are particularly in the ‘White other’ and ‘mixed’ categories reflecting East European and other white groups migration and other societal changes. Largest overall minority populations are ‘White other’ and Asian and Asian British’.

**Ethnic group in 2011 by districts (%)**

Ethnicity	All people	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
Geography									
England & Wales	100	80.5	0.9	0.1	4.4	2.2	7.5	3.3	1
South East	100	85.2	0.9	0.2	4.4	1.9	5.2	1.6	0.6
<b>East Sussex</b>	<b>100</b>	<b>91.7</b>	<b>0.8</b>	<b>0.2</b>	<b>3.4</b>	<b>1.4</b>	<b>1.7</b>	<b>0.6</b>	<b>0.3</b>
Eastbourne	100	87.4	1	0.1	5.6	1.8	2.8	0.8	0.5
Hastings	100	89.3	0.8	0.2	3.5	2.2	2.4	1.2	0.5
Lewes	100	92.5	0.8	0.1	3.2	1.3	1.4	0.4	0.3
Rother	100	94.1	0.7	0.1	2.1	1.1	1.2	0.3	0.2
Wealden	100	93.8	0.6	0.2	2.8	1	1.2	0.2	0.2

**Ethnic group in 2011 by districts**

Ethnicity	All people	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
Geography									
England & Wales	56075912	45134686	531087	57680	2485942	1224400	4213531	1864890	563696
South East	8634750	7358998	73571	14542	380709	167764	452042	136013	51111
<b>East Sussex</b>	<b>526671</b>	<b>482769</b>	<b>3966</b>	<b>815</b>	<b>17872</b>	<b>7473</b>	<b>9143</b>	<b>2912</b>	<b>1721</b>
Eastbourne	99412	86903	978	66	5561	1791	2795	783	535
Hastings	90254	80624	702	150	3155	1948	2126	1065	484
Lewes	97502	90218	757	97	3087	1275	1400	416	252
Rother	90588	85279	596	134	1942	1031	1103	305	198
Wealden	148915	139745	933	368	4127	1428	1719	343	252

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

The current residents across the residential homes are white British.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

A disproportionate impact is not anticipated for this protected characteristic.

**4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

Data from the 2011 Census shows the population of East Sussex to be **527,209**, broken down into the following gender and age groupings:

		Total	18+	18-64	65+	18-64 %	65+ %
<b>Female</b>	<b>EAST SUSSEX</b>	<b>273,142</b>	222,604	154,510	68,094	69.4	30.6
<b>Male</b>	<b>EAST SUSSEX</b>	<b>254,067</b>	200,320	147,692	52,628	73.7	26.3
<b>All people</b>	<b>EAST SUSSEX</b>	<b>527,209</b>	422,924	302,202	120,722	71.5	28.5

Source: ONS Mid-Year Population Estimates 2011 (based on Census) released on 25<sup>th</sup> September by ONS. Data around transgender is not currently collected.

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

	Male		Female		Total
	No.	%	No	%	No
Home	1	25%	3	75%	4
Willows	2	67%	1	33%	3
Jasmine Lodge	2	40%	3	60%	5
Fairmount	3	50%	3	50%	6
Cregg Na Ba	4	80%	1	20%	5
Beckley	3	50%	3	50%	6
Total	15	52%	14	48%	29

At Cregg Na Ba four people are male and one is female.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

No. Services offered meet the needs of all people, irrespective of their gender. In addition there is a range of staff with the skills and ability to meet a range of needs and to support preferences around male/female support staff. Staff also receive equalities training to support them in their role.

**d) What is the proposal, project or service’s impact on different genders?**

When agreeing a new home consideration will be given to who residents would prefer to share with, and who is currently living in the home they may move to ensuring that all residents are compatible with who they live with.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Person centred approaches to managing any move will ensure that the clients gender does not disadvantage them.

**f) Provide details of any mitigation.**

The process of identifying the new residential home will take into account the needs and wishes of clients in choosing who they live with.

Care & Support staff are matched with residents to meet gender specific needs such as personal care.

**g) How will any mitigation measures be monitored?**

These mitigations will be managed by:

- Affinity Trust internal processes
- Planning meetings to facilitate any moves
- Monitoring through meetings with the provider
- Client reviews where the client and family will be involved. Advocacy will be provided where required to support the clients involvement.

**4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**

None of the five Cregg Na Ba residents are married.

A disproportionate impact is not anticipated for this protected characteristic.

**4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**

A disproportionate impact is not anticipated for this protected characteristic.

**4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

Religion in 2001 and 2011 - super output areas											
Filter variables											
Year, 2011											
Religions		All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Religion not stated
Geography	Measure										
England and Wales	Number	56075912	33243175	247743	816633	263346	2706066	423158	240530	14097229	4038032
	Percentage	100	59.3	0.4	1.5	0.5	4.8	0.8	0.4	25.1	7.2
South East	Number	8634750	5160128	43946	92499	17761	201651	54941	39672	2388286	635866
	Percentage	100	59.8	0.5	1.1	0.2	2.3	0.6	0.5	27.7	7.4
East Sussex	Number	526671	315659	2190	1501	1074	4201	178	3508	155723	42637
	Percentage	100	59.9	0.4	0.3	0.2	0.8	0	0.7	29.6	8.1
Eastbourne	Number	99412	59232	482	429	211	1458	53	586	28995	7966
	Percentage	100	59.6	0.5	0.4	0.2	1.5	0.1	0.6	29.2	8
Hastings	Number	90254	46832	475	423	142	1159	38	668	33066	7451
	Percentage	100	51.9	0.5	0.5	0.2	1.3	0	0.7	36.6	8.3
Lewes	Number	97502	55572	489	257	320	558	42	603	31641	8020
	Percentage	100	57	0.5	0.3	0.3	0.6	0	0.6	32.5	8.2
Rother	Number	90588	58706	290	171	170	460	12	525	22864	7390
	Percentage	100	64.8	0.3	0.2	0.2	0.5	0	0.6	25.2	8.2
Wealden	Number	148915	95317	454	221	231	566	33	1126	39157	11810
	Percentage	100	64	0.3	0.1	0.2	0.4	0	0.8	26.3	7.9

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Of the five people living at Cregg Na Ba three identify as CofE and two attend a Christian church regularly.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

No, although it is recognised that those residents who have a connection with and attend church regularly should be supported to continue with this.**d) What is the proposal, project or service's impact on the people with different religions and beliefs?**

If this proposal progresses the residential home that the two people who attend church move to will ensure that they are still able to attend their church. This will be written in to their care plans.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

As above

**f) Provide details of any mitigation.**

As above.

**g) How will any mitigation measures be monitored?**

These mitigations will be managed by:

- Affinity Trust internal processes
- Planning meetings to facilitate any moves
- Monitoring through meetings with the provider
- Client reviews where the client and family will be involved. Advocacy will be provided where required to support the clients involvement.

**4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**

A disproportionate impact is not anticipated for this protected characteristic.

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**Rurality**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Urban-Rural	Urban	Rural
Geography		
<a href="#">England and Wales</a>	45,726,291	10,349,621
<a href="#">South East</a>	6,875,562	1,759,188
<a href="#">East Sussex</a>	389,946	136,725
<a href="#">Eastbourne</a>	99,412	0
<a href="#">Hastings</a>	90,254	0
<a href="#">Lewes</a>	75,173	22,329
<a href="#">Rother</a>	43,168	47,420
<a href="#">Wealden</a>	81,939	66,976

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

If this proposal proceeds residents will move away from their local community. Some will move to homes that are more rural.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

All of the residents are dependent of transport provided by Affinity Trust and none can access public transport. The families of the residents currently visit by car, however if they were to visit using public transport this could be more difficult.

**d) What is the proposal, project or service’s impact on the factor or identified group?**

The increased rurality of two of the residential homes could make accessing the local community and seeing family more difficult.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Access to the local community is important and recognised, and will be written in to the care plans of the residents. Residents will be supported to become familiar with their new community.

**f) Provide details of the mitigation.**

Families currently visit Cregg Na Ba in their own cars. If they were to use public transport and their family member had moved to a home with less public transport links Affinity Trust have agreed to look at how they could support this with options such as meeting people at a nearby station etc.

As the residents are dependent on transport provided by Affinity Trust they will still be able to access the community in Battle or elsewhere. The new services are no more than 15 minute drive from Cregg Na Ba.

**g) How will any mitigation measures be monitored?**

These mitigations will be managed by:

- Affinity Trust internal processes
- Planning meetings to facilitate any moves
- Monitoring through meetings with the provider
- Client reviews where the client and family will be involved. Advocacy will be provided where required to support the clients' involvement.

**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp; 7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

## Part 5 – Conclusions and recommendations for decision makers

### 5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

We will be paying due regard to the above when supporting clients through the changes, providing services that are accessible and meet their needs and preferences ,taking into account their eligibility for services.

As this proposal would involve people with a learning disability moving home, the focus of attention would be assuring their move meets their needs as well as is possible and any distress is minimised

### 5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
X	<b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	If the proposal is agreed, the predominant protective characteristic for the people who could be affected by this proposal is disability, followed by age (as the residents are in the older age bracket).
	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	If this proposal progresses the people involved would move to a similar residential home, delivered by the same provider, with familiar staff.
	<b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	The evidence suggests the potential for any distress caused by the move will be well managed and time limited.
	<b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows	

	unlawful discrimination it <i>must</i> be removed or changed.	
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**5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?**

Please refer to monitoring of mitigations detailed in this document.

**5.4 When will the amended proposal, proposal, project or service be reviewed?**

<b>Date completed:</b>	May 2018	<b>Signed by (person completing)</b>	Richard Lewis
		<b>Role of person completing</b>	RPPR Lead
<b>Date:</b>	June 2018	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**

X

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

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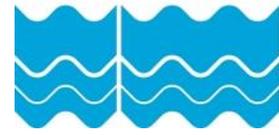
Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

### 6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Best Interest Assessment indicates moving is not in the clients' best interest and Advocate supports this.	Legal	No. However, understanding the mitigations and possible adjustments that are possible may help reduce the risks.	DMT	Richard Lewis	N/A
Affinity do not agree to contract change.	Legal/ financial	Continued monitoring and discussion	DMT	Richard Lewis	N/A

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## Equality Impact Assessment

Name of the proposal, project or service
<b>Reconciling Policy, Performance and Resources (RPPR) 2018/19:</b>
Proposal to reduce funding for The Stroke Recovery Service as part of budget savings

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	April 2019

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## **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,
- advance equality of opportunity and foster good relations between those who share a “protected characteristic” and those who do not share that protected characteristic (see below for “protected characteristics”)
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

These are sometimes called equality aims.

### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

### **1.5 East Sussex County Council also considers the following additional groups/factors when carrying out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers

- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB: Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.

- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1 What is being assessed?

#### a) Proposals to reduce funding for:

The Stroke Recovery Service as part of budget savings for the Council's Reconciling Policy Performance and Resource process. £79,000 savings to be identified from the Stroke service.

#### b) What is the main purpose of the service?

The Stroke Association is commissioned to support stroke survivors and their carers to manage their long term condition, including improved physical, economic, social and emotional wellbeing.

As the effects of a stroke can be so devastating the service provides emotional and mental wellbeing support to help people in dealing with the effects of stroke. This includes both the survivor and their carers;

The essential components of stroke support are split into 5 elements:

1. Provision of personalised and specialised stroke specific information and support for stroke survivors and carers which is provided face to face, normally in the individual's home;
2. 1:1 communication support;
3. A structured exercise and education programme in a range of community venues across the county;
4. 6-monthly stroke reviews based on the Greater Manchester Stroke Assessment Tool;
5. Delivering information sessions including training and guest speaker sessions.

The team also provide practical and 'virtual' support to 9 stroke support groups across the county to ensure that these peer run groups are sustainable in the longer term.

As part of these elements the following support is provided:

- Partnership working with stroke units, community stroke rehabilitation teams and other specialists supporting stroke survivors and carers.
- Robust management information systems that can report on client profile (demographics, geographic, LTC etc.), referrals (source, volume etc.) activity (visits etc.), outputs (support plans etc.), outcomes (improvements in the quality of life) and a range of operational parameters (time from referral allocation, caseload etc.)

**c) Manager(s) responsible for completing the assessment**

Emma Jupp, Project Manager

**2.2 Who is affected by the proposals?**

Stroke survivors and their carers. The proposals will also affect Stroke Community Rehabilitation Teams in East Sussex Healthcare Trust and Sussex Community Foundation Trust, as it is likely there will be higher demand on these services. In the short to longer term a reduction in the service provided may also mean an increased demand on adult social care assessment teams.

**2.3 How will the proposals be put into practice and who is responsible for carrying these out?**

At the Full Council meeting on 6<sup>th</sup> February 2018 the 2018/19 budget was agreed. Within this budget setting for 2018/19 there was a proposed saving to the Stroke Recovery Service delivered by The Stroke Association. Following on from the budget setting a full consultation process was carried out and this has helped inform the EIA.

The proposed adult social care saving is 50% of the current funding that the service receives. The other 50% comes from the three Clinical Commissioning Groups in East Sussex. Because of this the consultation is designed to understand which parts of the service have the greatest impact on stroke survivors and their carers and this will help the funders decide which parts of the service should remain in a re-modelled service. This will be done in conjunction with The Stroke Association and the three Clinical Commissioning Groups (CCGs) in East Sussex. The impact of the 50% reduction in overall funding will be a reduction in the level of service provided and it may be necessary to reduce or cease one or more elements of the service (Information and Advice, 6-month reviews, 1:1 Communication support, Exercise and Education classes or group information sessions).

**2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

The three CCGs in East Sussex part fund this service by 50% of the total value.

The service works closely with the Stroke Community Rehabilitation teams provided by East Sussex Healthcare Trust and Sussex Community Foundation Trust. They have been sent information relating to the consultation and the EIA lead has engaged with them to understand the potential impact of a reduction in the service.

The Exercise and Education programmes are delivered in partnership with Rehab4U and Freedom leisure centres. Both organisations provide the trainers and the venues where the programmes are delivered.

**2.5 Are these proposals, affected by legislation, legislative change, service review or strategic planning activity?**

The proposals are made as part of ESCC's budget planning process, Reconciling Policy, Planning and Resources for 2017-18. The overall proposal will see the Council make

savings of £17 million which includes a budget reduction for Adult Social Care and Health of nearly £10 million.

The current service is funded £159,000 per year of which 50% of this is adult social care funding. The other £79,000 is funded through the three Clinical Commissioning Groups in East Sussex.

The South East Coast Cardiovascular Strategic Clinical Network is a network of patients, carers, the public, clinicians and commissioners who have come together to agree, refine and implement improved cardiovascular (cardiac, stroke, renal and diabetes) health care outcomes across Kent, Surrey and Sussex. One of their objectives from their 2014-18<sup>1</sup> was to improve the quality of life after illness from cardiovascular disease and optimising cardiovascular health. As part of this one of their main pieces of work in 2014 was to develop 'Life After Stroke Commissioning Pack for CCGs and Local Authorities<sup>2</sup>.' The guidance was developed following on from national surveys which showed that stroke survivors have an improved quality of life when they are supported to take control of their symptoms. The guidance was produced for both CCG and Local Authority Commissioners as the network felt Commissioners should strive to commission joint planning and delivery of health, social and voluntary provision of support. During the development of the guidance it was clear that East Sussex was one of the few counties in the South East that provided most of the provision outlined in the guidance including the stroke care 'Navigator role'.

In addition and in line with national and recent guidance issued by the South East Coast Cardiovascular Strategic Clinical Network (CVD SCN), all stroke survivors should be offered a comprehensive review at 6 months<sup>3</sup>. This is currently provided within the scope of the service but may not be able to meet the need or deliver this part of the service with 50% less of the funding.

### **2.6 How do people access or how are people referred to the services? Please explain fully.**

The most common route of referral is via the hospitals - Eastbourne District General and The Royal Sussex County Hospital, Brighton. These are the main acute sites that cover the East Sussex area. In addition referrals are picked up from other hospitals including The Conquest, Tunbridge Wells and Princess Royal Hospital. The Stroke Association have systems set up with the relevant wards where referrals are passed on post discharge from hospital.

The Stroke Association work closely with the Stroke Community Rehabilitation teams provided by East Sussex Healthcare Trust (ESHT) and Sussex Community Foundation Trust (SCFT) and pick up referrals from these routes as well.

The service can take referrals directly from any source but in the first 12 months of the current contract the majority of referrals have come via a health source (92%).

As most referrals are picked up through the hospitals the service tends not to get direct referrals from Adult Social Care. However, a data run between 1st February 2017 and 31st January 2018, showed that a total of 252 adults (18+) with a reported Health Condition of Stroke received community based Long Term Support (provided or commissioned by Adult Social Care). This includes any service or support which is provided with the intention of maintaining quality of life for an individual on an ongoing

basis. It will have been allocated on the basis of eligibility criteria / policies (i.e. an assessment of need has taken place) and is subject to regular review. Whilst we do not know how many of these clients are known to the Stroke Association (as we are unable to share and match up data), it would be fair to assume that the majority will have received support from the Stroke Recovery Service at some point following on from their stroke.

**2.7 If there is a referral method how are people assessed to use services? Please explain fully.**

The service is open to anyone who is a Stroke survivor or a carer of a stroke survivor.

There is a referral form but referrals can also be accepted by phone, email or fax.

For the Education and Exercise programme an individual needs to have 'sign off' from their GP that they are able to participate in the programme.

**2.8 How, when and where are the services provided? Please explain fully.**

Specialist stroke specific information and advice – Information and advice can be provided at any time and is nearly always delivered in their home but can be provided over the phone.

In the last year (Apr17-Mar18) a total of 1488 individual stroke survivors and 780 carers benefited from the service. This equates to a cost of £35 per person taking just the ESCC element of the funding into account. In addition 115 carers had their own unique case.

1:1 communication – this support is targeted at stroke survivors with ongoing communication needs. It provides communication specific support including rebuilding their confidence in the use of speech and language following on from a stroke. It also provides information around technology and tools that can support an individual with their communication.

In the last year (Apr17-Mar18) 139 individual beneficiaries received 1:1 support with their communication needs.

Exercise and education programme – these are targeted at stroke survivors who would not be able to access or feel confident accessing mainstream exercise, but would benefit from exercise in a safe and supervised environment. The programmes are funded to deliver 100 places per year across East Sussex according to demand in particular areas. These are delivered in partnership with Freedom and Rehab4U leisure centres in Crowborough, Seaford, Eastbourne, Hailsham, Bexhill, Hastings and Peacehaven.

In the last year (Apr17-Mar18) 123 individuals accessed from the Exercise and Education programme.

6-month reviews – these are offered to 100% of clients 6-months after discharge from their stroke hospital admission. 6-month reviews are provided in an individual's own home, but can also be carried out in other confidential settings.

In the last year (Apr17-Mar18) 288 6-month reviews were carried out.

Group information sessions – these include the provision of needs led training, education sessions and community support sessions. Training sessions can include:

- Specific advice and information about help after discharge
- Management of the recovery process
- How to minimise risk of further stroke
- Information about a range of issues faced by stroke survivors
- How to communicate with stroke survivors with dysphasia/aphasia (including training for carers)
- Support in the use of the Internet and email to obtain further information

In the last year (Apr17-Mar18) 36 sessions were delivered with an average attendance of 4-5 individuals at each session.

Community support sessions include:

- Opportunities for social networking
- Identify options for peer support
- Promotion of voluntary sector events and activities (such as stroke clubs)
- ‘Guest speaker’ events e.g. speech and language therapists, physiotherapists, dieticians, nurses, doctors, other stroke survivors, carers etc.). The service provider will consult with stroke survivors and carers to understand requirements for education and information opportunities.

In the last year (Apr17-Mar18) 25 sessions were delivered and in Jan-Mar18, 191 individuals attended.

Performance returns from the Stroke Association demonstrate valued support with positive outputs from all interventions. There is no doubt this service is valued by people who have had strokes, their carers and families and other professional agencies. Case studies provided by the Stroke Association (performance return) are provided at [Appendix 1](#), on page 34.

### Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

#### 3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>X</b>	Service User Data	<b>X</b>	Contract/Supplier Monitoring Data
<b>X</b>	Recent Local Consultations	<b>X</b>	Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector, CSU
	Complaints		Risk Assessments

X	Service User Surveys	X	Research Findings
X	Census Data	X	East Sussex Demographics
X	Previous Equality Impact Assessments	X	National Reports
	Other organisations Equality Impact Assessments	X	Any other evidence

**3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.**

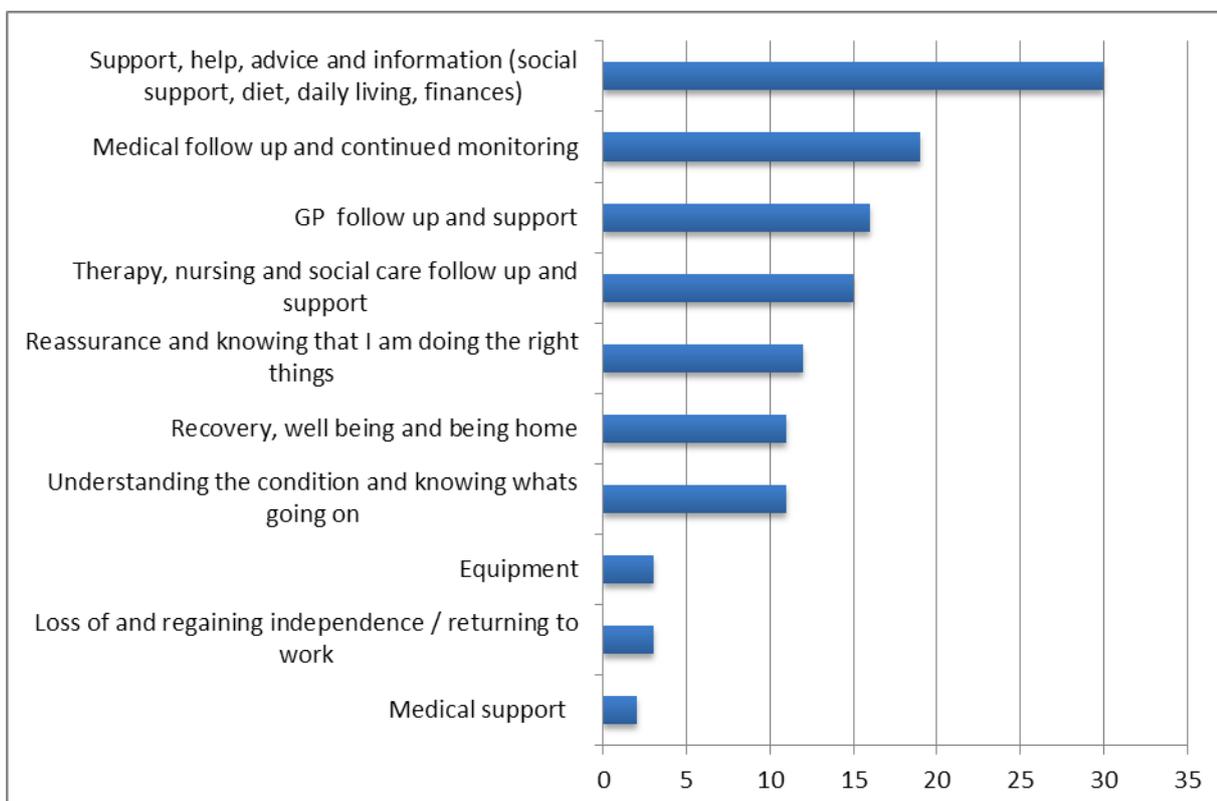
No complaints on this basis have been received.

**3.3 If you carried out any consultation or research explain what consultation has been carried out.**

The current provider has supported the authority to engage with users of their service around the consultation. This was through a range of activities including letter, emails, face to face, group setting and three consultation events specifically for stroke survivors and their carers (see 2.3).

The Sussex Collaborative Stroke Clinical Reference Group carried out a survey of stroke survivors and their carers throughout the region in September 2014 to see how stroke services are currently caring for people post stroke. 61 patients and 72 carers completed the survey.

The survey asked: ‘What were the things that were most important to you after discharge from hospital?’ (Results below).



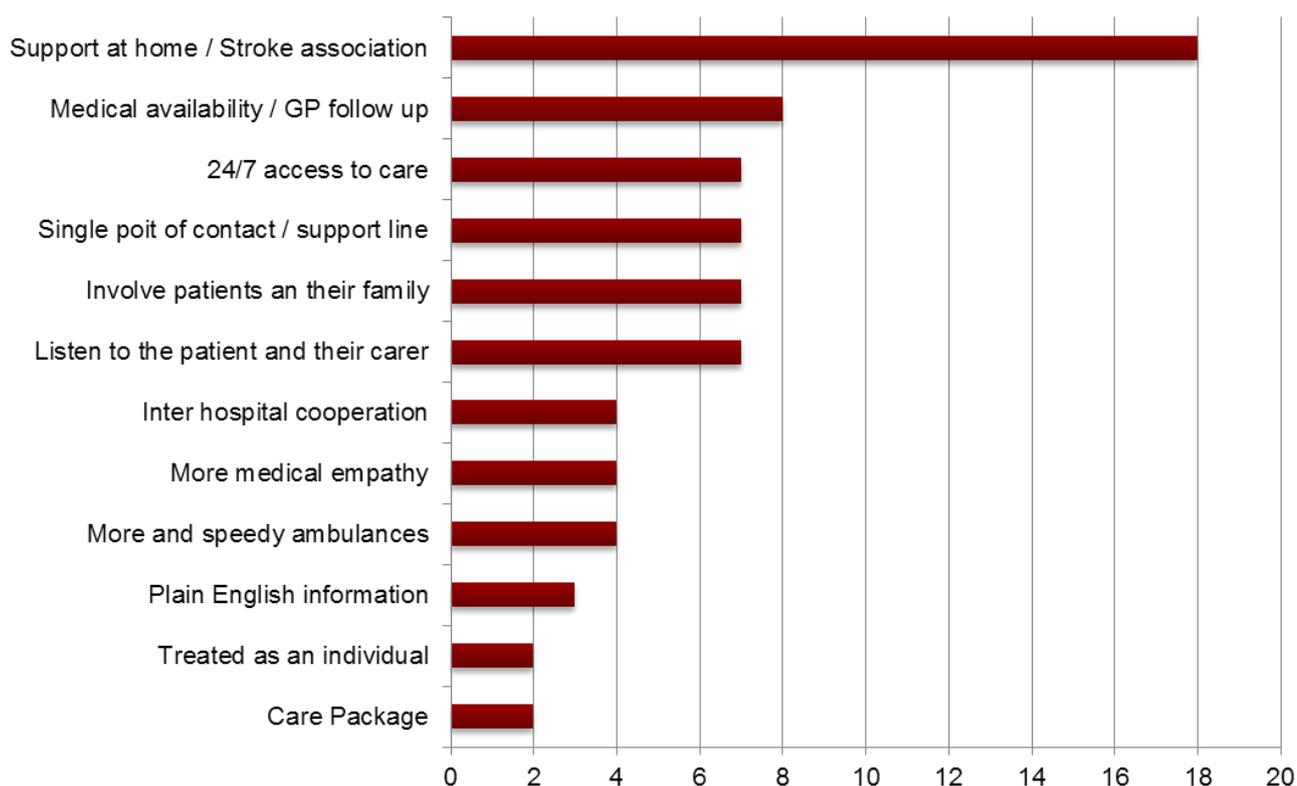
From the identified areas of what is most important to stroke survivors the current service is able to directly provide: -

- Support, help, advice and information (social support, diet, daily living, finances)
- Reassurance and knowing that I am doing the right things
- Recovery, well-being and being home
- Understanding the condition and knowing what is going on
- Loss of regaining independence/returning to work

The service can also: -

- Support GPs follow up through providing reports to GPs on the outcomes of 6-month reviews
- Make referrals to therapy, nursing and social care and mental health support
- Signpost to organisations who can provide equipment and technology
- Check medication compliance and understanding as part of 6-month reviews and provide reports to relevant health professionals.

The survey also asked: ‘Do you have any suggestions for how care could be improved for others?’



The current service directly fulfils 7 of these suggestions.

NICE guidance (NG22) for Older people with social care needs and multiple long-term conditions<sup>4</sup> brought out in November 2015 is aimed at Health and Social Care practitioners. This guidance states that consideration should be given to contracting with voluntary and community sector enterprises and services to help older people with social care needs and multiple long-term conditions to remain active in their home and engaged in their community, including when people are in care homes.

### **3.5 What does the consultation, research and/or data indicate about the positive or negative impact of the proposals?**

The research and survey results indicate that the proposals will have negative impacts . These may include the following: -

- reduced stroke specific support, help, advice and information (social support, diet, daily living, finances)
- reduced reassurance for stroke survivors
- reduced support in understanding and making sense of their condition
- reduced emotional support
- reduced support in regaining independence/returning to work
- reduced access to 6-month reviews
- reduced stroke specific support in the home
- reduced access to a stroke specific single point of access/information
- reduced access to 1:1 support with communication issues
- reduced group information sessions
- reduced access to support to help individuals self-manage
- fewer carers supported
- reduced access to stroke specific exercise programmes provided for free
- Increased likelihood of experiencing isolation
- Increased likelihood of experiencing depression and other mental health issues
- decreased opportunity to flag safeguarding concerns

#### **Inclusion Advisory Group 14 March 2018**

- It was expressed that impacts [of savings] are rarely felt in individual isolation, and that the ripple effect to relatives, carers, neighbours etc should not be underestimated. Such drastic changes [as the proposals in ASC, including the Stroke Association] can result in the upheaval and detriment to many lives, the long-term effects of which (increased social isolation, impaired prospects) can be calamitous. East Sussex is at a point where only extreme crisis intervention is available.
- It was noted that the safety net for people in need of support has gone, and subsequently many people feel abandoned. There are huge concerns for people who have 'exhausted' their options and care pathways; they're left on their own to cope.
- Consider risks and possible mitigations against a potential backlash towards people from BAME communities, as proposed cuts [to services including Stroke Association] can create social and cultural divisions.
- Consider the impacts to rural communities and factor in the barriers which already exist around transport and social isolation.

#### **Key themes from the Public Consultation**

- Organisations and people said that the service is a valuable resource for stroke survivors and that people would struggle to rebuild their lives without it.
- People are concerned about how the proposals would affect the health of people who are recovering from a stroke or have one in future.
- If the proposals went ahead, stroke survivors are concerned that it would leave them or people like them isolated.
- Organisations and people said it will be more expensive in the long term as people will still need support with their recovery.
- Reductions in the service are likely to put pressure on NHS hospital and community services to fill the gaps and lead to longer stays in hospital.
- People praised the service and the team of staff which provide it.
- They said that carers and families also value and benefit from the support of the service too.
- The information and advice element of the service made a big difference to over half of the respondents, while the exercise course and communication support made a big difference to over a third.
- Organisations said that generalised exercise programmes are less likely to be effective for stroke survivors than stroke-specific courses.
- People value the peer support that is offered through the service.
- Organisations are concerned that it will be harder for people to reach their full potential without the support of the service.
- People who've used the service say they have achieved things they didn't expect, like being able to walk, drive and get back to work.
- People don't know where they would have gone if service wasn't available, although many said they would have tried their GP instead.
- People think the Council should look for savings from other departments instead.
- People commented on the recent allowance raise for Councillors and said savings should be made there.

**How much difference the services made:** Information and advice made a big difference to over half of the respondents, while the exercise course and communication support made a big difference to over a third of respondents.

Top themes from the comments about the difference the services made:

- Information and advice: How helpful the service was.
- Group information sessions: The value of peer support.
- Communication support: How it helped with their speech and thought processes.
- Exercise course: How it improved their mobility:
- Six month review: It showed them how they are recovering.

**Top theme for where they would have gone if this service didn't exist:** The top answers for all service areas was people said they didn't know and that they would have tried their GP.

**Other services:** People named various services and local groups they have found helpful, with the Stroke Association and local groups or clubs being mentioned most often.

**How they would be affected:** People said that if the proposal went ahead it would make them and people like them isolated and affect their ability to recover from a stroke.

### Sample quotes:

"It was really useful that they came to my home... I attended the stroke exercise group which was terrific. I didn't think I'd cycle again. You lose your confidence. If the stroke service was not available I wouldn't know who to ask for help. I can't speak more highly of them. I want other people to have what I've had."

"Husband was made to fight back and given all kinds of support to work at this own recovery. Wonderfully skilled team of therapists." (Information and advice)

"These groups have given a lot of help and advise and a better understanding of the effects a Stroke can have." (Group information sessions)

**Part 4 – Assessment of impact**

**4.1 Age: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

Population estimates by age groups in East Sussex and its districts (source: ONS Mid-Year Population Estimates): [number](#) and [percentage](#).

POPULATION ESTIMATES, 2001-2016 - SUPER OUTPUT AREAS						
ONS mid-year estimates Filter variables Year, 2016						
Age group	All people	0-15	16-29	30-44	45-64	65 and over
Geography						
Eastbourne	103054	17689	16011	17949	26143	25262
Hastings	92236	17262	15347	16446	25329	17852
Lewes	101381	17606	13677	16211	28495	25392
Rother	93551	14080	11542	11862	26619	29448
Wealden	157575	27051	20490	23742	45982	40310

People are living longer and by 2020, it is estimated that around 38% of the UK population will be aged 50 plus and in East Sussex the figure is likely to be as high as 50%. We know that East Sussex has a higher than average older population with around 25% of people aged over 65, compared to the national average of 16%.

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

In the last quarter report for the service (October – December 2017): -

- 5% of clients were aged 18-49
- 15% aged 50-64
- 77% aged 65+ (3% did not respond)

In terms of age, all elements of the service will be affected in the same way.

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

Yes.

**d) What are the proposals’ impacts on different ages/age groups?**

Age is the single most important risk factor for stroke and people are having strokes earlier on in their lives. People are most likely to have a stroke after the age of 55 and in England, Wales and Northern Ireland the average age for someone to have a stroke is 72 for men and 78 for women<sup>5</sup>. The risk of having a stroke doubles every decade after the age of 55<sup>6, 7</sup>. By the age of 75, 1 in 5 women and 1 in 6 men will have a stroke<sup>8</sup>. This statistic is reflected in the data that 77% of the current caseload of the service are aged over 65. In addition 1 in 4 (26%) of strokes in the UK occur in people under 65 years old<sup>9</sup>.

The rate of first time strokes in people aged 45 and over is expected to increase by 59% in the next 20 years (between now and 2035). In the same period, it's estimated that the number of stroke survivors, aged 45 and over living in the UK is expected to rise by 123%<sup>10</sup>. People of working age are two to three times more likely to be unemployed following on from stroke<sup>11</sup>.

See 3.5 for bullet point list of impacts.

**e) What actions will be taken to avoid any negative impact or to better advance equality?**

- It is recognised that apart from the community stroke rehabilitation services delivered by ESH and SCFT there is no other service providing free face to face stroke specific information and advice in the county. It is also important to note that not all stroke survivors will meet the criteria for the community rehabilitation teams and with those that do the support is time limited. Generic information and advice is available from other sources e.g. HSCC, CAB, Age UK.
- Two day centres (Avanti and Headway) operate in East Sussex specifically for people with acquired brain injuries. These building based services are accessible to people who have had a stroke but will be paid for on a private basis or through being eligible for social care.
- Stroke specific information and advice can be accessed directly through the national Stroke Association website and the national help line.

**f) Provide details of the mitigation**

- Discussion with the CCGs about what elements of the service they wish to focus their money on
- Re-modelling of the service with only 50% of the funding

The commissioner will look to reduce the impact on people in all age brackets by re-modelling the service with the provider under a 50% reduction. Whilst there may be a higher proportion of those over 65 accessing the service, those of working age also will also be impacted due to the higher likelihood of them being unemployed following on from a stroke.

**g) How will any mitigation measures be monitored?**

- Tracking the numbers of people aged 65+ who still receive a reduced service – Stroke Association
- Tracking the numbers of those of working age who still receive a reduced service – Stroke Association

**4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

Residents with limiting long-term illness in 2011 in East Sussex and its districts (source: ONS Census 2011): [number](#) and [percentage](#)

Type	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
Geography					
<b>East Sussex</b>	<b>526671</b>	<b>107145</b>	<b>58902</b>	<b>48243</b>	<b>419526</b>
Eastbourne	99412	20831	11209	9622	78581
Hastings	90254	19956	10375	9581	70298
Lewes	97502	19054	10583	8471	78448
Rother	90588	21242	11591	9651	69346
Wealden	148915	26062	15144	10918	122853

Projected limiting long-term illness by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	0-17	18-64	65+	All people	0-17	18-64	65+
Geography	Year								
East Sussex	2010	105,047	4,755	43,646	56,647	20.4	4.6	15.0	46.8
	2026	124,992	4,352	42,392	78,248	23.9	4.7	15.9	47.6

Source: ESCC projections, November 2011

Projected disability by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	10-17	18-64	65+	All people	10-17	18-64	65+
Geography	Year								
East Sussex	2010	85,428	1,952	34,041	49,435	16.6	3.9	11.7	40.9
	2026	103,415	1,826	33,202	68,386	19.7	3.9	12.5	41.6

Source: ESCC projections, November 2011 Employment and Support Allowance and Incapacity Benefit

According to Iriss<sup>12</sup> (improving lives through knowledge, evidence and innovation), one of the most profound consequences of stroke for survivors, their families and carers is communication impairment. The Back to a Life after Stroke survey (2008) conducted with 280 people in Scotland with a communication difficulty following stroke found that:

- nearly 90% of respondents had difficulties speaking, explaining things and talking on the phone
- over 80% had difficulties writing
- almost 60% had difficulties reading letters, leaflets and newspapers
- 80% had difficulties using the Internet
- a third had difficulties understanding what people are saying
- nearly 90% said communication difficulties had affected their independence
- 80% reported their confidence had suffered and that communication problems had impacted on their social life and adversely affected their work.

The National Clinical guidelines states that there is evidence of unmet needs in nearly 50% of stroke survivors between 1 and 5 years after stroke. This includes problems relating to mobility, falls, fatigue, pain, emotion, reading and concentration<sup>13</sup>.

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

Stroke is a leading cause of disability in the UK. Almost two thirds of stroke survivors in England, Wales and Northern Ireland leave hospital with a disability<sup>14</sup>. Stroke causes more disabilities than any other condition<sup>15</sup>. In England, Wales and Northern Ireland, 84% of patients leave hospital requiring help with their daily living activities (occupational therapy), but 20% of those who need help will not receive it.

Stroke has a greater disability impact on an individual than any other chronic disease<sup>16</sup>. Stroke also causes a greater range of disabilities than any other condition<sup>17</sup>. Stroke can affect walking, talking, speech, balance, co-ordination, vision, spatial awareness, swallowing, bladder control and bowel control. Of those who survive stroke, approximately:

- 42% will be independent
- 22% have mild disability
- 14% have moderate disability
- 10% have severe disability
- 12% have very severe disability
- 33% will experience depression

In a survey of over 1,000 stroke survivors conducted in 2015, 4 in 10 people said the physical impact of stroke was the hardest to deal with<sup>18</sup>. It is estimated that 60% of stroke survivors have vision problems immediately after their stroke. This reduces to about 20% by three months after stroke<sup>19</sup>.

Limb weakness is common after stroke: More than three quarters of stroke survivors report arm weakness, which can make it difficult for people to carry out daily living activities, such as washing and dressing. Almost three quarters of stroke survivors report leg weakness<sup>20</sup>, which can make walking and balancing more difficult.

Today, around one million stroke survivors across England, Wales and Northern Ireland require further care after being discharged from hospital<sup>21</sup>.

Cognitive impairments after a stroke may improve in some patients, but in others it may worsen and develop into dementia. Vascular dementia has similar symptoms to other types of dementia, including difficulties with understanding and responding to things quickly; struggling to remember things; and problems concentrating. The main difference is that vascular dementia is caused by a loss of blood supply to the brain, which often happens over a long period of time. Vascular dementia can happen through a single stroke or a series of strokes.

A recent study has found that up to 1 in 3 stroke survivors are at risk of developing [vascular] dementia within five years<sup>22</sup>. Three quarters (75%) of dementia cases in stroke survivors are thought to be caused by vascular dementia<sup>23</sup>. Vascular dementia is a condition strongly linked to stroke, and there is currently no proven treatment<sup>24</sup>.

**Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

Yes.

**c) What are the proposals’ impacts on people who have a disability?**

The proposals will have a negative impact on people who have a disability (58%) following on from a stroke. This is increased due to the nature of stroke and the cumulative effects of a range of disability related issues that a stroke survivor can experience (see Table 1).

DIFFICULTY	% OF PEOPLE AFFECTED
Upper limb/arm weakness	77%
Lower limb/leg weakness	72%
Visual problems	60%
Facial weakness	54%
Slurred speech	50%
Bladder control	50%
Swallowing	45%
Aphasia	33%
Sensory loss	33%
Depression	33%
Bowel control	33%
Inattention/neglect	28%
Emotionalism within six-months	20%
Reduced consciousness	19%
Emotionalism post-six months	10%
Identified dementia one-year post Stroke	7%

**Table 1** Percentage of people who will experience/suffer from a disability/difficulty post stroke.

Because of the dramatic impact of a stroke many individuals who previously led healthy and fit lives find themselves to be quite vulnerable in terms of both their physical disabilities and communication needs. In addition 28% of survivors experience inattention or neglect<sup>25</sup>.

### Specialist stroke specific information and advice and 6-month reviews

The current service is able to support individuals with a disability by providing access to information and advice in their own home. These proposals mean that this service will be reduced or no longer available.

1 in 4 people who have a stroke also live alone<sup>26</sup>. This will mean those who have a disability following on from a stroke also have a 1 in 4 chance of living alone, making it more difficult to access services.

People experiencing a disability may have more difficulty in accessing services that deliver information and advice. In addition this advice may not be specific to those who have had a stroke.

See 3.5 for further impacts.

### 1:1 Communication support

About a third of stroke survivors have some difficulty with speaking or understanding what others say. A stroke can affect communication in different ways. The main conditions that can happen following a stroke are:

- Aphasia
- Dysarthria
- Dyspraxia

Communication problems following on from a stroke tend to improve quite quickly, usually within the first three to six months<sup>27</sup>. However, between 30-40% of those affected will remain severely affected in the long term<sup>28</sup>. Around half of all stroke survivors in England, Wales and Northern Ireland require speech and language therapy after a stroke. However, only half of the people who need this therapy to aid their recovery actually receive it<sup>29</sup>. This means that more than half of the stroke survivors who need help to communicate have to go without the support they need. Currently all of these individuals would be able to access 1:1 communication support through the Stroke Recovery Service, which is particularly beneficial for those who have not met the criteria for Speech and Language Therapy support, but need support with their communication.

The service also provides ad hoc support to the communication cafes that were commissioned under the previous grants prospectus.

See 3.5 for further impacts.

### Exercise and education programme

Having a stroke means you have a greater risk of another (recurrent) stroke. However, there are steps an individual can take to prevent a recurrent stroke. It has been suggested that 80% of secondary strokes can be prevented by a combination of lifestyle changes and medical interventions<sup>30</sup>. Moderate exercise can reduce your risk of stroke by up to 27%<sup>31</sup>. Physical inactivity and a sedentary lifestyle increases your risk of

an ischaemic stroke<sup>1</sup> by 50%<sup>32</sup>. Being overweight increases your risk of ischaemic stroke by 22% and being obese by 64%<sup>33</sup>. Studies have shown regular exercise to be as important to stroke prevention as medication<sup>34</sup>.

The service provides Education and exercise programmes. In the first ¼ of the contract 62 individuals have benefited from this element of the service with the numbers expecting to exceed the target of 100 for the year. Not only does the programme introduce individuals into exercise, helping to re-build strength and confidence, it also provides individuals with information about weight loss, blood pressure and eating well and maintaining a healthy lifestyle.

In addition parity of esteem (valuing mental health equally with physical health) is a key NHS England priority as established in their Parity of Esteem Programme. 30% of people with a physical long term condition also have mental health problem<sup>35</sup>. As identified in the table (page 15) in terms of stroke 33% of stroke survivors are affected by depression, 20% by emotionalism within six-months and 10% by emotionalism post-six months. In addition 7% have identified dementia one-year post stroke. All elements of the service will be affected in terms of mental health.

See 3.5 for further impacts.

### Group information sessions

See 3.5 for further impacts

#### **d) What actions will be taken to avoid any negative impact or to better advance equality?**

##### Specialist stroke specific information and advice and 6-month reviews

- Explore other ways of providing information and advice to stroke survivors which is not face to face. However, this will probably not be appropriate for those with communication difficulties and will not mitigate against the reduction or loss in service.
- No other actions have been identified to avoid the negative impact

##### 1:1 Communication support

- No actions have been identified to avoid the negative impact

##### Exercise and education programmes

- Some of the leisure centres provide continuation exercise classes for stroke survivors once they have finished this programme, and some centres may have the capacity to provide more of these classes but this would be on a pay as you go basis.
- There may be other trainers or exercise organisations who are able to provide stroke specific exercise classes. This will be explored by the project lead if the proposed cut goes ahead and affects this element of the service. However, any developments will need to be paid for directly by clients which will make it

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<sup>1</sup> Most strokes are caused by a blockage cutting off the blood supply to the brain. This is called an ischaemic stroke.

inaccessible for many stroke survivors (around 1 in 6 stroke survivors experience a loss of income after a stroke).

Group information sessions

See 3.5 for further impacts.

**e) Provide details of any mitigation.**

The commissioning lead will be working with the CCGs and the provider to discuss which elements of the service can be delivered with only 50% of the funding. This will also be informed by the outcomes of the consultation and what stroke survivors and their carers tell us about different elements of the service.

No other mitigations have been identified.

**f) How will any mitigation measures be monitored?**

- Tracking the numbers of Stroke survivors with a disability who still receive a reduced service - The Stroke Association

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**  
Ethnicity not impacted by the proposal.

**4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**  
Gender/transgender not impacted by the proposal

**4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**  
Marital Status not impacted by this proposal.

**4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**  
Pregnancy and maternity not impacted by this proposal.

**4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.**  
Religion and belief not impacted by this proposal.

**4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**  
Sexual orientation not impacted by this proposal.

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**4.9.1 Rural population**

- a) **How are these groups/factors reflected in the County/District/Borough?** Population by urban and rural areas in 2011 in East Sussex and its districts (source: ONS Census 2011)

Urban-Rural	Urban	Rural
Geography		
<a href="#">England and Wales</a>	45,726,291	10,349,621
<a href="#">South East</a>	6,875,562	1,759,188
<a href="#">East Sussex</a>	389,946	136,725
<a href="#">Eastbourne</a>	99,412	0
<a href="#">Hastings</a>	90,254	0
<a href="#">Lewes</a>	75,173	22,329
<a href="#">Rother</a>	43,168	47,420
<a href="#">Wealden</a>	81,939	66,976

**How is this group/factor reflected in the population of those impacted by the proposal?**

The service is accessible for people of all ages but the vast majority of clients are aged over 65 (see age section). 27% of people over 65 live in rural areas in East Sussex (source: ONS Census 2011) and a significant percentage live in the rural districts as illustrated below (e.g.):

Area	Urban	Rural
East Sussex	73%	27%
Eastbourne	100%	0%
Hastings	100%	0%
Lewes	77%	23%
Rother	54%	46%
Wealden	54%	46%

- b) **Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

Yes. People over 65 (the majority who access the service) will be affected more than those in the general population. Within this age group a significant number of people live in rural areas or rural districts most significantly in the Rother and Wealden area of East Sussex. A number of these people will have carers or be carers (see carers section) and will also have a disability (see disability section) and therefore will be more affected than the general population.

- c) **What is the proposals impact on the factor or identified group?**

These proposals will have a significant impact on people who live in rural areas as these service are primarily accessed by people over 65 and 27% of people in this age groups in East live in rural areas.

See 3.5 for further impacts.

Specialist stroke specific information and advice and 6-month reviews

This element of the service is delivered face to face, normally in individual's homes which means currently people in rural areas can access the service as easily as those in urban areas. However, if the proposal goes ahead and there is a reduced or withdrawn service, this will severely affect people who live in rural areas who will no longer have access to this service within their own home.

See 3.5 for further impacts.

1:1 Communication support

1:1 Communication support is delivered directly to individuals at their place of choice, which is usually the home. There are still a small number of communication cafes in East Sussex which are run on a voluntary basis but these are not necessarily in rural areas are not accessible for those with mobility issues. A reduced or withdrawn service will severely affect those living in rural areas.

See 3.5 for further impacts.

Exercise and education classes

All of the venues will attract individuals from rural areas. Currently the service is able to offer transport costs for those who are unable to afford their own transport to access the classes. Withdrawing the service or limiting what is available will have an impact on those in rural areas who may no longer have access to transport to attend exercise classes in urban areas.

See 3.5 for further impacts.

Group information sessions

These are delivered in a range of areas across East Sussex and depending on where they are delivered affects how accessible they are to stroke survivors and their carers. Withdrawing this part of the service may have a limited impact on stroke survivors unless it sits alongside decreased or withdrawn access to information and advice.

See 3.5 for further impacts.

**d) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

It is also proposed that ESCC work with the current provider so that viable actions can be taken to minimise the negative impacts on clients and their carers and better advance equality. See below.

**e) Provide details of the mitigation.**

- Discussion with the CCGs about what elements of the service they wish to focus their money on
- Modelling of the service with only 50% of the funding

The commissioner will seek to reduce the impact on those who live in rural areas by remodelling the service with the provider. This might mean that the more generalist support is still provided within the individual’s home (e.g. information and advice) to ensure that a minimum level of information and advice is available that will support people in managing their condition.

If the exercise and education classes are withdrawn the commissioner and provider will work together to ensure that clients and carers are made aware of other community transport options that may be able to support them to access exercise. This will be area specific and dependent upon the availability of stroke-specific exercise classes in that area.

**f) How will any mitigation measures be monitored?**

- Monitoring the impact of a withdrawal or reduction in different elements of the service via the Stroke Association.

**4.9.2 Carers**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Population by provision of unpaid care in 2011 in East Sussex and its districts (source: ONS Census 2011): [number and percentage](#)

Provision of unpaid care		All people	People provide no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography	Measure						
East Sussex	Number	526671	467262	59409	39537	6745	13127
	%	100	88.7	11.3	7.5	1.3	2.5
Eastbourne	Number	99412	88894	10518	6678	1261	2579
	%	100	89.4	10.6	6.7	1.3	2.6
Hastings	Number	90254	80812	9442	5708	1321	2413
	%	100	89.5	10.5	6.3	1.5	2.7
Lewes	Number	97502	86001	11501	8000	1197	2304
	%	100	88.2	11.8	8.2	1.2	2.4
Rother	Number	90588	79327	11261	7279	1250	2732
	%	100	87.6	12.4	8	1.4	3
Wealden	Number	148915	132228	16687	11872	1716	3099
	%	100	88.8	11.2	8	1.2	2.1

**b) How is this group/factor reflected in the population of those impacted by the proposal?**

In the last year (Apr17-Mar18) a total of 780 individual carers benefited from the service with 115 carers having their own unique case.

**Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

Yes and it is highly likely that the impact to carers will be significant, multiple and cannot be under-estimated as they may also be affected by proposed cuts to Carers services, day services and housing support services.

**c) What is the proposal impact on the factor or identified group?**

*“My husband’s stroke has been the most devastating experience of my, and his, life. First you have to rebuild the survivor and their life. Then your joint lives together and, if you have any energy left, you can have a go at remembering who you are.” A Carer<sup>36</sup>.*

Both stroke survivors and their carers can feel overwhelmed by worries, fears and emotions as they struggle to cope with the aftermath of a stroke. 64% of carers said that the emotional impact of stroke was by far the hardest thing to cope with. The Stroke Association 2012 survey shows that levels of anxiety and depression are as high for carers as for stroke survivors. If these feelings are not recognised and addressed at an early stage they can lead to more complex and costly health and social care interventions in the future.

During Autumn 2012 the Stroke Association carried out a national survey. Carers of stroke survivors said:

- Caring gets harder as time goes by. For those who have been caring for up to three years 48% said they were stressed by caring, but when they had been caring for seven years or more 69% of carers said this was the case.
- Three-quarters agreed or strongly agreed that they put the needs of the stroke survivor above their own needs.
- Although 79% had experienced anxiety and 56% felt depressed, two-thirds did not receive any information, advice or support to help with anxiety or depression. This has been a key focus for the new commissioned Stroke Recovery Service where the team has had a focus on mental health during the first year of delivery.

42% of stroke survivors discharged from hospital in the UK require help with everyday tasks such as washing, dressing and eating and that nearly a fifth of those (18%) are cared for by informal carers. (SSNAP, 2016).

In addition, up to 72% of carers of a stroke survivor feel ill-prepared to take on their role as a carer<sup>37</sup> supporting the need for stroke specific support for this group of carers. This could mean there is an increased risk of carers having more eligible needs and this could impact on other voluntary services, the Stroke Community Rehabilitation Teams and care management teams.

The UK’s most recent large-scale survey of carers (n=55,700) reported that 76% of carers were experiencing tiredness and fatigue and 64% reporting disturbed sleep; 56% reported experiencing financial problems and those who experience

financial problems were also more likely to experience social isolation<sup>38</sup>. Evidence suggests that the impact for carers of stroke survivors could be greater than this.

*“Without the Stroke Association we would have been up the Nile without a paddle, so please keep the money coming because if you don’t you won’t be making any savings because all the other services will be used more. You will have carers having breakdowns and stroke survivors not surviving.”* **Comment from Carer at Stone Cross consultation event 12.4.18**

*“I cannot reiterate how important it is. One day it was hunky dory, then the next day gaga. I’ve got a wonderful wife and support team. If we didn’t have the team, it would all fall back on [wife]’s shoulders. I am not being disrespectful, but you are just one person’.* **Comment from Stroke Survivor at Telescombe consultation event 5.4.18**

*“The Stroke Association is vitally important and to my wife who is my carer.”* **Comment from Stroke Survivor at Telescombe consultation event 5.4.18**

**d) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

- Ensuring that carers of stroke survivors know about the consultation and are given an opportunity to respond – The Stroke Association/ESCC
- Working with the provider to ensure that carers are aware of other carers organisations that can support them. Please note that access to carers services may be affected by other ASC savings proposals.

**e) Provide details of the mitigation.**

As above.

**f) How will any mitigation measures be monitored?**

- Through the numbers of carers who are identified by the service provider

**4.9.3 People on low incomes**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Older people affected by income deprivation in 2012 – super output areas:

Measure	Total number of people aged 60 and over	Number of older people affected by income deprivation	Percentage of older people affected by income deprivation
Geography			
East Sussex	162420	21314	13.1
Eastbourne	29517	4426	15
Hastings	21805	4784	21.9
Lewes	30094	3437	11.4
Rother	34121	4141	12.1

Wealden	46883	4526	9.7
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**b) How is this group/factor reflected in the population of those impacted by the proposal?**

Around 1 in 6 stroke survivors experience a loss of income after a stroke<sup>39</sup>.

In 2012, the Stroke Association produced a report looking into the financial impact of stroke survivors and their families<sup>40</sup>. They found: -

- 69% of 25-59 year olds were unable to return to work.
- 65% of 25-59 year olds reported a decrease in household income.
- Household expenses increased for 58%, including heating bills, transport costs, contributions to care services and household adaptation expenses.
- 63% were living in fuel poverty.
- 40% had to cut back on food.

Taking the annual caseload of 1488 this would mean: -

- Household expenses increased for 863 stroke survivors, including heating bills, transport costs, contributions to care services and household adaptation expenses.
- 937 stroke survivors were living in fuel poverty.
- 595 had to cut back on food.

One report estimates the average cost of a stroke to a family in the UK is £22,377. The report claims the costs may vary between £5,000 and £100,000 depending on how severe the impacts of the stroke are<sup>41</sup>.

**c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

Yes

**d) What is the proposal impact on the factor or identified group?**

The Stroke Association currently support stroke survivors in a number of ways in terms of income including working towards getting back to work, signposting to benefit organisations, applying for grants (some of which are only available for services delivered by the Stroke Association), signposting to fuel poverty information, signposting and support for transport/mobility, information and advice around household adaptations, etc. Therefore the proposal will mean that there is an increased likelihood that stroke survivors will: -

- Need an adult social care assessment
- Continue to have high household expenses
- Continue to live in fuel poverty
- Continue to cut back on food

“About a year or two after I had to quit my job because my health deteriorated more. ...I went back to the Stroke Association and said could I do volunteering, but I still suffered with anxiety quite severely.” **Comment from Stroke Survivor at Stone Cross consultation event 12.4.18**

*“I went back to work but then I was really struggling. I was bullied at work, By the time I realised that I needed reasonable adjustments it was too late and no reasonable adjustments were made. I got stressed and went off sick. I went from that job to another job but was bullied by my manager.”* **Comment from Stroke Survivor at Stone Cross consultation event 12.4.18**

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Ensuring that current clients receive information about other services which can support them in maximising their income e.g. DWP.

As a local authority, and under the Care Act 2014, East Sussex County Council has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- **Health and Social Care Connect (HSCC)**, Adult Social Care and Health’s contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council’s website. HSCC’s specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it’s free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories**  
There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – an free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It

was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.

- **East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.

**f) Provide details of the mitigation.**

The commissioner and provider will work together to discuss what information could be passed onto current clients once the outcome of the proposals is known. This will include information around accessing benefits support, Fuel Poverty programme, tools to support communication, etc.

**g) How will any mitigation measures be monitored?**

- The provider will report on oversight of whether they are able to continue to support clients around income related activity.

**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<p><b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.</p>	<p>If the proposal is agreed, evidence suggests that there is potential for serious adverse impact in the following ways:</p> <ul style="list-style-type: none"> <li>• Loss of dedicated exercise classes at leisure centres. Mainstream classes and facilities are not suitable or accessible to many.</li> <li>• Loss of 1:1 communication support. Could be partially mitigated by info on-line, but not really an effective replacement as some stroke survivors and their carers do not have access to the internet</li> <li>• 6 month client reviews by the Stroke Association may not be available- NICE recommendation</li> <li>• Loss of group information sessions limits the opportunity for group learning</li> </ul>
	<p><b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.</p>	
X	<p><b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate</p>	<p>People affected by stroke will be disadvantaged by the removal or reduction in support and advice to live independently and have equality of opportunity in daily life, equal access and mobility.</p> <p>If it is necessary to cease the 1:1 communication support as a result of reduced funding, impaired ability to communicate following a stroke will have particular impact on quality of life, safety and equal access.</p>
	<p><b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a</p>	<p>If dedicated exercise programmes are not funded, it will be extremely difficult for stroke survivors to access other suitable facilities to support their recovery. Disabled and older people who lack the communication skills, alternative personal support, or personal capacity would be disadvantaged as a result of their impairments and there may</p>

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	policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	<p>be a failure to advance equality of opportunity between different groups of people.</p> <p>The impact to carers would be significant, multiple and cannot be under-estimated as they will also be affected by proposed savings to Carers services, day services and housing support services.</p>
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### 5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

Quarterly reviews will continue with the provider as usual (including equality monitoring) which will also incorporate feedback on the relevant areas for improvement outlined in part 6.

The Project Lead will work closely with the Clinical Commissioning Groups and the Stroke Community Rehabilitation teams to monitor any impact of the proposal.

See Action Plan for other measures.

### 5.4 When will the amended proposal, proposal, project or service be reviewed?

One year from the implementation of the proposals.

<b>Date completed:</b>	June 2018	<b>Signed by (person completing)</b>	Emma Jupp
		<b>Role of person completing</b>	<b>RPPR Lead</b>
<b>Date:</b>	June 2018	<b>Signed by (Manager)</b>	 <p>Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health</p>

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## Part 6 – Equality impact assessment action plan

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

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Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Ensuring existing stroke survivors and their carers receive access to information and advice and re-assurance about their condition (including transport options, communication tools, access to exercise, income maximisation, support with self-care, etc). This includes 6	a) Ensure existing clients receive information about services including signposting to the Stroke Association website and information on the Stroke Association Voluntary Groups.	Stroke Association Manager/team	At the point of proposal being implemented	Within current resources of Stroke Association team although this might pull resources away from day to day delivery.	EIA/RPPR Board/Cabinet papers
	b) Re-model the service with 50% of the funding with the provider and the CCGs (based on EQIA,	ESCC Project lead, CCGs reps, Stroke Association manager	May-Jul18	ESCC project lead, representatives from the CCGs and the Stroke Assoc will need	EIA/RPPR Board/Cabinet papers

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months reviews which is a NICE recommendation.	NICE recommendations and consultation)			to invest time in this <u>prior</u> to final decisions being made due to the short timescales.	
	c) Explore with the Stroke Association whether there are alternative ways (than face to face) to provide the service (as part of re-modelling)	Stroke Association Manager and ESCC project lead	May-Jul18	Stroke Association Manager and ESCC project lead	EIA/RPPR Board/Cabinet papers
	d) Tracking the numbers of people over 65+ and those of working age who still receive a stroke service	Stroke Association team	Quarterly through performance reviews	None as this is currently reported on	EIA/RPPR Board/Cabinet papers
	e) Ensure Health and Social Care Connect have information on the national Stroke Association helpline	Stroke Association Manager/ Project lead	At the point of proposal being implemented	None	EIA/RPPR Board/Cabinet papers
f) Ensure current users are aware of Avanti and Headway services provision	Stroke Association team	At the point of proposal being implemented	Within current resources of Stroke Association team although this might pull resources away from day to day delivery.	EIA/RPPR Board/Cabinet papers	

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	g) Provide information on other opportunities for exercise.	Stroke Association team	At the point of proposal being implemented	Within current resources of Stroke Association team although this might pull resources away from day to day delivery.	EIA/RPPR Board/Cabinet papers
	h) Ensuring carers are aware of the consultation	Stroke Association team and ESCC project lead	During consultation process Feb-Apr18	ESCC and Stroke Association colleagues through mail out and 3 public consultation events	EIA/RPPR Board/Cabinet papers
	i) Ensure carers are provided with information about other carers services	Stroke Association team	At the point of proposal being implemented	Within current resources of Stroke Association team	EIA/RPPR Board/Cabinet papers
	j) Link in current clients with the two communication groups	Stroke Association team	At the point of proposal being implemented	Within current resources of Stroke Association team	EIA/RPPR Board/Cabinet papers
	k) Ensure clients are provided with information about tools and aids to support communication needs	Stroke Association team	At the point of proposal being implemented	Within current resources of Stroke Association team	EIA/RPPR Board/Cabinet papers

**PLEASE NOTE THE ACTION PLAN WILL BE RESTRICTED IN ITS DELIVERY AND EFFECTIVENESS BY THE ISSUES BELOW:**

- Other services are unlikely to be able to provide stroke specific information.
- The Stroke Association Voluntary Groups offer peer support which is important but they are not able to offer the same level of expertise as the Stroke Association Co-ordinators.
- The Stroke Association commissioned Information sessions could be a mitigation. However, these might also be reduced or stopped following on from the re-modelling. Also the attendance is not high and they may be viewed as inaccessible by stroke survivors and their carers.
- Most services provided by Headway and/or Avanti have a cost attached to them (e.g. day service provision) which will limit access to information. Their provision is also limited geographically (bases in Newick and St Leonards on Sea).
- There are limited identified mitigations for those who might need to access stroke specific information and advice in the future if this part of the service is reduced or cut. The Stroke Association has a national helpline but this may not be accessible for those with aphasia or other communication difficulties.
- Being able to receive face to face at home visits from the Stroke Association came out as a strong element of the service in the consultation
- Exploring other exercise opportunities will be limited due to provision of stroke exercise qualified trainers, cost, no assessment of suitability via neurophysio, need for many clients to build up their strength, stability, mobility and confidence before they can enter 'mainstream' exercise
- There are limited identified mitigations for those who would benefit from access to exercise who are not able to (due to the nature of their disabilities) enter 'mainstream' exercise.
- Carers services are also under proposed cuts so there may be limited options for carers to access support. Also through the consultation carers said that stroke specific information was really important for them
- Communication groups are currently delivered in two areas of the county (Eastbourne and Seaford) and so are inaccessible for most clients. Also the current team provide 'virtual' (and some practical) support to these groups in order to maintain their presence and sustainability as they were de-commissioned as part of the new contract which commenced in April17. Therefore their longer term sustainability may be under threat with any reduction or cut in service/team members

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## 6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Increased impact on Adult Social Care, Stroke Rehabilitation teams and GPs for request for support/services from stroke survivors and their carers	Financial Resource	No	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018
Non-provision of 6-month reviews means East Sussex is unable to meet NICE and the South East Coast Strategic Clinical Network recommendations	Performance Reputation risk to CCG	Through re-modelling of the service. If this part of the service is not in the re-modelled service it is unlikely this will be addressed at a later date unless the CCGs specifically commission the community rehab teams to carry out this work	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018
Significant risks to the physical and mental health needs of Stroke survivors.	Moral Financial	Through re-modelling there may still be some service element but if there is it is likely the service may have to reduce the numbers of people it can support	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018

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<p>Stroke survivors do not have access to support with their communication needs</p>	<p>Moral Financial</p>	<p>Through re-modelling there may still be some service element, however it is likely the service may have to reduce the numbers of people it can support. If this support is not available there are limited opportunities to access stroke specific communication support (through Stroke rehab teams if they meet criteria and/or advice from helpline). It is likely there would be a significant number of stroke survivors who would not have any access to communication support. It is unlikely that this would be addressed at a later date.</p>	<p>EIA, RPPR</p>	<p>Emma Jupp, Project Manager</p>	<p>DMT to review proposal in EIA in May 2018</p>
<p>No or reduced stroke specific support, help, advice and information</p>	<p>Moral Financial</p>	<p>Through re-modelling there may still be some service element but if there is it is likely the service may have to reduce the numbers of people it can support. If this support is not available there are limited opportunities to access stroke specific information</p>	<p>EIA, RPPR</p>	<p>Emma Jupp, Project Manager</p>	<p>DMT to review proposal in EIA in May 2018</p>

		<p>and advice and support. Limited opportunities are available through other providers such as Headway and Avanti but this may have a cost and is only delivered in two geographical areas in East Sussex. Information and advice is also available through the national helpline but this may be inaccessible</p> <p>It is unlikely this would be addressed at a later date</p>			
No or reduced stroke specific exercise classes	Moral, financial	<p>Through re-modelling there may still be some service element but if there is it is likely the service may have to reduce the numbers of people it can support. If this support is not available there are limited opportunities to access stroke specific exercise classes and mainstream exercise will not be suitable for many stroke survivors. There is a limited opportunity to look at this at a future date with other providers but if other</p>	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018

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		providers can meet this need there will be a cost to attendees (currently this is free) and may not be available in as many geographical areas as it currently is.			
Significant and multiple effect on carers	Moral Financial	<p>If the service continues carers will still benefit from the service but this will probably be at a reduced capacity.</p> <p>There will be a limit on carer related services that they can be referred onto if other proposed cuts go ahead.</p> <p>It is unlikely this would be addressed at a later date</p>	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018

## References

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## Appendix 1: Case Studies

### CASE STUDIES

#### Provided by Stroke Association Performance Return October 2017

Mrs H contacted The Stroke Association and self-referred into the service after speaking with the community Stroke Rehabilitation Team nurse in Bexhill following a stroke in May 2017. Mrs H is a 54 year old married lady who worked full time as a manager at Theatre.

Mrs H had been advised not to drive due to numbness in her left hand and arm and also her leg. Mrs H was also very shocked and low in mood following her stroke, and was concerned about money due to only receiving statutory sick pay; and if not able to drive and return to work how she would manage. She was keen to improve her mobility and the weakness in her arm and leg so that she could return to driving and return to work.

Mrs H's relationship with her husband was becoming strained, and her fatigue levels were high.

#### Outputs:

Information was provided on:

- A concessionary bus pass
- Access to work
- Blue badge form
- Fatigue after Stroke
- Depression and emotional changes
- Sex after Stroke information
- Guide for employers and employees, and support to attend her back to work meeting
- Details of support groups in area: 'sing out for stroke' and BOSS
- Emotional support
- Mrs H was also fast tracked into the stroke recovery services' exercise programme.

#### Outcomes:

- Increased knowledge of stroke impacts and stroke risk factors
- Increased access to support networks and reduced feeling of isolation: Mrs H attended singing and the support group and spoke to others about their effects from the stroke, giving her confidence that she would improve over time.
- Reduced anxiety and emotional distress
- A named person at the service who Mrs H could contact if she needed help or support.
- Attended and completed the exercise programme
- The service accompanied Mrs H to her back to work interview and helped draw up a plan for her phased return. Her employers had read the Stroke Association guide and have been very understanding, making adjustments and allowing Mrs H to work flexibly, and to take time off as and when required for medical appointments and her exercise class.

Mrs H advised her Co-Ordinator that she feels that she would not have had the outcome with her employers that she has had if she had not been accompanied to her back to work interview.

Compliment following on from the service :

Dear XXX [Co-ordinator]

“Just wanted to relay my huge thanks for all your help and support over these past few months. It’s been stressful enough but with your input, has made it somewhat easier.”

**From April 2017 performance return**

Mr C contacted the service at the beginning of October after moving from another area to a new flat in Hastings and Rother to be near family. He suffered a stroke on 1/4/2016.

Identified Needs: Mr C

- had suffered a fall from the shower since moving to the new property. The property had no grab rails
- was having problems getting up and down from the toilet
- advised that he was having some problems with swallowing, and was also suffering from a wet voice
- had lost his sense of taste and smell
- was having trouble with balance since the stroke
- did not know how to get an appointment with a Stroke Consultant in the area for a review

**Outputs:**

- Advised Mr and Mrs C of the service the Stroke Association provided
- Provided information to Mr C on:
  - Standard information pack
  - Rare effects of stroke which includes taste and smell change
  - Swallowing problem
  - Exercise programme
  - Healthy eating
  - Information on groups in Hastings and Rother
- Provided Mrs C information on:
  - Care for the carers
  - Age UK
  - Adult social care – do you look after someone
- Referred Mr C to Joint Community Rehabilitation Team, who made contact and arranged to install grab rails and a raised toilet seat

- Referred to Community Stroke Rehabilitation Team (CSRT) who arranged for a review with a Stroke Consultant and advised that if appropriate he would refer to the CSRT further input.
- CSRT contacted Mr C with reference to swallowing/wet voice and this was pre-stroke and was the same, so no further input required
- Referred both Mr C and Mrs C (as she had suffered a TIA) to the stroke exercise class of which they are both now attending

### **From March 2018 performance return**

Mr A has been working with the Stroke Association for several years following a severe stroke in 2014. The original referral for Mr A came from the Speech and Language Therapy (SLT) team in that area. He has since gone on to have a further minor stroke in 2016, which has left him with severe expressive and receptive aphasia and his mobility was affected.

Mr A had an initial visit in 2014 in which he was signposted to the Aphasia café, Exercise group and also a carers group for his wife who became his full time carer. Mr A participated and completed the exercise group and went on to attend the aphasia café with his wife as support. With the help of Speech and Language Therapists (both private and NHS) and the Stroke Association, Mr A is now able to communicate his needs and wishes, and is able to answer simple questions. He was provided with a communication passport and communication aids including a picture dictionary to assist him and his wife with communication. Information on helping with communication problems was also given to support his wife and further family members.

Mr A and his wife have continued to attend the Aphasia café (now a stroke support café) and this has given Mr A the opportunity to practice his communication in an environment that he feels happy and safe in. Mr A's wife also continues to attend the café as this allows her time and the opportunity to have conversations with fellow carers / partners and also a break from her caring role, knowing that Mr A is in a supported environment. A friendship has been made between Mr A's wife and another carer, and they now often do things together outside the café meetings. This has allowed peer support for both parties which would not have been established if this group was not happening. It allows both wives to share their experience of becoming a carer and stroke as a specific condition with people who understand and are going through a similar situation to theirs.

Without the communication service holding the aphasia café meetings or exercise group Mr A would have limited access to social interaction in a suitable environment that he can feel comfortable in. This is partly due to there not being any other suitable opportunities near where they live.

Both Mr A and his wife have continued to attend the café as it feels a safe environment and a service that they enjoy attending.

When Mr A suffered his 2nd stroke in 2016 a follow up visit was offered but as this was only a minor stroke they felt they were ok and wanted to continue to attend the

group and they felt this would give them enough support as they already had enough support in place.

Mr A would not have been suitable for any other service to signpost him onto due to the specific communication needs and cognitive issues surrounding his stroke. He would have not been suitable for a general later life exercise scheme due to his complex needs.

### **From Performance Return April 2017**

Mr B was referred to the Stroke Association from the Irvine Unit back in February 2016 following a stroke in December 2015.

- Mr B was keen to attend the exercise group to strengthen the muscles in his leg (Due to illness Mr B attended a few sessions but then was unable to keep attending)
- Mr B had another stroke in November 2016 and he is now aphasic
- Mr B loves music and guitars and was keen to have a befriender to talk about his love of music

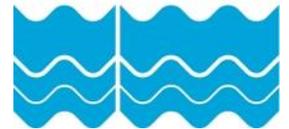
### **Actions taken:**

The Stroke Association visited Mr B, meeting with him and his carer at their home. He was anxious about the fact he had had a second stroke that has left him with further stroke side effects, and was very worried about further strokes and death. This was also of concern for his carer who was very tearful during the visit. Risk factors and lifestyle choices were discussed, and they were supported with Stroke Association factsheets and offered some reassurance. Referrals were made for Mr B and his carer for counselling which helped improve things and Mr B wanted to return to the exercise group. His carer was also feeling better but stated that she hadn't had much opportunity for leaving Mr B on his own and wished he had friends to 'jam' with. The Stroke Association recruited and trained a befriender who would be suitable for Mr B.

### **Outcomes**

- The befriender visited Mr B as per plan to help Mr B with his love of music and guitars.
- Befriender supported Mr B with conversation skills
- Reduced isolation for Mr B
- Allows wife to know that Mr B is in a safe environment in his home with the befriender, allowing her some respite from her caring role
- Mr B says he is now better informed about what caused his stroke and this will help prevent a further stroke.

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## Equality Impact Assessment

### Project or Service Template

Name of the proposal, project or service
<b>Reconciling Policy Performance and Resources (RPPR) 2018/19:</b>
<b>Proposal reductions to the Discretionary East Sussex Support Scheme (DESSS)</b>

File ref:		Issue No:	
Date of Issue:	May 2018	Review date:	May 2019

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## **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2** This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.

### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”

These are sometimes called equality aims.

### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

**1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21st Century Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When

members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.

- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1 What is being assessed?

#### a) Proposal:

Reconciling Policy Performance and Resources (RPPR) proposal to reduce the budget allocated to the Discretionary East Sussex Support Scheme (DESSS).

- b) The County Council is required to make £17m savings in order to deliver a balanced budget in 2018/19. As part of this target within Adult Social Care and Health, savings of £9.6m need to be found. All aspects of the Department's activities have been considered for savings that are deliverable and have the least possible impact on providing services to those most in need, and on providing essential services. Subsequently, the RPPR proposals include a significant reduction in the budget allocated to DESSS.

#### What is the main purpose or aims of proposal, project or service?

The issuing of the ring-fenced grant sum to the scheme from central government ended in 2015. The aim of the proposal is to reduce the budget for DESSS from £557,000 by £390,000.

DESSS assists East Sussex residents facing temporary financial hardship, where the need cannot be met any other way and there is significant risk to a person's health and safety. The scheme aims to meet the most fundamental needs of hunger and warmth in an emergency or crisis and on a short term basis, or it can provide assistance to people to establish or maintain themselves in the community.

The scheme has operated as a separate entity to the rest of Adult Social Care as there is only minimal overlap in client groups, and the vast majority of the scheme's clients are not supported by Adult Social Care. The main reasons for those who apply to DESSS for support to access food and utilities are related to welfare benefit issues rather than social care issues (over 77%). It is not means tested or governed by Care Act eligibility and is a resource that can be deployed to people who may not meet Care Act eligibility criteria. The support provided tends to be one-off and not ongoing, and a household will usually only be able to receive support from the scheme once in 12 months.

#### bb) Manager(s) and section or service responsible for completing the assessment

Managers: Steve Hook Head of Service

Alison O'Shea Operations Manager

**2.2 Who is affected by the proposal? Who is it intended to benefit and how?**

The proposal affects potential clients of the scheme due to the proposed budget reduction.

The DESSS staff team; particularly the management team who have been put at risk as it is proposed that those roles be removed.

The provision of a grant to Districts and Boroughs to provide deposits and rent in advance payments would be affected.

The provision of household furniture and white goods via service contracts with Hastings Furniture Service and Now Charity would be affected.

**2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?**

If the proposals go ahead managers will review the scope of the service to ensure that the remaining funds support those who have the most need.

Access to the service will be reviewed and relevant websites, application processes etc. will be updated accordingly.

Staff in HSCC will undergo training to administer the remainder of the scheme.

Managers will liaise with contracted organisations, districts and boroughs impacted by the proposal.

**2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

Partners include local housing departments, community voluntary sector organisations such as food banks, furniture reuse organisations, advice agencies and other local services.

DESSS provides a grant to the Districts and Boroughs to provide deposits and rent in advance payments. For 2017/2018 this was allocated as follows:

Eastbourne: £39,000

Hastings: £62,500

Lewes: £17,000

Rother: £14,500

Wealden: £17,000

Help to get household furniture and white goods is provided by allocating part of the grant (in service contracts) to Hastings Furniture Service and Now Charity.

**2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?**

The proposal is affected by service reviews as part of the RPPR process to aid business and financial planning in order to deliver a balanced budget for 2018/19.

**2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.**

East Sussex residents who are aged 16 years or over and either have a low income or are in receipt of a relevant benefit, can apply for assistance from the scheme.

The majority of clients apply using the online form on the East Sussex County Council website. Applications can also be made over the phone.

**2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.**

The scheme does not require a referral and is available to East Sussex residents who are 16 years old and over who have a low income, or are in receipt of certain benefits.

There are a small number of circumstances in which the application must be made by the client's social worker, such as where they have no recourse to public funds.

In order to obtain help with food and utilities the applicant will need to provide evidence that one of the following circumstances apply:

- They have had to pay a one-off payment unexpectedly which has left them without enough money to pay for food and utilities, and there is a risk to the household's health and safety.
- They have had money stolen and there is a risk to the household's health and safety.
- Their benefit payments have been temporarily stopped and this was not caused by their own actions.
- Their benefits have stopped because they have started work but there is a delay in receiving their first wage.
- They have made a claim for benefit but do not have enough for food and utilities until they receive their first payment.

- They have no recourse to public funds and do not have the means to obtain food and utilities, but have been assessed by Adult Social Care as being eligible for council support. (This application must be made by their social worker).
- They have been discharged from hospital and cannot access their money immediately. (This application must be made by their social worker).

In order to obtain help with household items evidence and/or explanation may be required and one of the following circumstances must apply:

- They have moved into a new property after a period of homelessness, after a time in rehabilitation, prison or supported accommodation, or after a family breakdown.
- They have moved into a new property with minimal notice and do not already have the items they have requested.
- Certain essential items break down and are needed immediately.
- They have suffered a fire, flood or similar disaster.
- They need a microwave because of a change in their home meals provider. (This application must be made by their social worker).
- They have no recourse to public funds and they do not have the means to obtain essential items but have been assessed by Adult Social Care as being eligible for council support. (This application must be made by their social worker).

The scheme does not provide cash or loans. It is not means tested and there is no requirement to pay back the support provided.

### **2.8 How, when and where is your proposal, project or service provided? Please explain fully.**

DESSS is administered from the third floor of St Mary's House, 52 St Leonards Road, Eastbourne, BN21 3UU.

It is staffed from Monday to Friday from 9am until 5pm. The scheme can also be administered remotely through agile working.

**Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.**

**3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.**

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>X</b>	Service User Data		Contract/Supplier Monitoring Data
<b>X</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
<b>X</b>	Complaints		Risk Assessments
<b>X</b>	Service User Surveys		Research Findings
<b>X</b>	Census Data	<b>X</b>	East Sussex Demographics
<b>X</b>	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

**3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.**

No complaints of this nature have been received.

**3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.**

A formal public consultation process has commenced:

- 19<sup>th</sup> March launch of the overall RPPR consultation process.
- 29<sup>th</sup> March launch of the DESSS team consultation process.
- 15<sup>th</sup> May DMT meet to consider proposals.
- 26<sup>th</sup> June Cabinet decision.

**3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?**

### **Key themes from the consultation**

- Organisations disagree with, or are concerned about, the proposal to cut funding.
- They said that the most vulnerable people in society use the scheme at a time of crisis and there aren't any real alternatives to it.
- Any cuts would increase demand on the voluntary and charity sector, which is already struggling to cope and wouldn't have the capacity to fill the gaps.
- Reducing the funding and the support the scheme can offer could put people at risk and affect their health and wellbeing.
- People would be left to sleep on the floor if the scheme stops supplying furniture.
- People said they wouldn't have been able to afford furniture without it and would have had to do without the basics such as cookers and fridges.
- People and organisations said that for people fleeing domestic violence or who have been homeless the service provides invaluable support when they have nothing.
- People said that beds and appliances are essential and that money vouchers should be cut instead.
- It's important that the underspend from last year is spent on the scheme.
- Districts and Boroughs say that there is already increasing need for their rent in demand schemes and this funding should be maintained.
- Organisations suggested tapering the cuts, working with the charity sector to grow its infrastructure and asking people to pay back some of the funding they receive.

### **Sample quotes**

"You will in effect be leaving many vulnerable people to fend for themselves, because service providers such as ourselves can't take on all the fall-out from the cuts you are proposing."

"If there is a requirement to reduce the scheme, we would suggest doing this on a tapered basis, while putting in place money / posts to grow infrastructures to replace it in time."

"A large number of those who become homeless do not have the savings required to meet the demands for rent in advance and deposits and are completely reliant on the loan schemes supported by the DESSS."

### **Inclusion Advisory Group – March 2018**

- If DESS is to remain it should become more accessible so that support can be given in a timely manner for people who need it.
- [Name] observed that it's not much utilised by people for whom it should benefit as eligibility criteria (and proof) is very difficult to meet. Potential applicants are more likely to apply to voluntary sector groups where support is more accessible but funds are less. This is another example (as with foodbanks) of the voluntary sector/ community groups backfilling gaps left by the local authorities.
- It was noted that the safety net for people in need of support has gone, and subsequently many people feel abandoned. There are huge concerns for people who have 'exhausted' their options and care pathways; they're left on their own to cope.
- A rise in demand for foodbanks was acknowledged. [Name] outlined the drive for food banks to provide other essentials such as clothing and blankets, and a promoted linking in with charity shops and local amenities to meet this need.
- Although there are additional pressures for urban areas, the rural population has its own challenges. Where there is an increase in need for Universal Credit but no easily accessible Jobcentre this is doubly difficult, and compounded by a loss of libraries where people can access computers and online information – it should not be assumed that everyone can afford and use a smart phone! These factors can be accumulative resulting in great hardship.

## Part 4 – Assessment of impact

### 4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

The overall population of East Sussex is 527,209 (2011 Census data) and projected to continue increasing over the next few years.

The population by age breakdown for East Sussex is:

Age	Population
15-29	83,791
30-44	90,220
45-64	147,613
65+	120,722

#### ESIF Dataset: Census Population in 2011 – Districts:

Age groups	All people	0-14	15-29	30-44	45-64	65+
Geography						
England & Wales	56,075,900	9,891,200	11,183,200	11,515,200	14,263,400	9,223,000
South East	8,634,800	1,535,300	1,604,100	1,761,300	2,252,300	1,482,000
East Sussex	526,700	85,000	83,700	90,800	147,500	119,800
Eastbourne	99,400	15,600	18,400	18,200	24,800	22,300
Hastings	90,300	15,700	17,200	17,600	24,400	15,300
Lewes	97,500	15,800	14,900	16,900	27,800	22,200
Rother	90,600	13,200	12,000	13,000	26,500	25,700
Wealden	148,900	24,600	21,300	24,900	43,900	34,000

People are living longer and by 2020, it is estimated that around 38% of the UK population will be aged 50 plus and in East Sussex the figure is likely to be as high as 50%. We know that East Sussex has a higher than average older population with around 23% of people aged over 65, compared to the national average of 16%.

There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates based on 2011 Census data).

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Equalities data gathered between April 2017– March 2018 on clients who had made a successful application to DESSS indicates that:

30% are aged 21-30
23% are aged 31-40
20% are aged 41-50
12% are aged 51-60

This suggests that people between the ages of 21 and 60 are more likely to receive assistance from the scheme.

The data also suggests that the county’s older population are underrepresented.

Age	Total	Percentage
Under 20	55	6%
21-30	276	30%
31-40	204	23%
41-50	184	20%
51-60	111	12%
61-70	48	5%
71-80	21	2%
81-90	5	1%
91-100	1	0.10%
<b>Grand Total</b>	<b>905</b>	

Source: DESSS equalities data for successful applications April 2017-March 2018

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

No. The scheme is available to anyone over the age of 16 who is on a low income or in receipt of a qualifying benefit, whilst those under 16 are classed as being part of a household. It is not clear why older people appear less likely to apply to the scheme.

**d) What is the proposal, project or service’s impact on different ages/age groups?**

Based on current successful applications, it is possible that that working age people would be more affected if the proposals were to go ahead.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

A reduction to the budget will affect the scope of the scheme. A review of the scheme will need to be undertaken if the proposals go ahead, to ensure that remaining funds are used to support people with the most need.

Eligibility criteria will continue to encompass different age groups, so as not to negatively impact any particular cohort.

Please see appendix A for details of information provisions.

**f) Provide details of the mitigation.**

If the proposals go ahead, a review of the scheme and its eligibility criteria will be undertaken. In addition to this we would

- Update and publish scheme information and criteria on the East Sussex County Council website.
- Inform partners of any changes to the scheme.
- Scope and signpost to alternative services.

Incorporating DESSS into Health and Social Care Connect (HSCC) may make it more accessible and positively impact people in crisis, as it would be open 7 days a week with extended opening hours. It would also remain in its current location (St Mary's House, Eastbourne).

**g) How will any mitigation measures be monitored?**

Should the proposals be agreed, we will continue to capture and monitor equality data for each application.

Monitoring of applications to ensure scheme information and criteria is accessible with staff being trained to correctly apply eligibility criteria.

Monitoring would be undertaken by HSCC.

**4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

Residents (working age only with limiting long-term illness in 2011 by districts (%))

Geography	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
England & Wales	100	17.9	9.4	8.5	82.1
South East	100	15.7	8.8	6.9	84.3
<b>East Sussex</b>	<b>100</b>	<b>20.3</b>	<b>11.2</b>	<b>9.2</b>	<b>79.7</b>
Eastbourne	100	21	11.3	9.7	79
Hastings	100	22.1	11.5	10.6	77.9
Lewes	100	19.5	10.9	8.7	80.5
Rother	100	23.4	12.8	10.7	76.6
Wealden	100	17.5	10.2	7.3	82.5

Source: Department for Work and Pensions, Longitudinal Study, NOMIS

Projected limiting long-term illness by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	0-17	18-64	65+	All people	0-17	18-64	65+
Geography	Year								
East Sussex	2010	105,047	4,755	43,646	56,647	20.4	4.6	15.0	46.8
	2026	124,992	4,352	42,392	78,248	23.9	4.7	15.9	47.6

Source: ESCC projections, November 2011

Projected disability by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	10-17	18-64	65+	All people	10-17	18-64	65+
Geography	Year								
East Sussex	2010	85,428	1,952	34,041	49,435	16.6	3.9	11.7	40.9
	2026	103,415	1,826	33,202	68,386	19.7	3.9	12.5	41.6

Source: ESCC projections, November 2011 Employment and Support Allowance and Incapacity Benefit claimants in February 2012

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Equalities data gathered between April 2017– March 2018 on clients who had made a successful application to DESSS, indicates that 70% of the households who benefited from the scheme did not have a member with a disability.

<b>Disability of at least one household member</b>		
	<b>No disability</b>	<b>Disability</b>
Eastbourne	147	72
Hastings	235	81
Lewes	71	36
Rother	83	39
Wealden	96	45
<b>Total</b>	<b>632</b>	<b>273</b>
<b>Percentage</b>	<b>70%</b>	<b>30%</b>

Source: DESSS equalities data for successful applications April 2017-March 2018

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

A disproportionate impact is not anticipated for this group.

- d) What is the proposal, project or service’s impact on people who have a disability?**

Whilst wider welfare reform has the potential to impact negatively on those with a disability, the impact of the proposed budget reduction to DESSS is neutral as the scheme is administered per household.

- e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

A reduction to the budget will affect the scope of the scheme. A review of the scheme will be undertaken if the proposals go ahead to ensure that remaining funds are used to support people with the most need.

Eligibility criteria will continue to include being in receipt of relevant benefits so as not to have a negative impact on people with a disability.

Applications to DESSS will continue to be taken in ways which fulfil accessibility needs for people with a disability.

Please see appendix A for details of information provisions.

- f) Provide details of any mitigation.**

If the proposals go ahead, a review of the scheme and its eligibility criteria will be undertaken. In addition to this we would

- Update and publish scheme information and criteria on the East Sussex County Council website.

- Inform partners of any changes to the scheme.
- Scope and signpost to alternative services.

Incorporating DESSS into Health and Social Care Connect (HSCC) may make it more accessible and positively impact people in crisis, as it would be open 7 days a week with extended opening hours. It would also remain in its current location (St Mary’s House, Eastbourne).

**g) How will any mitigation measures be monitored?**

Should the proposals be agreed, we will continue to capture and monitor equality data for each application.

Monitoring of applications to ensure scheme information and criteria is accessible, with staff being trained to correctly apply eligibility criteria.

Monitoring would be undertaken by HSCC.

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

The overall population of East Sussex is 527,209 (2011 Census data) and is projected to continue increasing over the next few years. Census figures below demonstrate ethnic diversity in the area as 8.3% overall.

Increases are particularly in the ‘White other’ and ‘mixed’ categories reflecting East European and other white groups’ migration and other societal changes. Largest overall minority populations are ‘White other’ and ‘Asian and Asian British’.

Ethnic group in 2011 by districts (%)

Ethnicity	All people	British & Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
Geography									
England & Wales	100	80.5	0.9	0.1	4.4	2.2	7.5	3.3	1
South East	100	85.2	0.9	0.2	4.4	1.9	5.2	1.6	0.6
<b>East Sussex</b>	<b>100</b>	<b>91.7</b>	<b>0.8</b>	<b>0.2</b>	<b>3.4</b>	<b>1.4</b>	<b>1.7</b>	<b>0.6</b>	<b>0.3</b>
Eastbourne	100	87.4	1	0.1	5.6	1.8	2.8	0.8	0.5
Hastings	100	89.3	0.8	0.2	3.5	2.2	2.4	1.2	0.5
Lewes	100	92.5	0.8	0.1	3.2	1.3	1.4	0.4	0.3
Rother	100	94.1	0.7	0.1	2.1	1.1	1.2	0.3	0.2
Wealden	100	93.8	0.6	0.2	2.8	1	1.2	0.2	0.2

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Equalities data gathered between April 2017– March 2018 on clients who had made a successful application to DESSS indicates that 79% of applicants identified as being British.

It is worth noting that 13% did not provide ethnicity information. Available data suggests that ethnic diversity of successful applicants to the scheme is 8% overall which is consistent with the census data for East Sussex.

<b>Ethnic background</b>	<b>Total</b>	<b>Percentage</b>
African	7	0.80%
Any other Asian background	1	0.10%
Any other ethnic group	11	1.20%
Any other mixed background or dual heritage	2	0.20%
Any other white background	11	1.20%
Bangladeshi	3	0.30%
British	712	79%
Caribbean	1	0.10%
Chinese	1	0.10%
Gypsy/Traveller	6	0.70%
Indian	1	0.10%
Irish	6	0.70%
Not answered	119	13%
Other	10	1%
White and Asian	2	0.20%
White and Black African	7	0.80%
White and black Caribbean	5	0.50%
<b>Grand Total</b>	<b>905</b>	

Source: DESSS equalities data for successful applications April 2017-March 2018

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

A disproportionate impact is not anticipated for this group.

**d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?**

There may be language or other cultural barriers which prevent people from accessing schemes such as DESSS, however the application process is supported to respond to need around language currently applications reflect population ethnicity data, suggesting this would not have a significant impact if the proposals were to go ahead.

The impact of the proposed budget reduction to DESSS is neutral.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

N/A

**f) Provide details of any mitigation.**

N/A

**g) How will any mitigation measures be monitored?**

N/A

**4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

Data from the 2011 Census shows the population of East Sussex to be **527,209**, broken down into the following gender and age groupings:

East Sussex	Total	18+	18-64	65+	18-64 %	65+ %
<b>Female</b>	<b>273,142</b>	222,604	154,510	68,094	69.4	30.6
<b>Male</b>	<b>254,067</b>	200,320	147,692	52,628	73.7	26.3
<b>All people</b>	<b>527,209</b>	422,924	302,202	120,722	71.5	28.5

Source: ONS Mid Year Population Estimates 2011 (based on Census) released 25/9/11 by ONS

There is limited data on the number of transgender people in East Sussex is available.

A gender/transgender question is included in Adult Social Care’s satisfaction survey to better understand the needs of this group and to ensure an appropriate service response. Data from 241 “About You” forms were analysed as part of the “Listening To You” satisfaction questionnaires from the summer of 2017.

The questionnaires were sent to a random sample of clients and carers who had had relevant assessments or reviews. The responses received showed:

- 2% of respondents stated they were transgender
- 2% of respondents said they preferred not to say,
- 96% of respondents stated they were not transgender.

Source: ASC Listening To You Results, October 2017

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Equalities data gathered between April 2017– March 2018 on clients who had made a successful application to DESSS indicates that 63% of applicants identified as female and 37% male. No data is available for transgender applicants.

<b>Gender of applicant</b>			
	<b>Female</b>	<b>Male</b>	<b>Total</b>
Eastbourne	127	92	219
Hastings	211	105	316
Lewes	62	45	107
Rother	78	44	122
Wealden	91	50	141
<b>Grand Total</b>	<b>569</b>	<b>336</b>	<b>905</b>
<b>Percentage</b>	<b>63%</b>	<b>37%</b>	

Source: DESSS equalities data for successful applications April 2017-March 2018

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Based on data for current applicants, it is possible that more women would be affected than men.

- d) What is the proposal, project or service’s impact on gender?**

As there were more female applicants than male it’s possible that future applicants who are women will be impacted more overall. Women who have fled domestic abuse and are eligible to apply for DESSS may also be impacted.

- e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

A reduction to the budget will affect the scope of the scheme. A review of the scheme will be undertaken if the proposals go ahead to ensure that remaining funds are used to support people with the most need.

Please see appendix A for details of information provisions.

- f) Provide details of any mitigation.**

If the proposals go ahead, a review of the scheme and its eligibility criteria will be undertaken. In addition to this we would

- Update and publish scheme information and criteria on the East Sussex County Council website.
- Inform partners of any changes to the scheme.

- Scope and signpost to alternative services.

Incorporating DESSS into Health and Social Care Connect (HSCC) may make it more accessible and positively impact people in crisis as it would be open 7 days a week with extended opening hours. It would also remain in its current location (St Mary’s House, Eastbourne).

**g) How will any mitigation measures be monitored?**

Should the proposals be agreed, we will continue to capture and monitor equality data for each application.

Monitoring of applications to ensure scheme information and criteria is accessible, with staff being trained to correctly apply eligibility criteria.

Monitoring would be undertaken by HSCC.

**4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

Marital status in 2011 – districts (%)

Marital Status	All people aged 16 and over	Single	Married	In a registered same-sex civil partnership	Separated	Divorced	Widowed
Geography							
England & Wales	100	34.6	46.6	0.2	2.6	9	7
South East	100	31.9	49.3	0.2	2.5	9.1	6.9
East Sussex	100	29.1	48.4	0.3	2.7	10.7	8.7
Eastbourne	100	33.3	42.8	0.4	3	11.5	9.1
Hastings	100	36.5	39.2	0.3	3.7	12.8	7.4
Lewes	100	28.7	49.6	0.5	2.5	10.2	8.4
Rother	100	24.7	51.3	0.3	2.6	10.3	10.8
Wealden	100	24.9	55.1	0.2	2.3	9.4	8.2

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Marital or partnership status of clients is not recorded during the application process, so we can only assume it broadly mirrors the demographic data above.

Although equalities data for DESSS does not capture marital/civil partnership status, it does however, capture whether the applicant identifies as being single or part of a couple.

Equalities data gathered between April 2017– March 2018 on clients who had made a successful application to DESSS indicates that 86% of applicants reported being single whilst 14% reported being part of a couple.

Single / couple			
	Single	Couple	Total
Eastbourne	194	25	219
Hastings	267	49	316
Lewes	91	16	107
Rother	103	19	122
Wealden	119	22	141
<b>Grand Total</b>	<b>774</b>	<b>131</b>	<b>905</b>
<b>Percentage</b>	<b>86%</b>	<b>14%</b>	

Source: DESSS

equalities data for successful applications April 2017-March 2018

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Based on application data people who do not identify as in a couple make more applications, so it is possible that they may be more affected than those in a couple. However, this has no legal standing in relation to the Equality Act’s legally recognised protected characteristic.

- d) What is the proposal, project or service’s impact on people who are married or same sex couples who have celebrated a civil partnership?**

A disproportionate impact is not anticipated for this group.

- e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

N/A

- f) Provide details of any mitigation.**

N/A

- g) How will any mitigation measures be monitored?**

N/A

**4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

Live births by age of mother in 2011

Age of mother	All live births	Under 20	20-24	25-29	30-34	35-39	40 and over
Geography							
England & Wales	723913	36435	134946	200587	207151	115444	29350
South East	107132	4521	17097	27456	32823	20214	5021
<b>East Sussex</b>	<b>5399</b>	<b>305</b>	<b>1028</b>	<b>1449</b>	<b>1455</b>	<b>915</b>	<b>247</b>
Eastbourne	1185	80	216	346	327	176	40
Hastings	1202	95	309	315	290	150	-
Lewes	945	41	165	251	249	189	50
Rother	753	43	141	211	183	135	40
Wealden	1314	46	197	326	406	265	-

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Pregnancy and maternity data is not recorded so we can only assume it broadly mirrors the demographic data above. Equalities data for DESSS does not capture pregnancy and maternity data, it does however capture whether there are any children in the household.

Equalities data gathered between April 2017– March 2018 on clients who had made a successful application to DESSS indicates that 46% of applicants had one or more child whilst 54% of applicants did not have any children.

Number of Children								
	0	1	2	3	4	5	7	Total
Eastbourne	125	44	30	12	5	2	1	219
Hastings	161	84	37	21	12	1	-	316
Lewes	59	27	13	5	3	-	-	107
Rother	65	31	18	5	2	1	-	122
Wealden	79	30	22	6	3	1	-	141
<b>Grand Total</b>	<b>489</b>	<b>216</b>	<b>120</b>	<b>49</b>	<b>25</b>	<b>5</b>	<b>1</b>	<b>905</b>

Percentage	54%	24%	13%	5.40%	3%	0.50%	0.10%	
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Source: DESSS equalities data for successful applications April 2017-March 2018

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

A disproportionate impact is not anticipated for this group.

**d) What is the proposal, project or service’s impact on pregnant women and women within the first 26 weeks of maternity leave?**

N/A

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

N/A

**f) Provide details of any mitigation.**

N/A

**g) How will any mitigation measures be monitored?**

N/A

**4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

Religion and belief 2011 – districts (%)

Religions	All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Not stated
Geography										
England & Wales	100	59.3	0.4	1.5	0.5	4.8	0.8	0.4	25.1	7.2

South East	100	59.8	0.5	1.1	0.2	2.3	0.6	0.5	27.7	7.4
<b>East Sussex</b>	<b>100</b>	<b>59.9</b>	<b>0.4</b>	<b>0.3</b>	<b>0.2</b>	<b>0.8</b>	<b>0</b>	<b>0.7</b>	<b>29.6</b>	<b>8.1</b>
Eastbourne	100	59.6	0.5	0.4	0.2	1.5	0.1	0.6	29.2	8
Hastings	100	51.9	0.5	0.5	0.2	1.3	0	0.7	36.6	8.3
Lewes	100	57	0.5	0.3	0.3	0.6	0	0.6	32.5	8.2
Rother	100	64.8	0.3	0.2	0.2	0.5	0	0.6	25.2	8.2
Wealden	100	64	0.3	0.1	0.2	0.4	0	0.8	26.3	7.9

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Equalities data gathered between April 2017– March 2018 on clients who had made a successful application to DESSS differs from the demographic data above as 53% of applicants reported having no religion compared with 29.6%.

The next largest group of applicants reported being Christian; 25% and 15% chose not to answer.

Religion	Total	Percentage
Buddhist	8	0.90%
Christian	223	25%
Hindu	1	0.10%
Jewish	1	0.10%
Muslim	19	2%
Not answered	139	15%
None	484	53%
Other	30	3%
<b>Grand Total</b>	<b>905</b>	

Source: DESSS equalities data for successful applications April 2017-March 2018

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

A disproportionate impact is not anticipated for this group.

**d) What is the proposal, project or service’s impact on people with different religions and beliefs?**

N/A

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

N/A

**f) Provide details of any mitigation.**

N/A

**e) How will any mitigation measures be monitored?**

N/A

**4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

Estimates of the UK LGB population generally vary between 5%-7% of the overall population ([www.stonewall.org.uk](http://www.stonewall.org.uk)). The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys. All estimates are subject to the very significant caveat that many LGB people are reluctant to ‘come out’ to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected sexual orientation or gender identity data to date.

Taking the Stonewall estimate as a guide, this means that in East Sussex, with a population of 527,209 (2011 Census), 26,360 – 36,904 people, including older people, are likely to be LGB. <http://www.eastsussexjsna.org.uk/briefings.aspx>.

Population over 65 (2011) with *estimated* (5% Estimate) numbers of LGB people over 65 by district in East Sussex.

Age	All people	65+	65+ %	65+ male	65+ male%	65+ female	65+ female%
Geography							
England and Wales	56075912	9223073	16.4	4096161	7.3	5126912	9.1
South East	8634750	1482020	17.2	656272	7.6	825748	9.6
<b>East Sussex</b>	<b>526671</b>	<b>119763</b>	<b>22.7</b>	<b>52124</b>	<b>9.9</b>	<b>67639</b>	<b>12.8</b>
Eastbourne	99412	22303	22.4	9363	9.4	12940	13
Hastings	90254	15401	17.1	6803	7.5	8598	9.5
Lewes	97502	22154	22.7	9623	9.9	12531	12.9
Rother	90588	25763	28.4	11174	12.3	14589	16.1

Wealden	148915	34142	22.9	15161	10.2	18981	12.7
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Age	All people	65+	65+ LGB (5%)
Geography			
England and Wales	56075912	9223073	
South East	8634750	1482020	
<b>East Sussex</b>	<b>526671</b>	<b>119763</b>	<b>5988</b>
Eastbourne	99412	22303	1115
Hastings	90254	15401	770
Lewes	97502	22154	1107
Rother	90588	25763	1288
Wealden	148915	34142	1707

Limited data on the sexuality of the residents of East Sussex is available. A sexual orientation question is included in Adult Social Care’s satisfaction survey to and data from 280 “About You” forms were analysed as part of the “Listening To You” satisfaction questionnaires from the summer of 2017. The questionnaires were sent to a random sample of clients and carers who had had relevant assessments or reviews. The responses received showed:

Heterosexual/Straight	91%
Other	0%
Prefer not to say	6%
Gay man	1%
Bi/Bisexual	1%
Gay woman/Lesbian	0%

Source: ASC Listening To You Results, October 2017

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Equalities data gathered between April 2017– March 2018 on clients who had made a successful application to DESSS shows 75% of applicants identifying as heterosexual. Those identifying as gay, lesbian or bisexual represented less than 3% of the applicants whilst 20% chose not to answer. This is broadly in line with estimates we have around our population data.

Sexual orientation	Total	Percentage
Bisexual	8	0.90%
Gay man	5	0.50%
Heterosexual	679	75%

Lesbian	7	0.80%
Not answered	181	20%
Prefer not to say	25	2.80%
<b>Grand Total</b>	<b>905</b>	

Source: DESSS equalities data for successful applications April 2017-March 2018

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

A disproportionate impact is not anticipated for this group.

**d) What is the proposal, project or service’s impact on people with differing sexual orientation?**

N/A

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

N/A

**f) Provide details of any mitigation.**

N/A

**g) How will any mitigation measures be monitored?**

N/A

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**4.9.1 Carers**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Provision of unpaid care in 2011 – districts (%)

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	100	89.7	10.3	6.5	1.4	2.4
South East	100	90.2	9.8	6.7	1.1	2

East Sussex	100	88.7	11.3	7.5	1.3	2.5
Eastbourne	100	89.4	10.6	6.7	1.3	2.6
Hastings	100	89.5	10.5	6.3	1.5	2.7
Lewes	100	88.2	11.8	8.2	1.2	2.4
Rother	100	87.6	12.4	8	1.4	3
Wealden	100	88.8	11.2	8	1.2	2.1

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

Equalities data is not available on the carer status of applicants of the scheme.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

A disproportionate impact is not anticipated for this group.

**d) What is the proposal, project or service’s impact on the factor or identified group?**

Whilst this group would not be more adversely impacted the majority of carers are of working age and on low incomes or in receipt of benefits, as with the majority of successful DESSS applicants.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Incorporating DESSS into Health and Social Care Connect (HSCC) may make it more accessible and positively impact people in crisis, as it would be open 7 days a week with extended opening hours. It would also remain in its current location (St Mary’s House, Eastbourne).

Please see appendix A for details around information provisions.

**f) Provide details of any mitigation.**

N/A

**g) How will any mitigation measures be monitored?**

N/A

**4.9.2 Rural population**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Population by age groups and location in 2011(%)

Age	All people	0-14	15-29	30-44	45-64	65+
Geography						
England and Wales	100	17.6	19.9	20.5	25.4	16.4
South East	100	17.8	18.6	20.4	26.1	17.2
<b>East Sussex</b>	<b>100</b>	<b>16.1</b>	<b>15.9</b>	<b>17.2</b>	<b>28</b>	<b>22.7</b>
Eastbourne	100	15.7	18.5	18.3	25.1	22.4
Hastings	100	17.3	19	19.6	27	17.1
Lewes	100	16.2	15.2	17.3	28.5	22.7
Rother	100	14.6	13.3	14.4	29.3	28.4
Wealden	100	16.5	14.3	16.8	29.5	22.9

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

The scheme is available to eligible East Sussex residents regardless of where in the county they live. Equalities data gathered between April 2017– March 2018 on clients who had made a successful application to DESSS shows that a higher proportion of applicants reside in the larger towns of the county, as would be expected based on population data.

Locality of applicant		
	Total	Percentage
Eastbourne	219	24%
Hastings	316	35%
Lewes	107	12%
Rother	122	13%
Wealden	141	16%
<b>Grand Total</b>	<b>905</b>	

Source: DESSS equalities data for successful applications April 2017-March 2018

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

It would not be expected that the rural location of an applicant would be any more affected by the proposal than any other applicant in the county. The scheme is accessed online or by telephone therefore the geographical location of the applicant should not have an impact.

**d) What is the proposal, project or service’s impact on the factor or identified group?**

A neutral impact is anticipated as this scheme is predominately accessed via telephone or online and it is not anticipated that this would change with any reduction to the scheme.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

N/A

**f) Provide details of any mitigation.**

N/A

**g) How will any mitigation measures be monitored?**

N/A

**4.9.3 People on low incomes**

**a) How are these groups/factors reflected in the County/District/ Borough?**

[Indices of deprivation 2015: Income 2015](#)

Area/locality	Most Deprived 10%	Second Decile	Third Decile	Fourth Decile	Fifth Decile	Sixth Decile	Seventh Decile	Eighth Decile	Ninth Decile
East Sussex	5%	7%	8%	13%	11%	11%	16%	10%	12%
Eastbourne	5%	16%	5%	25%	7%	18%	8%	8%	7%
Hastings	23%	15%	17%	17%	11%	0%	11%	4%	2%
Lewes	0%	3%	13%	11%	11%	13%	19%	13%	13%
Rother	5%	3%	7%	16%	17%	14%	21%	7%	9%
Wealden	0%	2%	3%	4%	9%	9%	18%	16%	21%

[East Sussex in Figures Indices of Deprivation 2015 \(Income deprivation domain is weighted at 22.5%\)](#)

Low incomes reported in the indices of deprivation include those who are out of work and those on low incomes. In East Sussex the most deprived area is Hastings and this correlates with the area in which the majority of successful applicants to DESSS in 2017/18 resided (35% in Hastings).

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

In order to be eligible to access DESSS the applicant must be in receipt of a relevant benefit and/or be on a low income. All 905 successful applicants in 2017/18 were in receipt of one or more benefits.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

The proposal would affect those on low incomes more than the general population as the scheme is only available to those on low incomes or in receipt of benefits. The proposal may mean that access to household goods, food, utilities via the scheme, and deposits or rent in advance (via district and borough councils) in times of crisis or emergency, are no longer available for those without the necessary funds to pay for essential items.

**d) What is the proposal, project or service's impact on the factor or identified group?**

The proposal may impact negatively for those on low incomes or in receipt of benefits, as all successful DESSS applicants share this factor.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

A reduction to the budget will affect the scope of the scheme. A review of the scheme will be undertaken if the proposals go ahead, to ensure that remaining funds are used to support people with the most need.

**f) Provide details of any mitigation**

If the proposals go ahead, a review of the scheme and its eligibility criteria will be undertaken. In addition to this we would

- Update and publish scheme information and criteria on the East Sussex County Council website.
- Inform partners of any changes to the scheme.
- Scope and signpost to alternative services.

Incorporating DESSS into Health and Social Care Connect (HSCC) may make it more accessible and positively impact people in crisis as it would be open 7 days a week with

extended opening hours. It would also remain in its current location (St Mary's House, Eastbourne).

Please see appendix A for details around information provisions.

**g) How will any mitigation measures be monitored?**

Should the proposals be agreed, we will continue to capture and monitor equality data for each application.

Monitoring of applications to ensure scheme information and criteria is accessible, with staff being trained to correctly apply eligibility criteria.

Monitoring would be undertaken by HSCC.

**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	<p>If the proposal is agreed, there is a risk that a reduction to the DESSS budget may mean that people in crisis are not able to access this emergency support when they need it most.</p> <p>The evidence suggests that people on low incomes (including those out of work, in receipt of disability related benefits, on low incomes and/ or escaping domestic violence) are likely to be the most affected by a reduction to the budget.</p> <p>Mitigation will be undertaken in the review of a reduced scheme and its eligibility criteria, and the continued focus on staff training, equality monitoring and equality of access to the scheme.</p>
	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
X	<b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	<b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

**5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?**

## Equality Impact Assessment

Staff will receive appropriate training around the DESSS criteria and how to apply it correctly.

### 5.4 When will the amended proposal, proposal, project or service be reviewed?

May 2019

<b>Date completed:</b>	<b>June 2018</b>	<b>Signed by (person completing)</b>	<b>Alison O'Shea</b>
		<b>Role of person completing</b>	<b>RPPR Lead</b>
<b>Date:</b>	<b>June 2018</b>	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**



If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

**6.1 Accepted Risk**

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Groups assessed as meeting eligibility for DESSS (including people on low incomes, in receipt of disability related benefits and singles/ households escaping DV) may not be able to access the emergency support they need if the budget is reduced.	Moral, financial.	It is unlikely. Access to food would have to be via foodbanks and access to furniture or whitegoods is likely to be via charity or low cost suppliers such as DESSS' current partners.	EIA  The fact that fewer people would benefit from the scheme and that the most vulnerable people should be helped by the remainder of the scheme has been included in DMT papers and the staff consultation documents.	Steve Hook / Alison O'Shea.	No specific resolution date can be identified.  HSCC Ongoing monitoring

## Appendix A

As a local authority, and under the Care Act 2014, East Sussex County Council has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- **Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes providing up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding and triaging and processing referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories**  
There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – a free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.
- **East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS

## Equality Impact Assessment

is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureau and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.



## Equality Impact Assessment

### Project or Service Template

Name of the proposal, project or service
<b>Reconciling Policy, Performance and Resources (RPPR) 2018/19: Proposed savings to HIV Support Services in East Sussex</b>

File ref:		Issue No:	
Date of Issue:	May 2018	Review date:	April 2019

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## **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”

These are sometimes called equality aims.

### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

**1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21st Century Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When

members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.

- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## **Part 2 – Aims and implementation of the proposal, project or service**

### **2.1 What is being assessed?**

#### **a) Proposal or name of the project or service.**

The HIV Support Service, commissioned by Adult Social Care in 2014, is designed to support and enable adults with HIV to improve their self-management skills and live more independently in their chosen community. It is provided in addition to clinical support, outside of the primary care or acute setting. Key service elements include:

- Assessment of need
- One-to-one and group-based support to newly diagnosed people, with emphasis on understanding treatment options and treatment adherence
- Positive Self-Management Programme courses

The HIV Support Service is delivered by the Terence Higgins Trust (THT).

In October 2017, the service reported that it had supported approximately 80 HIV+ adults in the previous quarter (July to September 2017). This had reduced to 50 by January 2018. The service reported in April 2018 that it was currently supporting 21 people.

The contract is due to expire in March 2019. The contract value is £48,000 and it is proposed that the service is not re-commissioned.

#### **b) What is the main purpose or aims of proposal, project or service?**

The proposal is to direct current and potential clients to other forms of support, eg. benefits advice, housing, employment, education, and immigration support to manage their condition, and to use the remaining 9 months of the contract to establish self-management networks, enabling support should the proposal to reduce the investment by the total amount be taken forward.

#### **c) Manager(s) and section or service responsible for completing the assessment**

Angela Yphantides, Strategic Commissioner, Adult Social Care

### **2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?**

Adults with an HIV+ diagnosis, and their family and friends, including those who have a caring and/or parenting role.

**2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?**

Commissioners will continue to work with HIV+ adults and THT to support adults to transition to wider services that support people with long-term conditions, and those who need support with benefits, advocacy, employment and immigration services.

**2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

Terence Higgins Trust (service provider)

East Sussex Public Health

HIV treatment and care and specialised sexual health service provider - East Sussex Healthcare Trust

NHSE HIV specialised treatment and care service lead and provider

Local voluntary sector service providers

**2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?**

The Health and Social Care Act (2012) sets out NHS and Local Authority responsibilities for HIV prevention, testing and treatment.

There are no statutory requirements for HIV support services of the kind currently provided under this Agreement.

The Adult Social Care ring fence for HIV funding was removed in 2014.

**2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.**

HIV+ adults can access the service by direct referral to THT or can be referred by any local service provider.

HIV+ adults can currently access Health and Social Care Connect (HSCC) to find out about wider services and support available to them.

**2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.**

Referrals can currently be made to THT by phone or email.

HSCC can be accessed by phone on 0345 60 80 191, 8AM to 8 PM, 7 days a week including bank holidays, or by text on 07797 878 111 or Minicom on 18001034560.

**2.8 How, when and where is your proposal, project or service provided? Please explain fully.**

The service is provided to adults who live in East Sussex with an HIV+ diagnosis. See 2.1 above.

The remaining 9 months on the contract would be used to ensure all existing clients knew how to access support in future, and working through THT as the service provider, to develop longer-term self-management solutions to combat discrimination and isolation.

Adults with new HIV+ diagnoses could be directed to wider community services support by the HIV Sexual Health service provider.

**Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.**

**3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.**

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>x</b>	Service User Data	x	Contract/Supplier Monitoring Data
<b>x</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
	Complaints		Risk Assessments
<b>x</b>	Service User Surveys	x	Research Findings
<b>X</b>	Census Data	x	East Sussex Demographics
<b>X</b>	Previous Equality Impact Assessments	x	National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

**3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.**

No complaints have been received.

**3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.**

**Consultation with adults with HIV and their supporters**

Ten week consultation period from 19 April to 28 May 2018

**Consultation with wider commissioners of HIV services**

In 2017, Public Health, working on behalf of NHS England, commissioned Specialised HIV treatment and care services across East Sussex. The current specification<sup>1</sup> describes the aims and objectives of the commissioned out patients service as follows:

**Aim**

The aim of Specialised HIV Services for Adults (Outpatient and Inpatient Services) is to provide specialist assessment and ongoing management of HIV and associated conditions, in order to support patients to stay well (reduced mortality and morbidity) and to reduce the risk of onward

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2013/06/b06-spec-hiv-serv.pdf>

transmission of HIV. The service aims to ensure that the outcomes, wellbeing and quality of life of adults with HIV are maximised.

### **Objectives**

The service will deliver this aim by:

- Providing high quality treatment and care services to adults with HIV which are responsive to local prevalence, and which facilitate and promote retention in care.
- Ensuring adults with HIV are central to decisions about the management of their condition, reflected in their care plan and including relevant support to promote self-management.
- Providing prompt assessment and management of adults diagnosed with HIV through outpatient services and inpatient services.
- Delivering services by a Multidisciplinary Team (MDT) under the direction of a qualified consultant physician, including through formalised networked arrangements to balance quality of care, productivity and access. MDT arrangements also include working across specialities.
- Ensuring timely initiation and effective ongoing management of ARV treatment that enables patients to achieve and maintain undetectable levels of virus. This to be done through provision of treatment, adherence, including support.
- Case management appropriate to the clinical and holistic needs of the patient.
- Providing onward referral (via GPs as appropriate) to meet the wider clinical and holistic care needs of adults with HIV.
- Agreeing pathways which define responsibility for meeting non HIV needs of patients and identify shared care. These will include but not be confined to: primary care, sexual health, social services, family services, psychological support, community and third sector services, drugs & alcohol services and maternity services. Particular attention needs to be paid to simplifying pathways for vulnerable groups such as prisoners, migrants and those with learning disabilities.
- Supporting adults with HIV to minimise risk of transmission of HIV to others. The service will provide (under a sexual health specification) or refer to services for partner notification and HIV testing of sexual partners and family members at risk of HIV infection.
- Supporting the appropriate management of pregnant women with HIV, including ARV initiation to prevent mother to child transmission (see Service Specification B6b).
- With consent of patients, ensuring effective communication and shared care arrangements with other services for the benefit of patients.

The contract includes provision of specialist HIV Nurses (including community specialist HIV nurses).

### **Research on the prevalence of and projections for HIV**

Since the service was commissioned in 2014, the following developments have been noted:

- Nationally new HIV diagnoses have steadily declined from 7,900 in 2005 to 5,164 in 2016. In 2016 there were 1,122 fewer cases than those reported in 2015 (6,286). A reduction in new diagnoses of 18% was recorded in only one year.
- Effective and early treatment of HIV means that the overall number of people living longer with HIV is increasing, and there have been rapid increases in the number of older people living for long periods with HIV alongside co-morbidities; with life spans of those treated early estimated to be no different from main population norms.
- Nationally, many services are adapting to integrate health and social care of HIV as a long-term condition. Research by the National Aids Trust found that 8.4% of English local authorities terminated all expenditure on HIV support services in 2016/17 and a further 43.8% reduced spending between 2015/16-16/17<sup>2</sup>.
- NICE HIV guidance does not include any recommended pathway for care and support.
- Effective medication management and adherence remains the focus of the NHSE commissioned treatment and care services, however it is also a local priority and a number of existing ESBT/C4Y programmes, as well as community organisations, will continue to provide integrated support and technology-based solutions. HIV-awareness raising will be provided to services which may start to specifically support people living with HIV (PWHIV), e.g. Recovery College, CABs, Telecare, and particularly care homes<sup>3</sup>, to promote awareness and reassurance of the of no personal staff risk when working with those who are HIV positive and on treatment.
- The 2017 NHS England contract is anticipated to mitigate against adherence, patient new diagnosis support and HIV related ongoing health impacts as a result of the HIV Support not being re-commissioned.

A specialist nurse who works in the East Sussex HIV treatment and care outpatients service (provided by East Sussex Healthcare NHS Trusts (ESHT)) has been consulted in the proposal.

Locally, THT have been working with HIV+ adults to support them to access wider support services to manage their condition. 21 adults are reported to access the HIV Support Service. They will continue to be supported by THT to access wider services until the contract ends in March 2019 to better manage their condition.

### **3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?**

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<sup>2</sup> [HIV Support Services – The state of the nations, National Aids Trust](http://www.nat.org.uk/sites/default/files/publications/NAT-HIV-Support-Services-The-state-of-the-nations-2017-EXEC-SUMMARY.pdf) (2017) accessed from <http://www.nat.org.uk/sites/default/files/publications/NAT-HIV-Support-Services-The-state-of-the-nations-2017-EXEC-SUMMARY.pdf>

<sup>3</sup> [The future of HIV services in England: Shaping the response to changing needs, The Kings Fund](#) (April 2017)

During the ten week consultation period from 19 April to 28 May 2018, clients who have used the service over the past two years, and approximately 200 HIV positive patients have been contacted as part of the consultation with a view to better understanding the impact the proposal could have on their lives.

A consultation meeting was held on 22 May with 7 HIV positive clients in attendance, and 2 HIV nurses. Key feedback from the meeting included:

- **Social isolation and lack of specialist knowledge** – ending this service could have a significant impact on some people living with HIV who may not have the networks and connections to be able to effectively manage their condition without the support of Terence Higgins Trust.
- **Stigma** – although the mainstream perceptions around HIV are shifting, the significance of stigma and risk of prejudice is very real and many people who live with HIV have not disclosed their status to close friends and family, which has an additional impact on their social isolation and resilience (see point above).
- **Access to services** – a combination of lack of HIV awareness in other services and the way that referrals are set up (for example other services, such as foodbanks, as well as GPs) may cause additional issues for people who need to access non-HIV specific services and the quality of support that they receive. There could be a negative impact should the service end in March 2019.

A total of 41 comments or queries were received from people about the HIV Service prior to and during the consultation period.

### Key messages:

- People and organisations disagree with, or are unhappy about, the proposal to stop funding the service
- Both argue that there is still a need for this service and are concerned on the impact of people who need this support.
- Organisations point out that the cutting the service would create inequality of support across Sussex.
- Both say that the service plays an important role in counteracting the stigma and lack of understanding from general services that people still experience.
- The majority of clients are from marginalised groups and need support to access traditional services.
- Specialist services are needed to ensure people get the support they need and don't reach crisis.

- People will become increasingly isolated and lose access to support groups they value.
- Reducing services that promote and support self-management could result in increased hospital admissions and increased costs to the local health economy.
- People said that the service should keep some of its funding and the long term effects of cutting funding must be considered.
- Organisations suggested looking at joint resourcing for the service with other authorities and health services.

### Sample quotes:

“People will receive support from non-specialist agencies, which still have to be paid for but the outcomes are likely to be less satisfactory.”

“This would have a huge impact on me because I will be not encouraged to go out, this charity had many options for me to go out and meet friends to interact with.”

“I am speaking on behalf of a lot of the ethnic minorities - we get double isolated. Already society looks at you differently and then you have this as well. You need to work and provide a life for yourself again. I’m not sure whether that specialist service can be reproduced.”

### HIV in the UK

Nationally, there has been a long term trend for a decline in the overall number of new diagnoses due in main to a fall in the number of new diagnoses in black Africans who have acquired HIV abroad. The UK is one of the first European countries to report a decline in HIV diagnosis in 2016

Increased testing (nationally a 12% increase in England), early diagnosis and prompt/ maintained anti HIV treatment has reduced HIV mortality. Late HIV diagnosis is linked to poor health outcomes requiring increased health and social care input, however East Sussex continues to hold one of the lowest late diagnosis rate in the South East. For the majority, but not all, HIV is a chronic condition which if treated early and the treatment is maintained, requires little in the way of direct HIV-specific social and health related input.

### HIV in East Sussex

East Sussex has an overall lower prevalence (1.7) than the England prevalence of HIV (2.3).

However, it is worth noting that due to stigma and complications around diagnosis, these estimates may underplay the real picture of HIV in East Sussex as people are unwilling to disclose their status or seek diagnosis unless symptoms are observed.

Three areas do have a prevalence of >2 per 1,000 population:

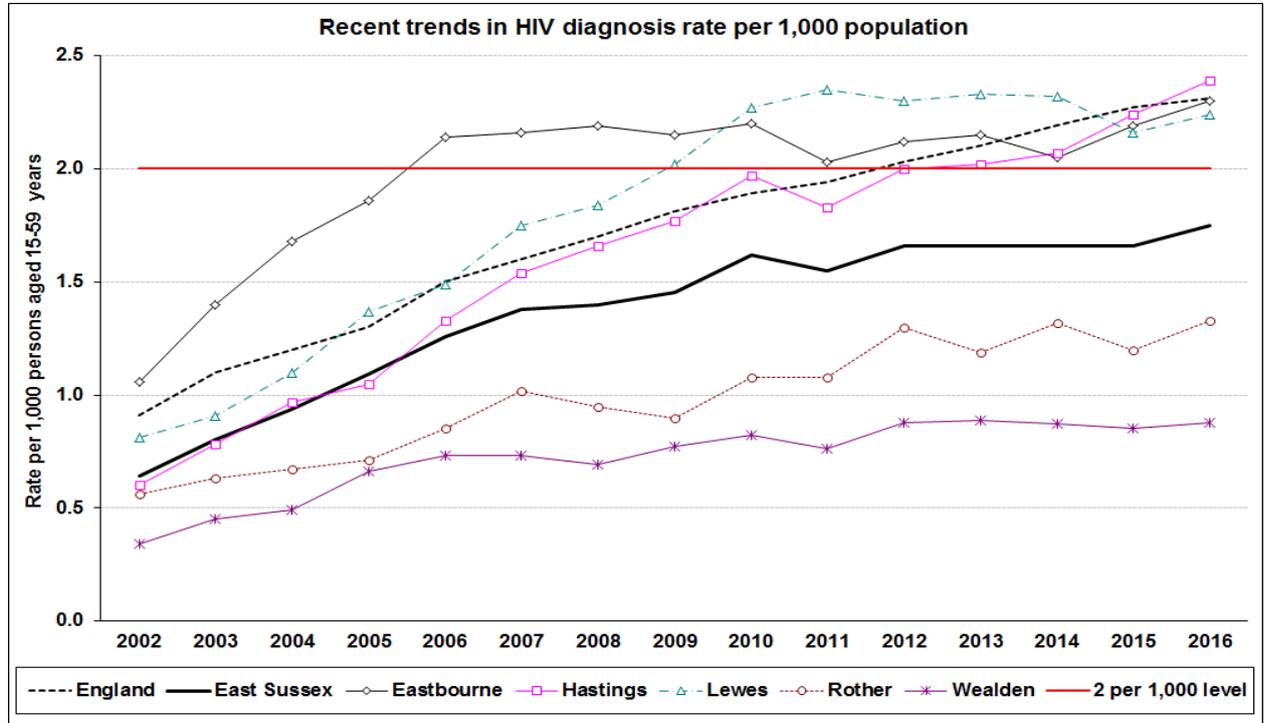
- Eastbourne borough (2.19),
- Lewes and the Havens district (2.17), and

- Hastings borough (2.26), but this matches the national average.

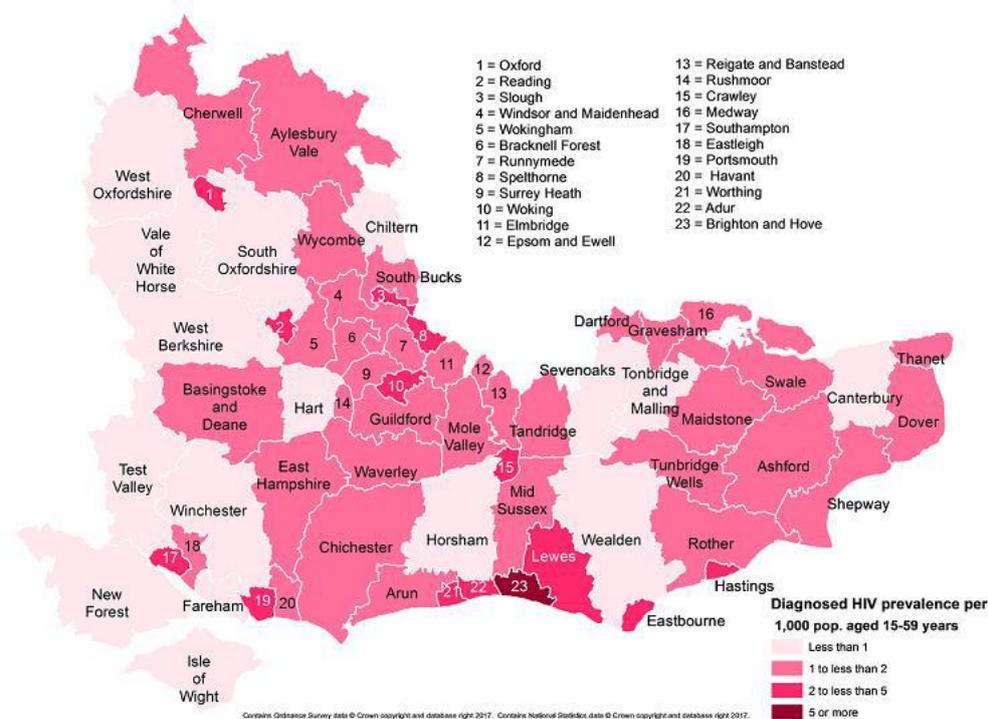
Over 2/1000 is considered to be a high prevalence of HIV as per the national NICE HIV testing guidance (2016).

The current national prevalence is over 2.3/1000 head of population.

HIV diagnosis rates in East Sussex 2002-2016:



HIV prevalence by district and borough in the South East of England



## Part 4 – Assessment of impact

### 4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

Using ONS 2016 population data, it is estimated that there are 922 people in East Sussex with HIV.<sup>4</sup> However, as noted in section 3, it is widely accepted that due to the complication of symptoms presenting and stigma attached to HIV, the real number of people living with HIV may be significantly higher.

Of these,

- **564** are estimated to be between 15 and 64 ( $321,999 / 1,000 \times 1.75$ ), and
- **209** are 65+ ( $119,763 / 1,000 \times 1.75$ ).

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

As the effective treatment of HIV means that the overall number of people living longer with HIV is increasing, and there have been rapid increases in the number of older people living for long periods with HIV alongside non HIV co-morbidities.

Around one-third of people living with HIV in England are now aged 50+. HIV mortality is now similar to the national norm.

#### c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

No, as service alternatives are available to adults aged 18+.

#### d) What is the proposal, project or service's impact on different ages/age groups?

The proposal to end the current service from March 2019 may have a negative impact on older people, due to increased use of care services. As the population of people with HIV ages, it will be important that local services understand the needs of older people with HIV and are able to support them.

#### e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?

THT are developing tools to support residential care homes to raise awareness of the needs of people with HIV and how to support them. HIV awareness training has been provided to some care homes in the county already.

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<sup>4</sup> (East Sussex population in 2016 of 526,671 / 1,000 x 1.75).

**f) Provide details of the mitigation.**

An action plan is being developed – which includes awareness-raising of HIV needs and how best to support people - and would be implemented by the contract end date.

**g) How will any mitigation measures be monitored?**

Through quarterly performance meetings until the end of the contract.

**4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

Using ESiF 2011 data, it is estimated that there are 76 adults aged between 16 and 64 in East Sussex with HIV in addition to long term health problem and disability.<sup>5</sup>

**b) How is this protected characteristic reflected in the reflected in the population of those impacted by the proposal, project or service?**

With the rise in long term conditions such as diabetes and heart disease, there are an increasing number and range of medications management programmes available for people with long term conditions in East Sussex. People who currently access THT will be supported to access these services.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

There is a risk that disabled people/people with a LTC and HIV could face additional discrimination due to their HIV status, and likelihood of additional anxiety for people is a contributing factor.

**d) What is the proposal, project or service's impact on people who have a disability?**

On balance, there will be a neutral impact due to national and local developments which have introduced more integrated services, although there are acknowledged risks around the multiple discrimination of people with disabilities who are HIV positive due to stigma.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Targeted HIV awareness-raising around the needs of people with HIV and how best to support them, including particular awareness of stigma and social isolation, and support to people with HIV to better access wider services, and to develop support networks.

**f) Provide details of any mitigation.**

An action plan is being developed and will be implemented by the contract end date.

**g) How will any mitigation measures be monitored?**

Through quarterly performance meetings until the end of the contract.

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<sup>5</sup> (East Sussex population of adults with a LTC/disability 43,632 / 1,000 x 1.75).

#### **4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

##### **a) How is this protected characteristic reflected in the County /District/Borough?**

Using ESiF 2011 data, it is estimated that there are 37 Black And Minority Ethnic (BAME) adults living in East Sussex with HIV.<sup>6</sup>

However, as stated in sections 2 and 3 – it is possible that there are undiagnosed people living with HIV, or people who have not disclosed their diagnosis. This is due to stigma and perception of HIV and AIDS, which is also common in BAME communities.

##### **b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

The National Aids Trust estimated in 2015 that Black African men and women living in the UK made up 31% of all people accessing HIV care.

THT report that approximately 50% of clients who currently access the support service are BAME. The consultation meeting held on 22 May gave insight into the experience of HIV positive BAME adults who live in East Sussex.

##### **c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Due to the higher prevalence of people from BAME background having HIV, there is a risk that the impact of the proposals will be greater for people from BAME backgrounds.

##### **d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?**

If the proposals were to go ahead, there is a significant risk of a negative impact on HIV positive BAME people in East Sussex. An attendee at the consultation session on 22 May said: *"In mainstream society there is no problem, but all of a sudden you get a diagnosis, which puts you in a different world. You have a cultural background which says that you are an outcast. You have to decide whether to tell your family."*

For BAME people, having an HIV diagnosis risks social isolation and being cut off from local and wider support networks such as family and friends, which may be an additional negative impact as it reduces the options for effective self-management and access to specialist knowledge. Some service users reported that some people from some African countries can have a less nuanced understanding of HIV and assume that HIV is the same as AIDS. The stigma that people with a diagnosis are forced to face cannot be underestimated.

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<sup>6</sup> (East Sussex BAME population in 2011 (21,249 / 1,000 x 1.75).

These experiences are reinforced by national research, including the 'People living with HIV Stigma survey (2015)<sup>7</sup>, which states that:

- One in five BAME people had never disclosed their status to anyone; twice as many compared to white British or Irish participants (21% vs. 12%,  $p < 0.05$ ).
- A fifth (18%) of BAME people felt that they had no or low levels of support when disclosing to their sexual partner, family, friends, or co-workers/employers vs. 10% of white British or Irish participants ( $p < 0.001$ ).
- Over half of BAME participants (55%) had experienced some form of discriminatory treatment in the last 12 months in social, family or workplace settings), (compared to 62% for white British or Irish participants). Most felt this was mainly due to their HIV status (rather than other factors), although this varied by setting (Figure 2).
- 40% of BAME participants reported being treated differently to other patients in healthcare settings in the last 12 months compared to 29% of white British or Irish people ( $p < 0.001$ ); A third (34%) of BAME participants had avoided healthcare in the last year compared to a quarter (25%, 244/967) of white British or Irish participants.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Targeted HIV awareness raising with service providers which will include specifically how best to support people with HIV who are from BAME backgrounds, and support to promote networking and peer support for HIV positive people in East Sussex.

**f) Provide details of any mitigation.**

An action plan is being developed and will be implemented by the contract end date.

**g) How will any mitigation measures be monitored?**

Through quarterly performance meetings until the end of the contract.

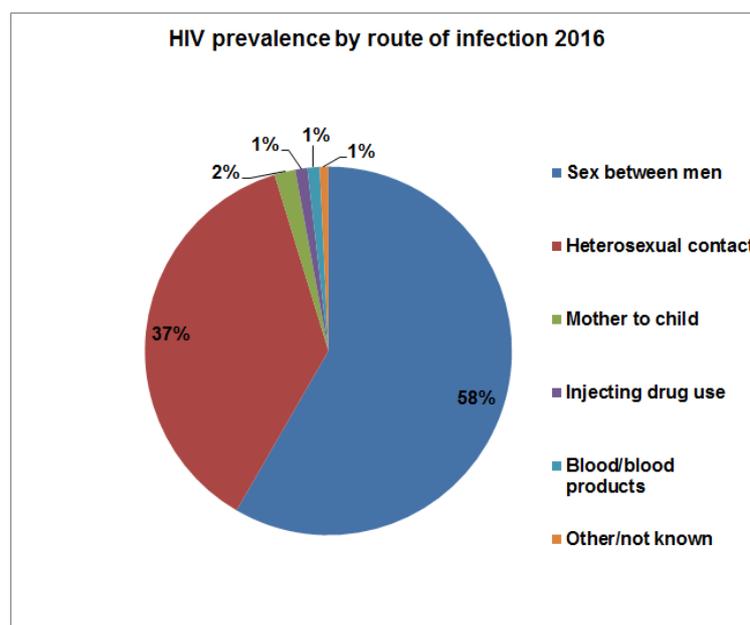
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<sup>7</sup> <http://www.stigmaindexuk.org/posters/2016/bame-poster.pdf>

**4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

Using ESiF 2011 data, it is estimated that there are 367 men aged between 15 and 64 living in East Sussex with HIV.<sup>8</sup> The 2016 Public Health England (PHE) breakdown of East Sussex HIV positive individuals living in East Sussex suggests a larger number of men of differing sexual orientations (as noted in sexual orientation).



There is limited data available on the transgender population in East Sussex.

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

PHE report that at least 58% of the existing population in 2016 is male but with significant female number, therefore all genders will be affected.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Due to the higher prevalence of men, there is a risk that the impact will be greater for men. Transgender people may be at greater risk of socio-economic or cultural disadvantage and could therefore be impacted to a greater extent than the general population. However, there is limited evidence about the number or experience of this group in East Sussex.

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<sup>8</sup> (East Sussex population by gender in 2011 (210,000 / 1,000 x 1.75), and 406 women (231,761 / 1,000 x 1.75)).

**d) What is the proposal, project or service's impact on different genders?**

As described above, the proposal is likely to affect men slightly more than women based on statistics available, but there is a neutral impact as the existing service is open to anyone with a diagnosis.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Targeted HIV awareness raising to reduce stigma to both men and women, and will include transgender people.

**f) Provide details of any mitigation.**

An action plan is being developed and will be implemented by the contract end date.

**g) How will any mitigation measures be monitored?**

Through quarterly performance meetings until the end of the contract.

**4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

Using ESiF 2011 data, it is estimated that there are 3 adults in civil partnerships living in East Sussex with HIV.<sup>9</sup>

However, as stated in sections 2 and 3 – it is possible that there are undiagnosed married people or people in civil-partnerships living with HIV, or people who have not disclosed their diagnosis. This is due to stigma and perception of HIV and AIDS.

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

As the population of people living with HIV who are in civil partnerships or marriage ages, there will be a higher number people with HIV who develop additional care needs, which may place additional burdens on their partner

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

The data suggests that a very low number of people may be affected. There is thought to be a neutral impact.

**d) What is the proposal, project or service's impact on people who are married or same sex couples who have celebrated a civil partnership?**

There may be an additional impact on people living with HIV who are married or in a civil partnership, as the person with HIV may not feel able to tell their partner/husband/wife of their diagnosis. Additionally, as with anyone with care needs who is living longer, partners who may take a caring role may feel an additional impact.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

An action plan is being developed and will be implemented by the contract end date.

**f) Provide details of any mitigation.**

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<sup>9</sup> (East Sussex population by marital status in 2011 (1,471 / 1,000 x 1.75.

Targeted HIV awareness raising to reduce stigma to both men and women, and will include transgender people.

An action plan is being developed and will be implemented by the contract end date.

**g) How will any mitigation measures be monitored?**

Through quarterly performance meetings until the end of the contract.

**4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**

- a) How is this protected characteristic target group reflected in the County/District/Borough?**

Pregnancy and maternity in those who are HIV positive is managed between the standard maternity services working with the specialist HIV treatment and care services. However, no data could be identified on prevalence amongst expectant and current mothers.

- b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

No data could be identified on prevalence amongst expectant and current mothers.

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

The data suggests that a very low number of people may be affected. There is thought to be a neutral impact.

- d) What is the proposal, project or service's impact on pregnant women and women within the first 26 weeks of maternity leave?**

This is thought to be neutral.

- e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Targeted HIV awareness training.

- f) Provide details of the mitigation**

An action plan is being developed and will be implemented by the contract end date.

- g) How will any mitigation measures be monitored?**

Through quarterly performance meetings until the end of the contract.

#### **4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.**

There is not thought to be any specific impact, although it is worth noting that adults from BAME communities where religion and belief is a central figure to their culture may find that there are significant stigmas and risks of social isolation associated with being HIV positive. This is covered in section 4.3.

#### **4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**

##### **a) How is this protected characteristic reflected in the County/District/Borough?**

Using ESiF 2011 data, it is estimated that there are 65 lesbian, gay or bisexual adults living in East Sussex with HIV.<sup>10</sup> However, as stated previously, that estimate may be lower than the real figures owing to stigmas around disclosing status, and complexity in diagnosis.

##### **b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

As the lesbian, gay and bisexual population in East Sussex ages, there will be a higher number people with HIV who develop additional non-HIV care needs. The chart shown at 4.4 shows a higher rate of men who identify as Gay who are HIV+.

##### **c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

The data suggests that a very low number of people may be affected.

##### **d) What is the proposal, project or service's impact on people who are married or same sex couples who have celebrated a civil partnership?**

Although the numbers are very low, there is a risk of a perceived negative impact on LGB people living in East Sussex with HIV.

##### **e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Targeted HIV awareness raising. Commissioned services are expected to have equality and diversity training in place for all staff.

##### **f) Provide details of any mitigation.**

An action plan is being developed and will be implemented by the contract end date.

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<sup>10</sup> (East Sussex LGBT population in 2011 (36,867 / 1,000 x 1.75.

**g) How will any mitigation measures be monitored?**

Through quarterly performance meetings until the end of the contract.

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**Carers**

**a) How are these groups/factors reflected in the County/District/ Borough?**

- The majority of carers in East Sussex are of working age, with 26 per cent being aged over 65. The peak age for caring is 50-64 both locally and nationally
- 2,000 (3%) carers in East Sussex are aged over 85 years
- 50% of carers being supported by the Carers Centre and 55% of carers known to Adult Social Care are aged over 65.

**(Source, Census 2011)**

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

THT report that 3 carers have benefited from the support service in the period October 2017 – March 2018.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

Carers for people who are HIV positive may be affected as a result of the proposals going ahead, due to increased reliance on existing networks and stigma.

**d) What is the proposal, project or service's impact on the factor or identified group?**

There is a risk of a negative impact on carers of people with an HIV positive diagnosis, and an additional impact as a result of proposals to reduce commissioned carers services across East Sussex.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Awareness raising of the needs of people living with HIV, and their carers – including to support development of peer support and networks to access specialist support and other services.

**f) Provide details of the mitigation.**

An action plan is being developed and will be implemented by the contract end date.

**g) How will any mitigation measures be monitored?**

Through quarterly performance meetings until the end of the contract.

**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	If the proposals are agreed, the evidence suggest that there is the risk for serious adverse impact on adults who are HIV positive in East Sussex.
X	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	Mitigations include ensuring that adults who require support to manage their condition and the impact of stigma, are supported into self-management networks and to access information and advice about wider services to meet their needs and manage their conditions.
	<b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	<b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

**5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?**

See Action Plan

**5.4 When will the amended proposal, proposal, project or service be reviewed?**

Regularly.

# Equality Impact Assessment

<b>Date completed:</b>	<b>28 May 2018</b>	<b>Signed by (person completing)</b>	<b>Angela Yphantides</b>
		<b>Role of person completing</b>	<b>RPPR Lead</b>
<b>Date:</b>	<b>June 2018</b>	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
- 4. If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Meeting ongoing support needs	<p>Ensure that all HIV+ adults and their carers, where appropriate, are sign-posted into wider services to support them to manage their long term condition, and wider support needs.</p> <p>Ensure that ESHT’s Sexual Health clinics are provided with links to HSCC and local support services so that they can signpost</p>	Angela Yphantides	By contract end date (30 March 2019)	Managed within contract resource	Quarterly monitoring returns provided by Terence Higgins Trust.

	<p>HIV+ adults with additional support needs to these services.</p> <p>To use the remaining time of the extended contract with THT to undertake specific, targeted awareness raising around the needs of people living with HIV and their carers, especially in BAME and LGBT communities where risk of social isolation and withdrawal from other services is especially high.</p> <p>To ensure that THT deliver on the contract requirement to support HIV+ adults to develop social networks that can help them manage the stigma they face due to discrimination and lack of awareness around HIV.</p>				
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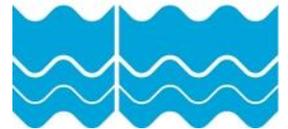
**6.1 Accepted Risk**

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
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		business case)			
There may be some risk to the health and wellbeing of vulnerable adults and their dependents and/or carers, however, this is expected to be mitigated by the action plan supporting HIV+ adults into wider services via HSCC	Moral and financial	Potentially	EIA	Angela Yphantides	By the contract end date in March 2019.

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## Equality Impact Assessment

### Project or Service Template

Name of the proposal, project or service
<p><b>Reconciling Policy, Performance and Resources (RPPR) 2018/19:</b></p> <p><b>Proposed reductions in Carers Budget, planned recommissioning of services and impact on in-house services</b></p>

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	April 2019

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### **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

#### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”

These are sometimes called equality aims.

#### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

## Equality Impact Assessment

### **1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21st Century Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.

## Equality Impact Assessment

- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1 What is being assessed?

#### a) Proposal or name of the project or service.

Reconciling Policy Performance and Resources:

Proposed reductions in Carers Budget, including the planned recommissioning of services and impact on in-house services and service delivery through the Carers Breaks Engagement Team

#### b) What is the main purpose or aims of proposal, project or service?

To identify £422k savings in carers' budget and develop the carer investment plan taking account of required savings and remodelling of in-house services.

#### c) Manager(s) and section or service responsible for completing the assessment

Tamsin Peart, Strategic Commissioning Manager, Strategy and Commissioning

### 2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?

Adult carers of adults with care and support needs, living in East Sussex.

### 2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?

Budget savings were agreed at full Council on 6 February 2018 and subject to a 10 week consultation with carers.

Final proposals relating to allocation of the reduced budget are to be agreed at Cabinet on 26 June 2018, having taken into account the consultation findings and this document. A procurement process, led by the above named commissioner, will then be undertaken to recommission with a reduced budget.

In-house savings will follow a staff consultation process and should be fully implemented by the Head of Service for Directly Provided Services before end September 2018.

### 2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?

- The carers' budget is funded through the Better Care Fund (BCF) which is jointly funded by ESCC and the three Clinical Commissioning Groups

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- There are currently eight voluntary sector providers commissioned to deliver carers' services: Care for the Carers, British Red Cross, Association of Carers, Alzheimer's Society, ICE Project, Coastal Wellbeing, Headway and the Motor Neurone Disease Association

### **2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?**

This proposal has been developed in order to identify savings for 2018/19 and subsequent years as part of ESCC's Reconciling Policy, Performance and Resources business planning process

Some services funded through the carers' budget have not been reduced as they are providing statutory services by meeting eligible needs of carers (Care Act 2014). These include Carers Personal Budgets and Respite for carers.

### **2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.**

- Carers can contact or be identified at HSCC and then referred/signposted to other services
- A Carers Social Prescription is available for primary care, East Sussex Health Care Trust (ESHT) and Sussex Partnership Foundation Trust (SPFT). This is an online referral tool that health clinicians can use to refer carers to Care for the Carers
- Carers can contact Care for the Carers who deliver the Carers Centre for East Sussex, or access online to be provided with information, advice and support and referred/signposted to other services
- Carers can make contact with the individual services offering carer support
- Adult Social Care's public information leaflet for carers, IL04, is updated annually and contains all the contact information  
<https://www.eastsussex.gov.uk/socialcare/carers/assessment/>

**Single Point of Access** – the Carers Investment Plan includes a single point of access to be delivered by the Carers Centre for East Sussex which will provide information and advice and triage for a wide range of support services for carers, some of which will have universal access whilst others will be more targeted.

### **2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.**

Carers Assessments are undertaken by ASC to determine eligible needs, however, access to most carers' services do not require a determination of eligibility.

## Equality Impact Assessment

### **2.8 How, when and where is your proposal, project or service provided? Please explain fully.**

If the proposal is agreed, services will be re-commissioned during Autumn 2018 to commence in April 2019, after current funding agreements cease.

**Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.**

**3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.**

Types of evidence identified as relevant have <b>X</b> marked against them			
n/a	Employee Monitoring Data	n/a	Staff Surveys
x	Service User Data	x	Contract/Supplier Monitoring Data
x	Recent Local Consultations	x	Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
x	Complaints	x	Risk Assessments
x	Service User Surveys	x	Research Findings
x	Census Data	x	East Sussex Demographics
x	Previous Equality Impact Assessments	x	National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

**3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.**

No complaints of this nature have been received (comments and concerns about the proposals have been considered within our consultation and engagement framework).

**3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.**

Carers were consulted in summer 2017 to inform the Carers Investment Plan. A final version of the Investment Plan was postponed due to the RPPR process. The consultation has been updated and has been used to inform this EqIA as well as future commissioning. The summary results are shown in Appendix.1

The savings proposals public consultation included 5 meetings with carers across the county, a meeting with carer practitioners from operational services and the voluntary sector. There were over 550 responses to the Carer survey received.

**3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?**

## Equality Impact Assessment

The research and data noted in this report indicate that the impact of reduced funding to services for all carers may be compounded within their protected characteristics, which is explored in part 4.

Additionally, carers and those they care for may be negatively impacted by reductions in other services such as Learning Disability Services, STEPS, Home Works and the Stroke Association amongst others.

### **Key themes from the public consultation:**

- People disagree with, or are unhappy about, the proposal to cut funding for carers support.
- They say that carers save money by providing unpaid care at home and should be invested in.
- Cutting funding would put more pressure and stress on carers, affect their health and wellbeing, and increase their own support needs.
- This saving is a false economy, as if carers can't continue in their caring role it would be more expensive in the long term and may push more people into residential care sooner.
- People want valuable voluntary and charity services to be supported to continue providing support for carers.
- There are already growing numbers of carers needing help, while at the same time social care and carers services have already been reduced.
- People are particularly concerned about reductions in support for the person they care for and say that statutory organisations will see more demand for other services if funding is reduced.
- Organisations say that carers affected by both the cuts to their support and to reductions in services for the person they care for.
- Day services for older people and those with a learning disability provide valuable respite for carers and allow them to continue working.
- People were concerned about whether an impact assessment has been done and whether decisions have already been made.
- Nearly half can get the information and advice they need most of the time. It would be better if carers have access to more information and advice in one place.

## Equality Impact Assessment

- 40% say they get the support they need most of the time. It would be better if carers get ongoing support and had one contact person supporting them.
- Targeted services they find most helpful are ongoing support, practical support, and respite from caring.
- Peer support groups can help people to continue in their caring role and gain power over their situation through shared knowledge.
- People suggest more effective partnership working, streamlining services where and reviewing the number of senior managers and consultants.

### Sample quotes

“Carers are often unpaid and if they are unable to carry on or breakdown the burden falls on the taxpayer.”

“Carers need to be looked after so they can look after the person they care for. If not they will suffer ill health themselves and will end up needing care and the cared for person will need to be cared for by someone else. It would be false economy to neglect carers' needs.”

“If less support is made available for carers (for example) two important things will happen. 1/ The carers will become more stressed and in turn they too will need more social help. 2/ If the carer cannot cope the person being cared for will have to go onto a home. In both of these scenarios the government would end up with a bigger and more expensive problem.”

### Inclusion Advisory Group – March 2018

- [Name] outlined an increase of approximately two thirds in referrals (to carers services), which is alarming in terms of proposed reductions and consequences on capacity of the organisation.
- There are concerns around ESCC fulfilling responsibilities to young carers and the multiple impacts on their lives, particularly around reducing respite opportunities. There has also been a rise in DV within carer/ partner relationships and familial relationships, particularly between male relatives. This may be attributed in part to rising stresses and pressures within families about the care needs of relatives. This again is extremely worrying if cuts to support services go ahead. A sharp increase in self-harming amongst the people that use services, as well as aggression towards workers was acknowledged.
- Consider the impacts to rural communities and factor in the barriers which already exist around transport and social isolation.
- It was expressed that impacts [of savings] are rarely felt in individual isolation, and that the ripple effect to relatives, carers, neighbours, schools etc should not be

## Equality Impact Assessment

underestimated. Such drastic changes [as the proposals in ASC, including the to carers services] can result in the upheaval and detriment to many lives including children, the long-term effects of which (missing school, isolation, impaired prospects) can be calamitous. East Sussex is at a point where only extreme crisis intervention is available.

- It was noted that the safety net for people in need of support has gone, and subsequently many people feel abandoned. There are huge concerns for people who have 'exhausted' their options and care pathways; they're left on their own to cope.

### 4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

According to the 2011 Census, 40% of residents in East Sussex are aged 65+ with 60% being under 65.

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

- The majority of carers in East Sussex are of working age, with 26 per cent being over 65<sup>1</sup>. The peak age for caring is 50-64 both locally and nationally<sup>1</sup>.
- 2,000 (3%) of carers in East Sussex are aged over 85 years<sup>1</sup>
- 50% of carers being supported by the Carers Centre and 55% of carers known to Adult Social Care are aged over 65.

#### c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

A four year study of carers and non-carers aged 66–92 found that carers who were reporting feelings of strain had a 63% higher likelihood of death in that period than non-carers or carers not reporting strain.<sup>2</sup>

A survey of carers of older people found that problems associated with the carer contributed to readmission of patients in 62% of cases, and the carers of people readmitted were more likely than other carers to be experiencing ill-health, fatigue and interrupted sleep.<sup>3</sup>

A study of people aged over 75 years old, found that 20% of those needing care were admitted to hospital because of the breakdown of a single carer on whom the person was mainly dependent.<sup>4</sup>

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<sup>1</sup> 2011 Census

<sup>2</sup> Schulz, R & Beach, S, „Caregiving as a risk factor for mortality“. Journal of American Medical Association, Dec 1999, vol. 282 (23), 2215–2219.

<sup>3</sup> Williams, E, Fitton, F (1991), „Survey of carers of elderly patients discharged from hospital“. British Journal of General Practice, 41, 105-108.

<sup>4</sup> Castleton, B (1998), Developing a whole system approach to the analysis and improvement of health and social care for older people and their carers: A pilot study in West Byfleet, Surrey. Unpublished. Referenced by Banks, P (1998) „Carers: making the connections“. Managing Community Care, vol 6, issue 6.

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Working age carers may lack access to flexible employment and may be part of the “sandwich generation” caring for older family members whilst bringing up children.

Whilst the majority of carers in East Sussex are of working age, these carers appear, from the data, to be harder to identify and support.

However, given the research above regarding older people, it is clear that older carers may have additional needs due to their age and/or own health needs.

Young adult carers aged 16-25 may experience barriers relating to their caring role such as remaining in education, first employment and leaving home- which other young people do not experience.

### **d) What is the proposal, project or service’s impact on different ages/age groups?**

Older carers may experience increased stress which could impact on both their mental and physical health.

Younger carers may receive less support to assist them with education and/or work opportunities.

Working age carers, (who count for the majority however are less likely to be receiving support), may also be less likely to receive timely and appropriate information, advice and support.

### **e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

The Carers Investment Plan and future commissioning will take account of the range of needs of adult carers of all ages, including addressing any additional needs of older carers, ensuring that working age carers are supported and identified and that young adults receive age appropriate support. However, given the reduction in funding, it is likely that there will be less support available for all adult carers.

Please see Appendix 2 for provision of information.

### **f) Provide details of the mitigation.**

Limited resources to address differing needs may lead to less carer specific support across all ages as other services that support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited.

Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers’ needs as highlighted throughout this Impact Assessment.

### **g) How will any mitigation measures be monitored?**

## Equality Impact Assessment

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints.

Monitoring will be undertaken by the Joint Commissioning Team.

### 4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County /District/Borough?

2011 Census figures shows that the day to day activities of 48% of those aged 65+ and 19% of those aged under 65 in East Sussex are limited to some extent due to a long term health problem or disability.

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Unpaid carers have twice the prevalence of long-term illness and disability as the rest of the population<sup>4</sup>.

#### c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Yes.

- Carers often have significant health problems of their own. Carers have a higher prevalence of physical illness, particularly stroke and other cardiovascular disease and are more likely to die prematurely.<sup>5</sup>
- carers are over twice as likely to have mental health problems if they provide substantial care<sup>6</sup>
- 58% of carers look after someone with a physical disability<sup>7</sup>
- 13% care for someone with a mental health problem **Error! Bookmark not defined.**
- 20% care for someone with a sensory impairment **Error! Bookmark not defined.**
- 10% care for someone with dementia **Error! Bookmark not defined.**
- 13.2% of carers caring for over 50 hours a week were in 'bad' or 'very bad' health. This compares to 5.3% of people without caring responsibilities. So full-time carers are two and a half times more likely to be in bad health<sup>1</sup>

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<sup>5</sup> Commissioning for Carers 2013, RCGP

<sup>6</sup> Singleton N. *et al.* (2002) *Mental Health of Carers*. Office for National Statistics, The Stationery Office, London

<sup>7</sup> NHS Information Centre for Health and Social Care (2010) Survey of Carers in Households 2009/10

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- Carers providing high levels of care were associated with a 23% higher risk of stroke;<sup>8</sup>
- 36% of carers who had not taken a break of more than a few hours since beginning their caring role experienced mental ill-health, compared to 17% of carers who had been able to take such a break.**Error! Bookmark not defined.**
- Many carers report that caring results in a negative and often lasting impact on their physical and mental health, but as with the rest of the population, many people with existing disabilities or long-term conditions also take on caring responsibilities.<sup>9</sup>
- According to the NHS Information Centre Survey of Carers in Households, 27% of carers were in receipt of Disability Living Allowance as a result of their own disability or ill health.**Error! Bookmark not defined.**
- Contributions from disabled carers to Carers UK's Caring & Family Finances Inquiry indicated that carers with disabilities are significantly more likely to give up work to care (61% of working age disabled carers compared to 52% of non-disabled working age carers), and were much less likely to be in paid work alongside caring (only 18% were in paid work alongside caring, compared to 33% of carers who were not disabled). Because many working age disabled carers were caring for partners, they were also substantially more likely to be on lower incomes or have no-one in their household in paid work - three quarters (74%) of carers receiving Disability Living Allowance were in this situation, compared to 55% of all working age carers.**Error! Bookmark not defined.**
- Carers who have an illness or disability themselves were also significantly more likely to be in debt and much higher levels of debt than other carers – reporting this resulted from a combination of their own additional disability-related costs and reduced earnings. Of respondents to Carers UK's State of Caring 2015 survey, 60% of those who considered themselves to have a disability said their financial circumstances were affecting their health.<sup>10</sup>

### d) **What is the proposal, project or service's impact on people who have a disability?**

Carers are caring for people with disabilities so any reduction in carer support will have a cumulative impact on the disabled people they care for.

Many carers are themselves disabled and a reduction in services may result in poorer mental and or physical health and a risk to the sustainability of the caring role, as well as safeguarding risks to the cared for person.

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<sup>8</sup> Haley, W et al (2010), „Caregiving strain and estimated risk for stroke and coronary heart disease among spouse caregivers“. Stroke, 41:331-336.

<sup>9</sup> Carers UK Facts about carers 2015

<sup>10</sup> Carers UK (2015) State of Caring 2015

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

The Carers Investment Plan and future commissioning will take account of the range of needs of adult carers with a range of disabilities, long term conditions and mental health needs. This includes accessible information and venues, and recognising the impact of caring on carers' own mental health with targeted support.

However, given the reduction in funding it is likely that there will be less carer specific support for all carers; limited resources to address differing needs may lead to less carer specific support available to all carers.

Please see Appendix 2 for provision of information.

**f) Provide details of any mitigation.**

Limited resources to address differing needs may lead to less carer support for carers with a disability or LTC as other services that may support specific groups of people who have carers are reduced or ended. Therefore, mitigations are likely to be limited.

Recommissioned services will be different to the current ones if there is a reduction in funding, and will take account of the range of carers' needs as highlighted throughout this Impact Assessment.

**g) How will any mitigation measures be monitored?**

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints.

Monitoring will be undertaken by the Joint Commissioning Team.

### **4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

The overall population of East Sussex is 527,209 (2011 Census data) and is projected to continue increasing over the next few years. Census figures below demonstrate ethnic diversity in the area as 8.3% overall. Increases are particularly in the 'White other' and 'mixed' categories reflecting East European and other white groups' migration and other societal changes. Largest overall minority populations are 'White other' and 'Asian and Asian British'.

Ethnic group in 2011 by districts (%)

Ethnicity	All people	British & Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
Geography									
England & Wales	100	80.5	0.9	0.1	4.4	2.2	7.5	3.3	1
South East	100	85.2	0.9	0.2	4.4	1.9	5.2	1.6	0.6
<b>East Sussex</b>	<b>100</b>	<b>91.7</b>	<b>0.8</b>	<b>0.2</b>	<b>3.4</b>	<b>1.4</b>	<b>1.7</b>	<b>0.6</b>	<b>0.3</b>
Eastbourne	100	87.4	1	0.1	5.6	1.8	2.8	0.8	0.5
Hastings	100	89.3	0.8	0.2	3.5	2.2	2.4	1.2	0.5
Lewes	100	92.5	0.8	0.1	3.2	1.3	1.4	0.4	0.3
Rother	100	94.1	0.7	0.1	2.1	1.1	1.2	0.3	0.2
Wealden	100	93.8	0.6	0.2	2.8	1	1.2	0.2	0.2

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

97% of carers supported by the Carers Centre in East Sussex are White<sup>11</sup>.

Of those carers known to ASC, 86.2% are white, 1.9% non-white and 11.9% not known<sup>12</sup>.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Research identifies:

- BAME carers are significantly more likely to provide 20-49 hours a week care compared with White British carers (56% compared with 47%)<sup>7</sup>.
- Carers from different ethnic groups have some cultural resistance to State intervention in what is assumed to be a family duty. This has been demonstrated by responses from focus groups as well as national research (e.g. Afiya Trust “We Care Too” 2008). Language barriers can also be a problem in even understanding the term “carer”.
- 2011 census data indicates that a smaller proportion of the BAME population provides care than the White British population. However the BAME population is much younger and therefore less likely to have older parents or

<sup>11</sup> Care for the Carers Minimum Data Set Returns 2017/18

<sup>12</sup> LAS April 2018

## Equality Impact Assessment

other relatives needing care. Analysis by University of Leeds has, in the past, suggested that when age is accounted for, BAME families are more likely to provide care for older or disabled loved ones<sup>13</sup>.

- Carers UK's evidence indicates that BAME carers are less likely to be receiving practical and financial support with caring and more likely to miss out on accessing support for longer – often as a result of a lack of advice and information and struggling to access culturally appropriate services.<sup>14</sup>

### **d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?**

A neutral impact is anticipated for this group. Carers from BAME communities are not underrepresented in carer services; therefore the impact of funding reductions is likely to be the same as for all other carers.

### **e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

The Carers Investment Plan and future commissioning will take account of the range of needs of carers including those who identify as black, Asian or minority ethnic. This could include outreach to BAME communities to address communication or language barriers and in acknowledgement that BAME carers are even less likely to recognise their caring role compared to other carers. However, given the reduction in funding, it is likely that there will be less carer specific support available to all carers.

Please see Appendix 2 for provision of information.

### **f) Provide details of any mitigation.**

Limited resources to address differing needs may lead to less carer support as other services that may support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited.

Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

### **g) How will any mitigation measures be monitored?**

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints.

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<sup>13</sup> Half a million voices: Improving support for BAME carers Carers UK 2011

<sup>14</sup> Echoing the findings of Carers UK (2001) Who cares wins, statistical analysis of the Census

## Equality Impact Assessment

Monitoring will be undertaken by the Joint Commissioning Team.

### 4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

#### a) How is this protected characteristic target group reflected in the County

The 2011 Census shows that 52% of East Sussex residents are female and 48% male. Figures relating to transgender are not currently collected.

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

The 2011 Census identified that 58% of carers are women and 42% men in East Sussex.

Service data from the Carers Centre for East Sussex shows that 73% of carers supported are female and 27% male.

Of those carers known to ASC, 67% are female and 32% male.

Figures relating to transgender are not currently collected.

#### c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Statistically there are slightly more female carers so there is a possibility that women may be more affected by the proposals than men. However we also know that women are more likely to seek support than men, so there is a potential negative impact on male carers not known to us.

#### d) What is the proposal, project or service's impact on different genders?

Research identifies:

- In 2011, females were notably more likely to be unpaid carers than males; 57.7% of unpaid carers were females and 42.3% were males in England and Wales
- Across English regions and Wales, females took on a higher share of the unpaid care burden than males in a similar proportion, regardless of the amount of unpaid care the region's usually resident population provided
- The share of unpaid care provision fell most heavily on women aged 50-64; but the gender inequality diminished among retired people, with men slightly more likely to be providing care than women

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- In 2011 in England, 116,801 men (1.0%) and 81,812 women (1.2%) were in full-time employment while providing 50 hours or more unpaid care; in Wales the equivalent numbers were 9,320 (1.6%) and 5,068 (1.8%) respectively
- Economically active women in both full-time and part-time employment provided a greater share of the unpaid care burden than men; in England 12.1% of women working full-time provided unpaid care, and in Wales it was 15.3%

Approximately half of men who were 'Looking after the home or family' provided some extent of unpaid care, with the majority providing 50 hours or more<sup>15</sup>

Reduced funding for services may disproportionately affect female carers who statistically provide more unpaid care. Male carers however are already underrepresented in services and so they too may be affected in future provision.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

The Carers Investment Plan and future commissioning will take account of the range of needs of all carers and target underrepresented groups. However, given the reduction in funding it is likely that there will be less carer specific support available to all carers.

Please see Appendix 2 for provision of information.

**f) Provide details of any mitigation.**

Limited resources to address differing needs may lead to less carer support across all genders as other services that support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited

Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

**g) How will any mitigation measures be monitored?**

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints. Monitoring will be undertaken by the Joint Commissioning Team.

### **4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

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<sup>15</sup> The gender gap in unpaid care provision: is there an impact on health and economic position? ONS 2011

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According to the 2011 Census, almost half of East Sussex residents are married or in a civil partnership.

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Over a quarter of carers nationally (26%) care for their spouse or partner **Error! Bookmark not defined.**

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

As many carers are caring for a partner or spouse they may therefore be disproportionately affected by a reduction in services.

**d) What is the proposal, project or service's impact on people who are married or same sex couples who have celebrated a civil partnership?**

A reduction in services is likely to impact negatively on carers who care for a spouse/civil partner; however these are similar impacts for carers caring for any loved one.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

The Carers Investment Plan and future commissioning will take account of the range of needs of all carers and target underrepresented groups. However, given the reduction in funding, it is likely that there will be less carer specific support available to all carers.

Please see Appendix 2 for provision of information.

**f) Provide details of any mitigation.**

Limited resources to address differing needs may lead to less carer support as other services that may support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited. Re-commissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

**g) How will any mitigation measures be monitored?**

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints. Monitoring will be undertaken by the Joint Commissioning Team.

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### 4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic target group reflected in the County/District/Borough?

5,046 live births in East Sussex 2015

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

It is not anticipated that there will be a disproportionate impact for this group.

### 4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

The 2011 Census states that 60% of East Sussex residents are Christian, 2% other religions, 30% have no religion, and 8% not known.

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Of carers known to ASC, 34% are Christian, 2.3% other religions, 13% no religion and 50% not known.

#### c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

It is not anticipated that there will be a disproportionate impact for this group.

### 4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

*Sexual Identity – South East (Source: ONS data 2016)*

	Number	%
Heterosexual or straight	6,703,000	93.4
Gay or lesbian	87,000	1.2
Bisexual	61,000	0.9
Other	38,000	0.5

Don't know or refuse	284,000	4.0
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**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Research identifies:

Whilst there are no clear statistics on LGBT carers, the ONS calculates this figure at 1.5% of the population (with 1.5% of men saying they are gay and 0.7% of women saying they are lesbian; 0.3% of men identifying as bisexual compared to 0.5% of women). However, this figure is believed to be much higher, owing to a lingering taboo around reporting of sexual orientation: the charity Stonewall estimates that 5-7% of the population is gay, lesbian, bisexual and transsexual. Based on the estimates from Stonewall that 3.7 million people in the UK are LGBT, Carers UK estimates there are 390,000 LGBT carers in Britain.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

According to a recent Stonewall report, one in twenty (5%) of staff in the social care profession have witnessed other colleagues discriminate against or provide a patient or service user with poorer treatment because they are lesbian, gay or bisexual in the last five years.<sup>16</sup>

LGBT carers may face additional discrimination by health and social carer professionals and not be identified as carers because of lack of recognition of same sex partners.

Older LGBT carers may be reluctant to be open for fear of discrimination.

**d) What is the proposal, project or service’s impact on people with differing sexual orientation?**

Reduced funding for services may disproportionately affect LGBT carers (see above), who may already be underrepresented in services.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

The Carers Investment Plan and future commissioning will take account of the range of needs of all carers and target underrepresented groups including LGBT carers. However, given the reduction in funding it is likely that there will be less available support for all carers.

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<sup>16</sup> Stonewall (2015) Unhealthy Attitudes: The treatment of LGBT people within health and social care services

## Equality Impact Assessment

Please see Appendix 2 for provision of information.

### **f) Provide details of the mitigation**

Limited resources to address differing needs may lead to less carer support as other services that support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited.

Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

### **g) How will any mitigation measures be monitored?**

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints.

Monitoring will be undertaken by the Joint Commissioning Team.

## **4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

Rurality

### **a) How are these groups/factors reflected in the County/District/ Borough?**

According to the 2011 Census, 26% of East Sussex residents live in rural areas.

### **b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

There are proportionally more older people living in rural areas: in 2011 50% of the population in rural areas were aged 45 and above, compared with 36% in major urban areas.**Error! Bookmark not defined.**

66% of carers live in Lewes, Rother and Wealden Districts which are primarily rural areas.<sup>1</sup>

### **c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

People living on low incomes in rural areas continue to face significant disadvantage, particularly related to the affordability of housing and availability of services and transport.

In 2011 20.5% of rural households had to travel 4km or more to access their nearest GP surgery compared with 0% of urban households.

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**d) What is the proposal, project or service's impact on the factor or identified group?**

Rural carers are likely to experience the disadvantages of people living in rural areas (such as inadequate transport or social isolation) which will be compounded by their caring role and potentially fewer local support options both for themselves and those they care for.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

The Carers Investment Plan and future commissioning will take account of the range of needs of all carers and target groups who may experience additional disadvantages including rural carers. However, given the reduction in funding, it is likely that there will be less carer specific support available to all carers.

Please see Appendix 2 for provision of information.

**f) Provide details of the mitigation.**

Limited resources to address differing needs may lead to less carer support across all ages as other services that support specific groups of people who have carers e.g. Stroke Survivors, HIV services are reduced or ended. Therefore, any mitigation is likely to be limited.

Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

**g) How will any mitigation measures be monitored?**

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints. Monitoring will be undertaken by the Joint Commissioning Team.

**4.10 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

### Low income

**a) How are these groups/factors reflected in the County/District/ Borough?**

[ESiF income deprivation indices](#). 13% of older people in East Sussex are affected by income deprivation.

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

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Research identifies:

Carer's Allowance is the lowest benefit of its kind, at just £62.70 a week (2017/18 rates), and carers often report struggling financially. Financial constraints are made worse by many carers being forced to give up work as a result of their caring responsibilities, removing their opportunities to support themselves while they are supporting others.<sup>17</sup>

Almost half (48%) of carers responding to the survey reported living on a household income of less than £1,500 per month and nearly 4 out of 10 carers (39%) described themselves as struggling to make ends meet. As many as 8% of those responding to the survey said they were living in a household receiving under £500 in monthly income.<sup>17</sup>

Those who provided care for over 50 hours a week were slightly more likely to be living on a low income, with the majority (52%) of this group reporting that their household monthly income was below £1,500, whilst 'sandwich' carers and those providing care to a disabled child were most likely to describe themselves as struggling to make ends meet.<sup>17</sup>

The poverty rate is much higher among working-age adults caring for 20 hours or more a week (35% in comparison with 22% overall)<sup>18</sup>.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

Reduced funding for services may disproportionately affect carers on low incomes as they may not be able to pay for any services themselves.

**d) What is the proposal, project or service's impact on the factor or identified group?**

Carers on low incomes are likely to experience the disadvantages of all people living on low incomes which will be compounded by their caring role and potentially fewer local support options both for themselves and those they care for.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

The Carers Investment Plan and future commissioning should take account of the range of needs of all carers and target groups who may experience additional disadvantages, including low income earners.

Please see Appendix 2 for provision of information.

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<sup>17</sup> State of Caring 2017, Carers UK 2017

<sup>18</sup> New Policy Institute (2016) Informal Carers, Poverty and Work

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### **f) Provide details of the mitigation.**

Limited resources to address differing needs may lead to less carer support across all ages as other services that may support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited. Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

### **g) How will any mitigation measures be monitored?**

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints.

Monitoring will be undertaken by the Joint Commissioning Team.

**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

## Part 5 – Conclusions and recommendations for decision makers

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<p><b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.</p>	<p>If agreed, this proposal will lead to a reduction in funding for carers’ services.</p> <p>The evidence suggests this is likely to lead to less carer support for all carers.</p>
	<p><b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.</p>	<p>There is potential for serious adverse impacts for carers potentially in terms of the physical, mental and economic wellbeing of cares and subsequently those they care for. Therefore the sustainability of the caring role may be at risk of being compromised.</p>
x	<p><b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate</p>	<p>Additionally, carers may also experience multiple impacts from proposed savings to other services, including Learning Disability and Day Services.</p>
	<p><b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.</p>	<p>The Carer Investment Plan and recommissioning of services will take into account all mitigations identified.</p>

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### 5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

These will be included in the KPIs for service providers and monitored regularly by the joint commissioning team.

### 5.4 When will the amended proposal, proposal, project or service be reviewed?

**April 2019**

<b>Date completed:</b>	June 2018	<b>Signed by (person completing)</b>	Tamsin Peart
		<b>Role of person completing</b>	RPPR Lead
<b>Date:</b>	June 2018	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report. ✓

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

### 6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Reduced levels of support to carers mean more carers approach ASC for support.	Financial	The areas of risk will be monitored but it's unlikely to be addressed without significant future investment beyond the currently available existing local authority budgets.	DMT/ EqIA	Tamsin Peart	N/A (ongoing monitoring)
Additional strain on carers physical and mental well-being.	Moral	The areas of risk will be monitored but it's unlikely to be addressed without significant future investment beyond the currently available existing local authority budgets.	EqIA	Tamsin Peart	N/A (ongoing monitoring)
Risk to the sustainability of some caring roles	Moral, financial	The areas of risk will be monitored but it's unlikely to be addressed without significant future investment beyond the currently available existing local authority budgets.	EqIA	Tamsin Peart	N/A (ongoing monitoring)
Risk to education/ employment for working age carers, including		The areas of risk will be monitored but it's unlikely to be addressed without			N/A (ongoing)

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young adult carers	Financial/ legal	significant future investment beyond the currently available existing local authority budgets.	EqIA	Tamsin Peart	monitoring)
Safeguarding risks to cared for person as direct services reduced as well as carers' services	Legal	Safeguarding adults remains a priority to Adult Social Care and any risk for the cared-for person will be monitored through assessment and review processes.	EqIA	Tamsin Peart	N/A (ongoing monitoring)
Loss of services due to less resources for recommissioning	Financial	The areas of risk will be monitored but it's unlikely to be addressed without significant future investment beyond the currently available existing local authority budgets.	EqIA	Tamsin Peart	N/A (ongoing monitoring)

## **Appendix 1: Carers Investment Plan - Consultation results summary August 2017, updated April 2018 Overview**

East Sussex County Council is working with East Sussex Better Together and Connecting 4 You to develop a Carers Investment Plan for East Sussex to support carers across the social care and health system. Carers' services were last commissioned in 2014, with Funding Agreements in place to September 2017 (extended to March 2018). We asked for carers, health and social care professionals and key stakeholders views about local carers' experiences of services and what was considered, to be the key needs and gaps in services, to help shape future support for carers in East Sussex.

### **Why We Are Consulting**

To understand more about local carers' experiences of services and any gaps to help inform what services are planned and commissioned for carers in East Sussex and to ensure that services reflect both national and local changes and priorities, particularly in relation to aligning carers' services with ESBT and C4Y priorities, the new national Carers' Strategy and NHS England's Commitment to Carers.

### **We asked carers the following questions:**

1. When did you first identify yourself as a carer?
2. Who or what has helped you in your caring role?
3. How do you look after yourself as a carer?
4. Is there anything that would help you that is not currently available?

### **And key health and social care professionals were asked the following questions:**

1. Thinking about the support your organisation currently provides to carers, and the support provided by other organisations, would you say the existing support meets the needs of carers?
2. Have you identified any gaps in the support currently available to carers in East Sussex?
3. Is there anything that could be done differently?

### **How people took part**

The consultation started on 01 July 2017 and closed on 31 July 2017. We attended carers' forums (facilitated by Care for the Carers, CFTC) and met with many carers across the three CCGs: High Weald, Lewes & Havens, Eastbourne, Hailsham & Seaford and Hastings & Rother. We also had an on-line survey for health and social care professionals that was shared with carers' networks, end of life care leads and various key stakeholders including; Locality link Workers, SPFT and East Sussex Registered Manager's Network.

## Themes / Recommendations

This report details all the feedback received from the different sources and the following top five themes have been highlighted:

1. Improve contact and carer awareness with health professionals including GP and mental health professionals
2. Improve information about carers rights & services – improve digital offer and support to access
3. Increase access and range of respite opportunities including be-friending
4. Provide more tailored end-of-life carer support – groups, 1:1, community and pre-bereavement
5. Mixed experience of carers assessments – to be clear on purpose, outcomes to achieve and overall process ‘what to expect’ for managing carers expectations.

## Consultation summary

The table below shows how people took part and the responses / key themes received.

(Note: People may have chosen to feed back through several different methods.)

Response method	Responses / Themes
On-line health & social care professional Survey:	<p><b>Positive features:</b></p> <ul style="list-style-type: none"> <li>• Wide range of services</li> <li>• Straightforward referral process &amp; swift response times</li> <li>• Improved worker awareness of carers’ issues</li> </ul> <p><b>Unmet needs</b></p> <ul style="list-style-type: none"> <li>• No longer-term case workers</li> <li>• Limited support for end-of-life carers</li> <li>• Limited resources for sitting service &amp; insufficient respite/break opportunities</li> <li>• Time/capacity restraints preclude detailed exploration of need by GPs</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>• Better pre-planning and organisation of residential/nursing home respite</li> <li>• Closer work with other services (e.g. mental health; substance misuse)</li> <li>• Retain contact with carers to ensure thorough follow-up</li> <li>• More practical physical care support</li> <li>• Better-resourced training for carer support volunteers</li> <li>• Fund/provide specialist residential respite care</li> <li>• Introduce combined bereavement service – hospice coupled with general public</li> </ul>
Care for the	<b>To be recognised by professionals:</b>

<p>Carers key issues for carers:</p>	<ul style="list-style-type: none"> <li>• Carers have special knowledge about the people they care for</li> <li>• Carers really appreciated it when they were identified and recognised as a carer by their GP</li> <li>• Carers need to know who is responsible for their services, and not be passed around - better information sharing, and problems with confidentiality</li> <li>• Supporting carers through transition (becoming a carer, relationships, moving into care, death &amp; bereavement)</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li>• Services to take the views of carers more seriously</li> <li>• Involving carers in hospital discharges</li> <li>• Help with dealing with crises &amp; the long-term health effects of psychiatric medications</li> <li>• Caring for someone with mental illness has effects on the mental health of carers</li> <li>• Counselling and support groups are valuable</li> </ul> <p><b>Care Passport:</b></p> <ul style="list-style-type: none"> <li>• Not widely used or understood by health and social care professionals</li> </ul> <p><b>Support available:</b></p> <ul style="list-style-type: none"> <li>• Service availability can vary with postcode</li> <li>• Carers appreciated respite care and day centres (although cost was an issue), pampering sessions, and good neighbour schemes,</li> <li>• Support groups provide an opportunity for carers to share experiences and information, and even coping strategies</li> <li>• More information about respite opportunities requested</li> <li>• More work needed on building Carer-friendly Communities</li> <li>• Family, friends, and neighbours make it easier to be a carer</li> </ul> <p><b>Carers Rights:</b></p> <ul style="list-style-type: none"> <li>• Carers are more aware of the right to an assessment but not always informed about the different ways in which they could complete the Carer's Assessment forms - some people prefer to do the form on their own, some like support over the phone, while others want face to face support</li> </ul>
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	<ul style="list-style-type: none"> <li>• Information about benefits and legal services – help to understand these more esp. lasting Power of Attorney</li> </ul> <p><b>Digital resources &amp; Telechecks:</b></p> <ul style="list-style-type: none"> <li>• Not widely used by carers however young adult carers are more digitally active</li> <li>• Carers have asked for more training and support to access digital resources</li> <li>• Flexi-telechecks better when cared-for people has limited support needs</li> </ul> <p><b>Young adult carers:</b></p> <ul style="list-style-type: none"> <li>• Have more time for social activities, sport</li> <li>• Education settings to be more compassionate and understanding of commitment to caring responsibilities</li> <li>• Link up carers with other carers at the same university</li> </ul> <p><b>Parent carers:</b></p> <ul style="list-style-type: none"> <li>• Find it difficult to access appropriate support -many say CFTC is their main source of support</li> <li>• Feel that their concerns and their expertise on the needs of their children are overlooked by professionals (PC;CS).</li> <li>• Concerned at the loss of Continuing Healthcare Funding</li> <li>• Breakdown in placements for adults – due to lack of appropriate support</li> </ul>
<p>Carer forums / meetings:</p>	<ul style="list-style-type: none"> <li>• Caring for more than one person or moving from one caring role to another were common</li> <li>• Impact on working life - having to give up or reduce hours</li> <li>• wasn't until they actually got to the point that they felt they needed help that they saw themselves as a carer</li> <li>• not consulted by the GP's because the cared for is an adult</li> <li>• Carers are not listened to by healthcare consultants</li> </ul> <p>Improved communication between carer, cared for person, health, ASC and other related parties.</p> <p>Carer's caring from a person with a mental health issues felt there was no clear pathway to find out how to get help and/or information. Disparity of care across the county as services are not fully rolled out.</p> <p>Access to support varies depending on the GP and there can be a long wait to get help.</p> <p>Expectation that carer's carry out care and medical tasks in which they were not</p>

	<p>trained.</p> <p>Accessing respite is difficult not knowing how to obtain it and who is eligible</p> <p>Concerns were raised around the <b>quality and consistency of Carers Assessment's</b> being undertaken.</p>
<p>ESCC Carers survey:</p>	<p><b>Overall satisfaction of carers with social services</b></p> <ul style="list-style-type: none"> <li>• Results from the 2016/17 Carers Survey shows overall satisfaction of carers with social services has increased marginally from 40.7% in 2014/15 to 41.8% in 2016/17.</li> </ul> <p><b>The proportion of carers who report they have been included or consulted in discussions about the person they care for</b></p> <ul style="list-style-type: none"> <li>• Results from the 2016/17 Carers Survey shows the proportion of carers who report they have been included or consulted in discussions about the person they care for has increased from 71.0% in 2014/15 to 74.0% in 2016/17.</li> </ul> <p><b>The proportion of carers who find it easy to find information about services</b></p> <ul style="list-style-type: none"> <li>• Results from the 2016/17 Carers Survey shows the proportion of carers who report that information about services was very easy or fairly easy to find has increased marginally from 68.3% in 2014/15 to 68.5% in 2016/17.</li> </ul> <p><b>Proportion of carers who reported that they had as much social contact as they would like</b></p> <ul style="list-style-type: none"> <li>• Results from the 2016/17 Carers Survey shows 35.3% of respondents had as much social contact as they want compared to 37.5% in 2014/15.</li> </ul>
<p>Stakeholder and provider meetings</p>	<ul style="list-style-type: none"> <li>• Interpreting legislation – how carers make decisions?</li> <li>• Increased focus on Mental health</li> <li>• Supporting carers for dual diagnosis</li> </ul>
<p>Listening to you – team summaries</p>	<ul style="list-style-type: none"> <li>• More help and advice with finances</li> <li>• Generally positive about adult social care “all staff at Adult Social Care department are very helpful”</li> <li>• Carers assessments – mixed reviews, communication could be improved by some staff at adult social care</li> <li>• Carer’s value the Carer’s Personal Budget and how they were able to use it.</li> <li>• Access to respite</li> <li>• A negative issue for carers was around contact with ASC in particular with keeping in touch with them and proactively making contact.</li> <li>• Carer assessment experiences still mixed with delays</li> <li>• Lack of control over services</li> </ul>

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	<ul style="list-style-type: none"><li>• Difficulties finding information and advice for the cared for person</li></ul>
Emails, letters or phone calls	<ul style="list-style-type: none"><li>• None received</li></ul>

## Appendix 2: Care Act Information and Advice

As a local authority, and under the Care Act 2014, East Sussex County Council has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- **Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories**  
There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – an free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.
- **East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS

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is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.

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## Equality Impact Assessment



Name of the proposal, project or service
<p><b>Reconciling Policy, Performance and Resources (RPPR) 2018/19:</b>                  Proposed reduction to Accommodation based services for people with mental health issues and Accommodation based services for homeless people</p>

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	June 2019

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### **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

#### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to:

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act
- advance equality of opportunity and foster good relations between those who share a “protected characteristic” and those who do not share that protected characteristic (see below for “protected characteristics”)
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

These are sometimes called equality aims.

#### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality);
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

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### **1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21<sup>st</sup> Century Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to “level the playing field” with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.7 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.7.1 To comply with the duty, the Council must have “due regard” to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.7.2 What regard is “due” in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

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### 1.7.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors).

1.7.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1 What is being assessed?

#### a) Proposal or name of the project or service.

Proposal to reduce funding to Supporting People funded accommodation-based services by £800,000. Services affected include:

#### ***Accommodation-based services for people with mental health issues:***

Bal Edmund Hastings  
Hyde Garden Eastbourne  
Pathways Rother

#### ***Accommodation-based services for homeless people:***

Merrick House Hastings  
Priory Avenue Hastings  
St Aubyn's Eastbourne

#### b) What is the main purpose of these proposals?

The purpose of the proposal is to reduce funding to Supporting People funded accommodation based services to achieve savings of £800,000.

#### c) Manager(s) responsible for completing the assessment

Jude Davies, Strategic Commissioning Manager  
Candice Miller, Policy Development Manager

### 2.2 Who is affected by the proposals and how?

People who live in East Sussex who need to access accommodation and support because they either have:

- complex and multiple needs and are homeless or at risk of homelessness; or
- a mental health issue and are homeless or at risk of homelessness.

#### **Accommodation based services for people with a mental health issue**

These services provide specialist on-site housing support and accommodation to meet the complex and multiple needs of adults who are homeless and who have a mental health issue. A total of 43 people can receive a service at any one time.

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The people who will be affected by this proposal are people who need support to:

- keep safe;
- prevent their mental health from deteriorating into crises (this includes support to access and engage with relevant professionals, particularly when presenting a risk to themselves or others);
- learn and maintain the practical life skills necessary to live independently;
- engage with education, employment, volunteering and training;
- address the emotional and psychological barriers that reduce an individual's capacity to live an independent life;
- move on to independent accommodation.

The following table provides a snap shot of data relating to individual clients living at the three mental health services.

**The snapshot illustrates where they came from, professionals involved, individual needs and outcomes – there are a more at appendix 2:**

Snap shot of Clients of Mental Health Services			
Living situation on referral	Professionals involved on referral	Under Care Management /CPA	Need and progress during support
Hospital	Sussex Partnership Early Intervention Service	CPA	<ul style="list-style-type: none"> <li>• Budgeting</li> <li>• Engaged with Mental Health Services</li> <li>• Claimed all relevant benefits</li> <li>• Re-engaged with family</li> <li>• Learned independent living skills such as cooking, cleaning &amp; self-care</li> <li>• Reduced substance use &amp; engaged with services</li> <li>• Tried voluntary work</li> <li>• Engaged in community boxing club</li> </ul>
Sleeping in a van	Cavendish house	CPA	<ul style="list-style-type: none"> <li>• Reduced debts</li> <li>• Claimed relevant benefits</li> <li>• Started employment as a teacher</li> <li>• Re-engaged with Family</li> <li>• Started to budget</li> <li>• Moved on to a RSL tenancy</li> </ul>
Family	Cavendish House	CPA	<ul style="list-style-type: none"> <li>• Reduced self-harm</li> <li>• Rebuilt family relationships</li> <li>• Reduced hoarding</li> <li>• Started to budget</li> <li>• Regulated sleep patterns</li> <li>• Boosted self-confidence</li> <li>• Re-engaged with friends</li> <li>• Moved into RSL tenancy</li> </ul>

## Equality Impact Assessment

### ***Accommodation based services for homeless people***

These services provide specialist on-site housing support and accommodation for homeless people with complex needs including mental health, learning disabilities, physical and sensory impairments and drug and alcohol issues. Two of the services are for single homeless people, and one service can also support homeless families. 40 people can receive a service at any one time and 78 people used the services in 2016/17.

The people who will be affected by the proposals are people who need support to:

- Keep themselves safe
- Prevent a crisis
- To develop and maintain the life and social skills required to achieve independent living
- Engage with education , training, employment, volunteering
- Find and move to a home of their own

The following table provides a snap shot of data on many current clients benefiting from the homelessness service. The snapshot illustrates where they came from, professionals involved, individual needs and outcomes

<b>Snap shot of clients - Merrick House</b>			
<b>Living situation on referral</b>	<b>Professionals involved on referral</b>	<b>Under Care Management/CPA</b>	<b>Progress during support</b>
Sleeping rough	Substance misuse	No	Engaged with support. Successful move-on to own tenancy - social housing.
Sleeping rough	Substance misuse	No	Engaged with support. Moved-on to long-term supported accommodation.
Sleeping rough	Substance misuse	No	Engaged with support. This client was a prolific offender. No offences have been committed by the client since a successful move-on to own tenancy - social housing.
B&B	Substance misuse	No	Engaged with support. Successful move-on to own tenancy - social housing.

### **2.3 How will the proposals be put into practice and who is responsible for carrying these out?**

All providers have been made aware of the budget proposals by the Supporting People Strategic Commissioning Manager. The proposals were discussed at Cabinet on 23 January 2018 and are now out to public consultation which began on 15 February and ended on the 25 April 2018. The process involves reviewing the consultation findings, following which recommendations will be made to members with a final decision being made by Cabinet on the 26 June 2018.

East Sussex County Council's Adult Social Care Department is responsible for the Supporting People budget. If the proposals are approved, then negotiations with providers and discussions with partners will start to agree how to manage the budget reduction.

There is a minimum three month notice period on all contracts which may need to be implemented by the Supporting People Strategic Commissioning Manager. If the proposals go ahead and if there is a reduction to services, providers will be asked to communicate the notice periods to people using the service at that time, and work to identify alternative housing and support options for them.

It is not known at this stage if it will be possible to continue the service with the proposed level of reduction.

### **2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

The Supporting People programme has historically been governed as a partnership across Adult Social Care, Children's Services, Health, Probation and all five of the District and Boroughs in East Sussex.

All the above partners work with the service to support the achievement of positive outcomes for the clients in respect of health, resilience, safety, social inclusion, family relationships and care as well as to achieve move on solutions.

The services affected also work in partnership with a range of voluntary and statutory organisations in order to support clients to achieve agreed outcomes. In particular these services support the work of the community mental health team.

### **2.5 Are these proposals, affected by legislation, legislative change, service review or strategic planning activity?**

East Sussex County Council's total budget for the year beginning April 2018 is £371m. That is a reduction of £17m based on last year. As a department, Adult Social Care needs to save nearly £10 million in the year beginning April 2018 (no decisions have been made yet about how the additional funding of £1.6m will be allocated).

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The proposals are made as part of ESCC's budget planning process, **Reconciling Policy, Planning and Resources** for 2018-19 onwards. The savings proposed to services within this EIA are part of the overall ASC savings proposals.

### **Homelessness Reduction Act 2017<sup>1</sup>**

The Homelessness Reduction Act 2017 places new legal duties on local authorities so that everyone who is homeless or at risk of homelessness will have access to meaningful help. The Act amends part VII of the Housing Act 1996.

Under the Act, local authorities are required to ensure services are designed to meet the needs of particular groups that are at increased risk of becoming homeless, including people suffering from a mental illness or impairment.

Under the relief duty, in cases where the applicant is homeless, local authorities must take 'reasonable steps' – with reference to the applicant's assessment – to help all homeless eligible applicants to secure accommodation for at least six months, unless the applicant is referred to another local authority due to having no local connection to the authority they have applied to.

Once triggered, the relief duty would continue for 56 days unless it is brought to an end via one of the prescribed conditions.

Interim accommodation duties owed to people under the existing provisions (section 188) continue to apply during this stage – the duty to provide accommodation to people who the local authority have reason to believe may be homeless, eligible for assistance and in priority need - pending a decision on whether the council is obliged to provide some form of longer term settled accommodation.

### **Suicide Prevention**

A significant number of clients have suicidal thoughts and the services therefore contribute to the East Sussex Suicide Prevention Plan.

**Care Act 2014:** These services successfully prevent, reduce and delay the need for care and support in line with the Care Act 2014. Any reduction in funding will impact on the services' ability to do this. An appendix at the end of this document shows how we are meeting our Care Act duties for information and advice.

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<sup>1</sup> Summary:

<http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/What%20you%20need%20to%20know%20Homelessness%20Reduction%20Act%202017.pdf>

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### 2.6 How do people access or how are people referred to the services? Please explain fully.

#### *Accommodation based services for people with mental health issues*

Referrals will normally be made by the district and borough housing option teams.

Referrals should generally be supported by:

- evidence of a recognised mental illness or disorder; or
- a statement explaining the reason for referral to this specialist service.

#### *Accommodation services for single homeless people*

Referrals will be made by the district and borough housing option teams.

	Eastbourne Borough Council	Hastings Borough Council	Rother District Council	Self-referral	Wealden District Council	Grand Total
<b>Mental Health</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>30</b>
Bal Edmund	0	10	0	0	0	10
Hyde Gardens Project	9	0	0	0	0	9
Pathways	0	0	11	0	0	11
<b>Single Homeless</b>	<b>3</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>39</b>
Merrick House	0	7	0	0	0	7
Priory Avenue	0	29	0	0	0	29
St Aubyns Road	3	0	0	0	0	3

### 2.7 If there is a referral method how are people assessed to use services? Please explain fully.

#### *Accommodation based services for people with mental health issues*

People are assessed against the following eligibility criteria:

- aged 18 and over and
  - have a recognised mental illness or disorder and
  - are receiving ongoing support for their mental illness from a mental health practitioner;
- or
- require support to access a mental health professional or practitioner and
  - cannot live with their family or are unable to manage to live in any other independent accommodation; and
  - require specialist accommodation to minimise the risk to themselves or others; and
  - understand the purpose of the service and are prepared to engage with the housing support; and
  - are ordinarily resident within the geographical area of East Sussex.

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### ***Accommodation based services for single homeless people***

People are assessed against the following eligibility criteria:

- aged 18 and over and
  - homeless ( this includes insecurely housed with friends and family ) and
  - they require specialist accommodation to minimise the risk to themselves or others
- or
- they have complex and/or challenging needs and cannot live with their family but do not have the skills to live independently and
  - understand the purpose of the service and are prepared to engage with the housing support; and
  - are ordinarily resident within the geographical area of East Sussex.

#### **2.8 How, when and where are the services provided? Please explain fully.**

### ***Accommodation-based services for people with mental health issues***

The services are provided in Hastings, Eastbourne and Rother:

Bal Edmund Hastings - 12 bed spaces (Sanctuary Supported Living)

Hyde Garden Eastbourne - 19 bed spaces (Sanctuary Supported Living)

Pathways Rother -12 bed spaces (Family Mosaic)

The service is delivered by on site staff using a personalised, psychologically informed approach to support planning. All services provide a service to support clients 24 hours a day, seven days a week.

### ***Accommodation-based services for homeless people***

The services are provided in Hastings and Eastbourne:

Merrick House Hastings - 12 bed spaces (Sanctuary Supported Living)

Priory Avenue Hastings - 19 bed spaces (Sanctuary Supported Living)

St Aubyn's Eastbourne - 9 bed spaces (Sanctuary Supported Living)

The service is delivered by on site staff using a personalised, psychologically informed approach to support planning. All services provide a service to support clients 24 hours a day, seven days a week.

**Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics**

**3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.**

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>x</b>	Service User Data	<b>x</b>	Contract/Supplier Monitoring Data
<b>x</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
<b>x</b>	Complaints	<b>x</b>	Risk Assessments
	Service User Surveys		Research Findings
<b>x</b>	Census Data	<b>x</b>	East Sussex Demographics
<b>x</b>	Previous Equality Impact Assessments	<b>x</b>	National Reports
	Other organisations Equality Impact Assessments		Any other evidence

**3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.**

None.

**3.3 If you carried out any consultation or research explain what consultation has been carried out.**

The formal consultation from ASC started on 15 February 2018 and ended on 25 April 2018. All providers were sent a copy of the consultation web link, a letter to explain the consultation process and a draft letter for clients. Where requested providers were provided with printed copies.

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Consultation meetings held:

- All Supporting People providers: 8 March 2018
- Domestic Abuse Management Group 12 March 2018
- Inclusion Advisory Group gave feedback on all the RPPR proposals: 14 March 2018
- Accommodation Planning & Design Group: 15 March 2018
- Public Health: 15 March 2018
- Financial Inclusion Steering Group: 22 March 2018
- Hastings and Rother/Eastbourne, Hailsham and Seaford CCGs: 23 March 2018 and 16 April 2018
- Rother District Council Task and Finish Group: 28 March 2018
- East Sussex Housing Officers Group: 11 May 2019

### **3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposals?**

It is not known at this stage whether it will be possible to continue with these services.

It is very likely the proposals would result in a decrease in provision and therefore an increase in homelessness, including outcomes that are related to homelessness. This would potentially include an increase in:

- street homelessness
- suicides and death on the streets
- people living in unsafe conditions
- use of health services particularly A&E
- demand for mental health services
- sexual, physical and emotional exploitation of vulnerable people at risk
- safeguarding
- criminal behaviour

It is also likely that Adult Social Care would see an increase in Safeguarding alerts and ASC assessments and Housing authority assessments.

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### Research

**Homeless Link Health Audit 2014<sup>2</sup>** identified that for homeless people

- 73% reported **physical health** problems
- 80% reported **mental health** issues
- 35% had **attended A&E** over the previous 6 months
- 26% had been **admitted to hospital** in the previous 6 months
- 36% **of hospital discharges** were on to the street
- 1.8 **hospital admissions** per year compared to 0.28 among the general public with the resultant higher 'year of care' costs.
- High rates **of non-communicable diseases** have also been described with evidence of accelerated ageing.

**The East Sussex Homeless Health Needs Audit 2016<sup>3</sup>** that Surveyed 287 people who were or had been homeless reported:

- There were **more males** than females at a ratio of three to two.
- Respondents **were 92% white** and 95% were UK nationals.
- Around a third of respondents were **ex-offenders**.
- 13% reported having been **in local authority care** at some point in their lives.
- **Learning disabilities** were reported 10 times more frequently amongst respondents than the estimated prevalence of learning disabilities in the general population (21% and 2.0% respectively).
- Substantial inequalities in the **physical and mental health** of homeless people compared with the general population.
- 37% use drugs or alcohol to help them cope with **mental health**.
- **A&E use** was two and a half times higher and hospital admission was 4 times higher than the general population.
- A high proportion had **been admitted to hospital** in the past year (40%). Many reported being **discharged to unsuitable accommodation** or onto the street.
- A higher proportion of those discharged to the street were **readmitted** than those discharged to suitable accommodation.

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<sup>2</sup> <https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

<sup>3</sup> <http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/localbriefings/Homeless-audit-final-July2016.pdf>

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**It's no Life at All: A survey by Crisis<sup>4</sup>** reveals levels of abuse and violence experienced by homeless people who are rough sleeping:

- 70 % reported anti-social behaviour **or crime against them**
- 45% reported being **intimated** or threatened with **violence and force**
- 51% reported **damage to or theft** of personal property

A further report by Crisis into mortality amongst homeless people found:

- The average age **of death of a homeless person is 47 years old** and even lower for **homeless women at just 43**, compared to 77 for the general population.
- **Drug and alcohol abuse** are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths.
- Homeless people are over **9 times more likely to commit suicide** than the general population.
- **Deaths as a result of traffic accidents** are 3 times more likely, infections twice as likely and falls over 3 times as likely.

### **National Housing Federation report: Homelessness and Health for Disadvantaged Groups concluded:**

- Settled accommodation is essential for people to live the lives that they want with good quality, affordable and safe housing underpinning our **mental wellbeing**.
- Homes that support recovery are vital for people living with **long term mental health** conditions, and also provide a critical foundation in the primary and secondary prevention of mental ill health.
- People with **mental health conditions** have been shown to have difficulties in securing and maintaining good quality housing. Vulnerabilities as a result of their condition can be exacerbated by the stress and anxiety of housing insecurity or sub-standard housing, resulting in a worsening condition or increasing likelihood of relapse.
- Housing problems are frequently cited as a reason for admission **or re-admission to inpatient care**.
- The unavailability of suitable accommodation is often given for delays in discharge back into communities.
- 70% of women are likely to experience mental health compared to 57% of men, and **27% of homeless women have mental health, physical health and substance use needs**.
- Drug and alcohol addiction often develops as a way of coping with homelessness.

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<sup>4</sup> <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/types-of-homelessness/its-no-life-at-all-2016/>

## Equality Impact Assessment

- Homelessness is further disproportionately **experienced by migrant groups**. This is due to a range of factors, including a lack of support networks, such as friends and family, to turn to in a time of crisis; difficulties with language and a lack of familiarity with the British system; and not being entitled to benefits and services.
- **Refugees and asylum seekers** who have experienced torture or war are known to have high rates of mental disorder.
- Common housing problems for **Black And Minority Ethnic (BAME) people** include a lack of information about housing options and rights, difficulties in obtaining information due to language differences, literacy issues, and lack of familiarity with the system, institutional discrimination, difficulties in getting specialised advice and difficulties in getting complaints addressed.
- **BAME people** affected by homelessness tend to rely mainly on a limited number of BAME organisations that provided services targeted to these groups.
- Lesbian, gay, bisexual and transgender (**LGB&T**) individuals face challenges when experiencing homelessness, with discrimination and inequality not only causing homelessness, but creating complex barriers when accessing mainstream support and health services.
- The stark health inequalities experienced by **homeless women** is demonstrated in the average age of death, which is 40 years younger than that of the rest of the female population (43 for homeless women and 83 for women in general).
- Research suggests that not only are there different reasons why women become homeless, but also that women have different needs and so require distinct support. **Violence is one of the main causes of women's homelessness**. The specificity of **women's** experiences - includes greater risk of abuse and harm and the resulting trauma, higher level of mental health needs, relationship with children and gender norms which stigmatise and shame homeless women.
- Homelessness puts **women at further risk of abuse and violence**.
- **31% of women had experienced rape or attempted rape** and 31% had been beaten. In order to survive homeless women are often forced into prostitution.

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**Local Government Association report: The impact of Homelessness on Health and Wellbeing**<sup>5</sup> found that people who are rough sleeping (including those who move between hostels and sofa surfing and/or are otherwise chronically insecurely housed) face additional risks to their life chances:

- **Death by unnatural causes** has been found to be four times more common than average amongst rough sleepers, and suicide 35 times more likely. The average age of death of a homeless person is 47.
- Rough sleepers are **more likely to be assaulted** than the average person.
- Alcohol and drug problems are very high amongst rough sleepers, and people being resettled from the streets are more likely to face problems sustaining a tenancy if they have these problems.
- **The prevalence of infectious diseases**, such as tuberculosis, HIV and hepatitis C. Is significantly higher than in the general populations.
- This population experiences **poorer oral health** than the general population.

**Trends in single homelessness (from Homeless Link ‘Support for single homeless people in England Annual Review 2017’) show that:**<sup>6</sup>

- Approximately 200,000 single people experience homelessness in England each year.
- An average of 77,000 single people are estimated to experience some form of homelessness on any one night.
- Between April 2016 and March 2017, 19,460 people who made a homelessness application in England were found to not be in priority need by their Local Authority and the majority of them were likely to be single homeless people. This represents 17% of the total number of households making a homelessness application.
- In 2017, a total of 4,751 people were estimated to be sleeping rough in England on any given night, which represents an increase of 15% since 2016.

**Action for Transhealth**<sup>7</sup> report that Trans people are at higher risk of becoming homeless or vulnerably housed.

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[https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS\\_v08\\_WEB\\_0.PDF](https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF)

<sup>6</sup> <https://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>

<sup>7</sup> <https://actionfortranshealth.org.uk/resources/for-trans-people/housing/>

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### Overview of feedback from the consultation:

#### Single homeless

- Reducing or cutting the service would mean people are more likely to end up in prison or dead.
- Organisations said that spaces are already limited and this is an essential service.

#### Mental health

- People said they would probably have had to stay in hospital for longer or would have ended up back in hospital.
- Organisations said that spaces are already limited and this is an essential service.
- It would limit housing options and increase the revolving door for mental health and hospital services.

#### Single homeless

**Most helpful about the service:** The things people found most helpful were: key work sessions; feeling safe; and day to day interactions with staff.

**Support that has made the biggest difference to living independently:** Support to better manage their mental health and emotional well being; and support to maximise their income.

**Where they would have gone for accommodation and support:** Over half of the people who answered the question said they could, or would have still been, homeless if this service wasn't available. People said they probably would have ended up in prison or wouldn't be alive if the service hadn't been available.

**Any other comments:** People said there is a need for this service and it is increasing. They disagreed with the proposals to cut funding for the service, saying it needs more funding not less. They praised it, saying it saves lives.

#### Mental health

**Most helpful about the service:** The things people found most helpful were: feeling safe; key work sessions; and day to day interactions with staff.

**Support that has made the biggest difference to living independently:** Support to better manage their mental health and emotional well being; support to maximise their income; and support to avoid harm from others.

**Where they would have gone for accommodation and support:** Nearly half of the people who answered the question said they could, or would have still been, homeless if this service wasn't available. People said they would have had to stay in hospital for longer or would have ended up back in hospital if the service hadn't been available.

## Equality Impact Assessment

**Any other comments:** People disagreed with the proposal to cut funding for this service, saying it needs more funding not less. They were concerned about how they and other people who need this service would be affected by any cuts.

### Sample quotes

“Would have been homeless and living on the streets, or back in hospital.”  
(Mental Health services)

“I think they need more funding not less so that staff can do more with people who live there. And there should be more staff so that they can look after them more.”  
(Single Homelessness services)

### Notes from the Inclusion Advisory Group:

- The group raised concerns around the homeless population and an increase in weather related deaths. Also people in their own homes who can only afford to heat one room may experience associated health issues (e.g respiratory). [Name] noted the forthcoming Homelessness Act, and the difficulty for District/ Borough councils to meet their duties.
- A rise in demand for foodbanks was acknowledged. [Name] outlined the drive for food banks to provide other essentials such as clothing and blankets, and a promoted linking in with charity shops and local amenities to meet this need.

**Part 4 – Assessment of impact**

**4.1 Age: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Population by age and gender in 2011 (source: ONS Census 2011)*

		All people	0-14	15-29	30-44	45-64	65-69	70-74	75-79	80-84	85-89	90+
<b>All people</b>	<b>No.</b>	<b>526,671</b>	<b>84,910</b>	<b>83,732</b>	<b>90,763</b>	<b>147,503</b>	<b>32,496</b>	<b>26,270</b>	<b>22,607</b>	<b>18,524</b>	<b>12,349</b>	<b>7,517</b>
	%	100%	16.1%	15.9%	17.2%	28%	6.2%	5%	4.3%	3.5%	2.3%	1.4%
<b>Females</b>	<b>No.</b>	<b>272,907</b>	<b>41,146</b>	<b>41,052</b>	<b>46,948</b>	<b>76,122</b>	<b>16,840</b>	<b>14,077</b>	<b>12,301</b>	<b>10,956</b>	<b>7,984</b>	<b>5,481</b>
	%	51.8%	7.8%	7.8%	8.9%	14.5%	3.2%	2.7%	2.3%	2.1%	1.5%	1%
<b>Males</b>	<b>No.</b>	<b>253,764</b>	<b>43,764</b>	<b>42,680</b>	<b>43,815</b>	<b>71,381</b>	<b>15,656</b>	<b>12,193</b>	<b>10,306</b>	<b>7,568</b>	<b>4,365</b>	<b>2,036</b>
	%	48.2%	8.3%	8.1%	8.3%	13.6%	3%	2.3%	2%	1.4%	0.8%	0.4%

61.1% of the population are aged 15 to 64 and 22.7% are aged 65 and older.

*Population estimates 2016 (ONS mid-year estimates)*

		All people	0-15	16-29	30-44	45-64	65 and over
<b>All people</b>	<b>No.</b>	<b>547,797</b>	<b>93,688</b>	<b>77,067</b>	<b>86,210</b>	<b>152,568</b>	<b>138,264</b>
	%	100%	17.1%	14.1%	15.7%	27.9%	25.2%
<b>Females</b>	<b>No.</b>	<b>282,789</b>	<b>45,448</b>	<b>37,524</b>	<b>44,748</b>	<b>78,617</b>	<b>76,452</b>
	% of age group	51.6%	48.5%	48.7%	51.9%	51.5%	55.3%
<b>Males</b>	<b>No.</b>	<b>265,008</b>	<b>48,240</b>	<b>39,543</b>	<b>41,462</b>	<b>73,951</b>	<b>61,812</b>
	% of age group	48.4%	51.5%	51.3%	48.1%	48.5%	44.7%

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

*Profile of people accessing the services in 2016/17*

Service	Number of People			
	16-44	45-64	65-74	Total
<b>Mental Health</b>	<b>25</b>	<b>5</b>	<b>0</b>	<b>30</b>
	83.3%	16.7%	0.0%	
Bal Edmund	8	2	0	10
Hyde Gardens Project	7	2	0	9
Pathways	10	1	0	11
<b>Single Homeless</b>	<b>32</b>	<b>7</b>	<b>0</b>	<b>39</b>
	82.1%	17.9%	0.0%	
Merrick House	3	4	0	7
Priory Avenue	27	2	0	29
St Aubyns Road	2	1	0	3

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In addition, seven of the people who accessed Priory Avenue in 2016/17 had one child living with them.

- c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

### ***Accommodation based services for people with mental health issues***

Yes. An estimated 29.8% of the population of East Sussex are aged 16-44 and 83.3% of the people who used the mental health services in 2016/17 were in this age group. It is likely therefore that people between the ages of 16 and 44 who receive this service are likely to be more affected than the general population.

### ***Accommodation services for single homeless people***

Yes. An estimated 29.8% of the population of East Sussex are aged 16-44 and 82.1% of the people who used the homelessness services in 2016/17 were in this age group. This means that people between the ages of 16 and 44 who receive this service are likely to be more affected than the general population.

- d) What are the proposals' impacts on different ages/age groups?**

The proposal would have a negative impact on homeless people with complex needs and people with mental health issues of all ages who need accommodation and housing support. This impact would particularly affect people of working age. It is likely that in the future, fewer people of working age will be able to access accommodation with housing support with the outcome that homelessness amongst this cohort will potentially increase.

- e) What actions will be taken to avoid any negative impact or to better advance equality?**

If the proposed budget reduction is to be achieved it is likely there will be less provision. It is impossible to avoid negative impacts, however the Strategic Commissioning Manager (Supporting People) will work with providers and partners to establish actions that can be taken to minimise the negative impacts on clients and better advance equality.

- f) Provide details of the mitigation.**

Once final savings are confirmed, the Supporting People Strategic Commissioner will work with the provider and the housing authorities to develop an implementation/decommissioning plan for achieving the savings.

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### g) How will any mitigation measures be monitored?

To be completed once an implementation/decommissioning plan is agreed and dependent on resources allocated for this purpose.

## 4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

### a) How is this protected characteristic reflected in the County/District/Borough?

*Residents with limiting long-term illness in 2011 (source: ONS Census 2011):*

	All people	Total number of people without long-term health problem or disability	Total number of people with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot
All ages	526,671	419,526	107,145	58,902	48,243
Working age: 16-64	315,752	272,120	43,632	24,941	18,691
All ages	100%	79.7%	20.3%	11.2%	9.2%
Working age: 16-64	100%	86.2%	13.8%	7.9%	5.9%

### b) How is this protected characteristic reflected in the population of those impacted by the proposals?

*Profile of people accessing the services in 2016/17*

Service	Number of People						Total
	Hearing Impairment	Learning Difficulty	Learning Disability	None	Physical disability	Visual Impairment	
<b>Mental Health</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>23</b>	<b>2</b>	<b>0</b>	<b>30</b>
Bal Edmund	0	0	0	10	0	0	10
Hyde Gardens	0	0	3	5	1	0	9
Pathways	0	1	1	8	1	0	11
<b>Single Homeless</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>20</b>	<b>8</b>	<b>0</b>	<b>39</b>
Merrick House	0	0	1	4	2	0	7
Priory Avenue	1	5	4	14	5	0	29
St Aubyns	0	0	0	2	1	0	3

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### Long-term conditions

Service	Number of People				
	1	2 to 4	More than 4	None	Grand Total
<b>Mental Health</b>	<b>20</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>30</b>
Bal Edmund	10	0	0	0	10
Hyde Gardens Project	3	1	0	5	9
Pathways	7	4	0	0	11
<b>Single Homeless</b>	<b>12</b>	<b>10</b>	<b>2</b>	<b>15</b>	<b>39</b>
Merrick House	3	0	0	4	7
Priory Avenue	9	9	2	9	29
St Aubyns Road	0	1	0	2	3

### Mental health

Service	Number of People						
	Anxiety	Bi polar effective disorder	Depression	None	Personality disorder	Schizophrenia	Total
<b>Mental Health</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>10</b>	<b>10</b>	<b>30</b>
Bal Edmund	2	0	1	0	3	4	10
Hyde Gardens	1	2	2	0	1	3	9
Pathways	0	0	2	0	6	3	11
<b>Single Homeless</b>	<b>2</b>	<b>4</b>	<b>17</b>	<b>10</b>	<b>4</b>	<b>2</b>	<b>39</b>
Merrick House	0	2	3	1	1	0	7
Priory Avenue	1	2	14	9	3	0	29
St Aubyns	1	0	0	0	0	2	3

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

Yes. People who have a disability are likely to be more affected by the proposal than those in the general population, this is because the characteristics of the cohort evidence that the vast majority have a disability.

In the general population of people aged 16 – 64, 13.8% of people of working age were identified as having a long term condition or disability.

Of the people who used the accommodation based services for people with mental health issues in 2016/17:

- 83.3% had one or more long-term condition
- 100% had a mental illness
- 16.7% had a learning disability or difficulty
- 6.7% had a physical disability

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Of the people who used the accommodation based services for homeless people in 2016/17:

- 61.5% had one or more long-term condition
- 74.4% had a mental illness
- 25.6% had a learning disability or difficulty
- 20.5% had a physical disability

### **d) What are the proposals' impacts on people who have a disability?**

The proposal is likely to have a negative impact on homeless people with complex needs and people with mental health issues who have a disability and need accommodation and housing support. It is likely that in the future, fewer people with a disability will be able to access accommodation with housing support with the outcome that homelessness amongst this cohort will increase. Disabled people may also face additional barriers to finding suitable accommodation and accessing appropriate information and advice.

### **e) What actions will be taken to avoid any negative impact or to better advance equality?**

If the proposed budget reduction is to be achieved it is likely there will be less provision, therefore this group would be negatively impacted. However, the Strategic Commissioning Manager (Supporting People) will work with providers and strategic partners to establish actions that can be taken to minimise the negative impacts on clients and better advance equality.

### **f) Provide details of the mitigation.**

Once final savings are confirmed, the Supporting People Strategic Commissioner will work with the provider and the housing authorities to develop an implementation /decommissioning plan for achieving the savings.

### **g) How will any mitigation measures be monitored?**

To be completed once an implementation/decommissioning plan is agreed and dependent on resources allocated for this purpose.

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Population estimates by ethnic groups in 2011 (source: ONS Census 2011):*

	All people	All White	White British and Northern Irish	White Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
All people	526,671	505,422	482,769	3,966	815	17,872	7,473	9,143	2,912	1,721
15-29	83,732	78,981	74,858	257	180	3,686	1,850	2,001	541	359
30-44	90,763	85,314	79,140	704	161	5,309	1,180	2,841	898	530
45-64	147,503	143,319	137,370	1,354	133	4,462	1,006	2,002	732	444
Total 15-64	<b>321,998</b>	<b>307,614</b>	<b>291,368</b>	<b>2,315</b>	<b>474</b>	<b>13,457</b>	<b>4,036</b>	<b>6,844</b>	<b>2,171</b>	<b>1,333</b>
		<b>95.5%</b>	<b>90.5%</b>	<b>0.7%</b>	<b>0.1%</b>	<b>4.2%</b>	<b>1.3%</b>	<b>2.1%</b>	<b>0.7%</b>	<b>0.4%</b>

		All people	All White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
<b>East Sussex</b>	<b>No.</b>	<b>526,671</b>	<b>505,422</b>	<b>7,473</b>	<b>9,143</b>	<b>2,912</b>	<b>1,721</b>
	%	100%	96%	1.4%	1.7%	0.6%	0.3%
<b>Eastbourne</b>	<b>No.</b>	<b>99,412</b>	<b>93,508</b>	<b>1,791</b>	<b>2,795</b>	<b>783</b>	<b>535</b>
	%	100%	94.1%	1.8%	2.8%	0.8%	0.5%
<b>Hastings</b>	<b>No.</b>	<b>90,254</b>	<b>84,631</b>	<b>1,948</b>	<b>2,126</b>	<b>1,065</b>	<b>484</b>
	%	100%	93.8%	2.2%	2.4%	1.2%	0.5%
<b>Lewes</b>	<b>No.</b>	<b>97,502</b>	<b>94,159</b>	<b>1,275</b>	<b>1,400</b>	<b>416</b>	<b>252</b>
	%	100%	96.6%	1.3%	1.4%	0.4%	0.3%
<b>Rother</b>	<b>No.</b>	<b>90,588</b>	<b>87,951</b>	<b>1,031</b>	<b>1,103</b>	<b>305</b>	<b>198</b>
	%	100%	97.1%	1.1%	1.2%	0.3%	0.2%
<b>Wealden</b>	<b>No.</b>	<b>148,915</b>	<b>145,173</b>	<b>1,428</b>	<b>1,719</b>	<b>343</b>	<b>252</b>
	%	100%	97.5%	1%	1.2%	0.2%	0.2%

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### b) How is this protected characteristic reflected in the population of those impacted by the proposals?

*Profile of people accessing the services in 2016/17*

Service	Number of people									
	Asian/ Asian British: Indian/O ther	Black/ Black British: African/ Others	Did not wish to disclose	Gypsy/ Romany/ Irish Traveller	Mixed: Other	Mixed: White & Black Caribbean	White: British	White: Irish	White: Other	Total
<b>Mental Health</b>	0	0	0	0	0	1	27	1	1	30
	0%	0%	0%	0%	0%	3.3%	90%	3.3%	3.3%	
Bal Edmund	0	0	0	0	0	0	9	0	1	10
Hyde Gardens	0	0	0	0	0	1	8	0	0	9
Pathways	0	0	0	0	0	0	10	1	0	11
<b>Single Homeless</b>	0	0	0	0	0	0	38	0	1	39
	0%	0%	0%	0%	0%	0%	97.4%	0.0%	2.6%	
Merrick House	0	0	0	0	0	0	7	0	0	7
Priory Avenue	0	0	0	0	0	0	29	0	0	29
St Aubyns	0	0	0	0	0	0	2	0	1	3

### c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

The proposal is likely to have a negative impact on homeless people and people with mental health issues who need housing support. It is not anticipated that people from different ethnic backgrounds would be disproportionately affected, and therefore the impact is neutral.

### d) What are the proposals' impacts on those who are from different ethnic backgrounds?

The impact on people from different ethnic backgrounds is likely to be neutral, however some members of this community may face additional barriers including access to translation and interpretation particularly when it comes to information and advice, appropriate information about housing options and rights, literacy issues, lack of familiarity with the system, institutional, structural and personal discrimination and difficulties in getting specialised advice.

## Equality Impact Assessment

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

If the proposed budget reduction is to be achieved, it is likely there will be less provision and therefore negative impacts. However the Strategic Commissioning Manager (Supporting People) will work with providers and partners to establish actions that can be taken to minimise the negative impacts on clients and better advance equality.

**f) Provide details of any mitigation.**

Once final savings are confirmed, the Supporting People Strategic Commissioner will work with the provider and the housing authorities to develop an implementation/decommissioning plan for achieving the savings. This section will then be completed.

**g) How will any mitigation measures be monitored?**

To be completed once an implementation/decommissioning plan is agreed and dependent on resources allocated for this purpose.

### 4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Population by age and gender in 2011 (source: ONS Census 2011)*

	Number	Percentage
All people	526,671	100%
Females	272,907	51.8%
Males	253,764	48.2%

*Population estimates, 2001-2016 (EsiF)*

	Number	Percentage
All people	547,797	100%
Females	282,789	51.6%
Males	265,008	48.4%

## Equality Impact Assessment

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

*New clients receiving a service between 1st April to 31st March 2017 by gender:*

Service	Number of People		
	Female	Male	Transgender
<b>Mental Health</b>	<b>30.0%</b>	<b>66.7%</b>	<b>3.3%</b>
Bal Edmund	30%	60%	10%
Hyde Gardens Project	0	100%	0
Pathways	54.6%	45.4%	0
<b>Single Homeless</b>	<b>35.9%</b>	<b>64.1%</b>	<b>0%</b>
Merrick House	0	100%	0
Priory Avenue	44.8%	55.2%	0
St Aubyns Road	33.3%	66.7%	0

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

Yes. All the services are open to both men and women, however based on current client evidence, males are likely to be more affected by the proposal than females, as approximately two thirds of the clients who use both services in 2016/17 were male.

**d) What is the proposal, project or service's impact on different characteristics?**

The proposal is likely to have a negative impact on all homeless people and people with mental health issues who need housing support.

This impact would particularly affect males who represent a higher proportion of the people using the services. It's possible that Trans people are at higher risk of becoming homeless or vulnerably housed due to family and support network breakdowns as a result of coming out as Trans, and as a result may face additional barriers to seeking alternative housing and support.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

If the proposed budget reduction is to be achieved it is likely there will be less provision. It is likely there would be negative impacts. However, the Strategic Commissioning Manager (Supporting People) will work with providers and partners to establish actions that can be taken to minimise the negative impacts on clients and better advance equality.

## Equality Impact Assessment

### f) Provide details of the mitigation.

Once final savings are confirmed, the Supporting People Strategic Commissioner will work with the provider and the housing authorities to develop an implementation plan/decommissioning plan for achieving the savings. This section will then be completed.

### g) How will any mitigation measures be monitored?

To be completed once an implementation/decommissioning plan is agreed and dependent on resources allocated for this purpose.

## 4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

### a) How is this protected characteristic reflected in the County/District/Borough?

*Marital status by age and gender in 2011 (source: ONS Census 2011)*

	All people aged 16 and over	Single	Married	In a registered same-sex civil partnership	Separated	Divorced	Widowed
No.	435,515	126,922	210,786	1,471	11,954	46,470	37,912
%	100	29.1%	48.4%	0.3%	2.7%	10.7%	8.7%

### b) How is this protected characteristic reflected in the population of those impacted by the proposals?

This data is not collected; however a disproportionate impact is not anticipated for this group.

## 4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

### a) How is this protected characteristic reflected in the County /District/Borough?

In 2015, there were 5046 live births in East Sussex.

## Equality Impact Assessment

- b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

Of the 69 people who used the services in 2016/17, 6 (8.7%) were pregnant.

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Comparative data is not available however we do not expect that pregnant women or women within the first 26 weeks of maternity leave will be more affected by the proposal than those in the general population.

### 4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

- a) How are these groups/factors reflected in the County/District/Borough?**

*Religion in 2011 (source: ONS Census 2011)*

Religions		All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Religion not stated
<b>East Sussex</b>	<b>No.</b>	<b>526,671</b>	<b>315,659</b>	<b>2190</b>	<b>1501</b>	<b>1074</b>	<b>4201</b>	<b>178</b>	<b>3508</b>	<b>155723</b>	<b>42637</b>
	<b>%</b>	<b>100%</b>	<b>59.9%</b>	<b>0.4%</b>	<b>0.3%</b>	<b>0.2%</b>	<b>0.8%</b>	<b>0%</b>	<b>0.7%</b>	<b>29.6%</b>	<b>8.1%</b>

## Equality Impact Assessment

- b) How is this group/factor reflected in the population of those impacted by the proposal?**

*Profile of people accessing the services in 2016/17*

Service								
	Any other religion	Buddhist	Christian (all)	Does not wish to disclose	Muslim	None	Not known	Total
Mental Health	0	1	9	0	0	19	1	30
	0%	3.3%	30%	0%	0%	63.3%	3.3%	
Bal Edmund	0	0	5	0	0	4	1	10
Hyde Gardens Project	0	0	3	0	0	6	0	9
Pathways	0	1	1	0	0	9	0	11
Single Homeless	1	1	14	2	0	21	0	39
	2.6%	2.6%	35.9%	5.1%	0%	53.8%	0%	
Merrick House	0	0	6	1	0	5	5	17
Priory Avenue	1	1	7	1	0	19	0	29
St Aubyns Road	0	0	1	0	0	2	0	3

- c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

A neutral impact is anticipated as people with different religions and beliefs do not appear to be more affected by the proposal than those in the general population.

### 4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

- a) How is this protected characteristic reflected in the County/District/Borough?**

*Sexual Identity – South East (Source: ONS data 2016)*

	Number	%
Heterosexual or straight	6,703,000	93.4
Gay or lesbian	87,000	1.2
Bisexual	61,000	0.9
Other	38,000	0.5
Don't know or refuse	284,000	4.0

## Equality Impact Assessment

### b) How is this protected characteristic reflected in the population of those impacted by the proposals?

*Profile of people accessing the services in 2016/17*

Service	Number of People						
	Bisexual	Does not wish to disclose	Gay man	Heterosexual	Lesbian	Other	Total
<b>Mental Health</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>24</b>	<b>2</b>	<b>0</b>	<b>30</b>
	6.7%	6.7%	0%	80%	6.7%	0%	
Bal Edmund	1	1	0	8	0	0	10
Hyde Gardens	0	0	0	9	0	0	9
Pathways	1	1	0	7	2	0	11
<b>Single Homeless</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>35</b>	<b>0</b>	<b>1</b>	<b>39</b>
	5.1%	0%	2.6%	89.7%	0%	2.6%	
Merrick House	0	0	0	7	0	0	7
Priory Avenue	2	0	1	25	0	1	29
St Aubyns Road	0	0	0	3	0	0	3

### c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

A neutral impact is anticipated for people with differing sexual orientation who do not appear to be more affected by the proposal than those in the general population.

#### 4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

##### 4.9.1 Rural population

None of these services are in rural settings but do accommodate people who come from rural settings, so it is likely the options for this cohort will reduce. 'Move-on' accommodation may need to be agreed across areas through reciprocal arrangements, but this sits with the District and Boroughs and is outside of our control.

**4.9.2 Carers**

**a) How are these groups/factors reflected in the County/District/ Borough?**

*Provision of unpaid care 2011 in East Sussex (source: ONS Census 2011)*

	All people	People provide no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
<b>No.</b>	526,671	467,262	59,409	39,537	6,745	13,127
<b>%</b>	100%	88.7%	11.3%	7.5%	1.3%	2.5%

**b) How is this group/factor reflected in the population of those impacted by the proposal?**

	Has a carer
<b>Mental Health</b>	
Bal Edmund	0
Hyde Gardens Project	0
Pathways	2
<b>Single Homeless</b>	
Merrick House	0
Priory Avenue	4
St Aubyns Road	0

**c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

Carers do not appear to be more affected by the proposal than those in the general population.

**d) What is the proposal impact on the factor or identified group?**

The proposal will have a negative impact on all homeless people and people with mental health issues who need housing support. The impact on carers in particular is likely to be neutral however loss of provision could mean that family members are required to take on caring roles to replace the support provided.

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### 4.9.3 People on low incomes

#### a) How are these groups/factors reflected in the County/District/Borough?

In East Sussex in 2016 (source: ESIF) 27,140 people received out of work benefits and 20,560 people ESA and Incapacity Benefit .Using the population estimates below between 8% and 9% of the working age population receive out of work benefits.

*Population estimates 2016 (ONS mid-year estimates)*

		0-15	16-29	30-44	45-64	65 and over
<b>All people</b>	<b>547,797</b>	<b>93,688</b>	<b>77,067</b>	<b>86,210</b>	<b>152,568</b>	<b>138,264</b>
%	100%	17.1%	14.1%	15.7%	27.9%	25.2%
<b>Females</b>	<b>282,789</b>	<b>45,448</b>	<b>37,524</b>	<b>44,748</b>	<b>78,617</b>	<b>76,452</b>
%	51.6%	48.5%	48.7%	51.9%	51.5%	55.3%
<b>Males</b>	<b>265,008</b>	<b>48,240</b>	<b>39,543</b>	<b>41,462</b>	<b>73,951</b>	<b>61,812</b>
%	48.4%	51.5%	51.3%	48.1%	48.5%	44.7%

#### b) How is this group/factor reflected in the population of those impacted by the proposal?

All of the people accessing the mental health services were 'unable to work due to sickness/disability'.

*Profile of people accessing the services in 2016/17*

Service	Number of people						
	Apprentice	Full time employment	Job seeker	Part time (less than 37 hours)	Student	Unable to work due to sickness/disability	Total
<b>Mental Health</b>	0	0	0	0	0	30	30
	0%	0%	0%	0%	0%	100%	0%
Bal Edmund	0	0	0	0	0	10	10
Hyde Gardens	0	0	0	0	0	9	9
Pathways	0	0	0	0	0	11	11
Single Homeless	0	0	7	1	1	30	39
	0%	0%	17.9%	2.6%	2.6%	76.9%	0%
Merrick House	0	0	0	0	0	7	7
Priory Avenue	0	0	7	1	1	20	29
St Aubyns Road	0	0	0	0	0	3	3

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**c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

Yes. Homeless people and people with mental health issues who need housing support and accommodation and are on low incomes will be more affected by the proposal.

**d) What is the proposal impact on the factor or identified group?**

The proposal is likely to have a negative impact on people who are on low incomes. This cohort generally has very low incomes and can struggle with the welfare benefit system. Residents rely on these services for support to maximise their income and avoid debt, scams and financial exploitation. It is very likely the cohort will struggle to acquire the finances and documentation required, such as references to access alternative accommodation. Home Works would be a service that could help and support this cohort but the service is also facing a budget reduction.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

If the proposed budget reduction is to be achieved it is likely there will be less provision. It is impossible to avoid negative impacts, however the Strategic Commissioning Manager (Supporting People) will work with providers and partners to establish actions that can be taken to minimise the negative impacts on clients and better advance equality.

**f) Provide details of the mitigation.**

Once final savings are confirmed, the Supporting People Strategic Commissioner will work with the provider and the housing authorities to develop an implementation plan/decommissioning plan for achieving the savings. This section will then be completed.

**g) How will any mitigation measures be monitored?**

To be completed once an implementation/decommissioning plan is agreed and dependent on resources allocated for this purpose.

**4.9.4 – Literacy/Numeracy**

**a) How are these groups/factors reflected in the County/District/Borough?**

There are areas of East Sussex among the top 10 most deprived wards in England for working age adults with no or low qualifications or who cannot speak English well or at all.

Parts of the county have an adult population with skills below A level which means they could compare products and services for the best buy, or work out a household budget. The percentage of working age residents with no qualifications in East Sussex is 6.5%, compared to 7.8% nationally.

There is variance across the county with Hastings having the highest percentage of working age residents with no qualifications at 11.7% (6,700 residents), compared to Lewes with the lowest percentage at 4.9% (2,800 residents).

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

Validated data is not available however estimates of people using the service in March 2018 showed that at least 50% of people had poor literacy and/or numeracy.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

Yes. People with poor literacy and/or numeracy are likely to be more affected by the proposal. The data indicates that literacy and numeracy levels are high amongst people using the service.

**d) What is the proposal, project or service's impact on the factor or identified group?**

The proposal will have a negative impact on all homeless people and people with mental health issues who need accommodation and housing support. This impact will particularly affect people with poor literacy and numeracy. There is likely to be a negative impact on the cohort's ability to complete application forms and apply for welfare benefits.

## Equality Impact Assessment

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

If the proposed budget reduction is to be achieved it is likely there will be less provision. It is impossible to avoid negative impacts, however, the Strategic Commissioning Manager (Supporting People) will work with providers and partners to establish actions that can be taken to minimise the negative impacts on clients and better advance equality.

**f) Provide details of the mitigation.**

Once final savings are confirmed, the Supporting People Strategic Commissioner will work with the provider and the housing authorities to develop an implementation plan/decommissioning plan for achieving the savings. This section will then be completed.

**g) How will any mitigation measures be monitored?**

To be completed once an implementation/decommissioning plan is agreed and dependent on resources allocated for this purpose.

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**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	<b>Outcome of impact assessment</b>	<b>Please explain your answer fully.</b>
	<p><b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.</p>	<p>If agreed, the proposals risk potential for serious adverse impact for vulnerable people with severe and complex mental health needs and substance misuse issues. This applies to both mental health accommodation and to homelessness accommodation. Many may be eligible in terms of the Care Act. Individual circumstances are detailed in the EqIA and the assessment of impact should be applied to individuals and included in the Action Plan.</p>
	<p><b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.</p>	<p>The proposals are likely to have a negative impact in terms of opportunity that can be offered to homeless people and homeless people with mental health issues in respect of keeping safe and receiving support to develop the life skills and the economic well-being necessary to successfully access and maintain independent accommodation.</p>
x	<p><b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided that it does not unlawfully discriminate.</p>	<p>There may be a potential for serious adverse impact for certain individuals e.g. if they are disabled people or older/younger people who become more seriously at risk or vulnerable as a result of the proposals.</p> <p>The current users are more likely to be people on low incomes (and unable to source alternative accommodation in the private sector as a result; with illness and long-term conditions; experience anxiety, depression or dual diagnosis; substance misuse issues. Greater risk of suicide, food and fuel poverty, increased ill-health. Increased risk of hospitalisation and possibility of offending for some individuals.</p>
	<p><b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a</p>	<p>In addition, the requirement to foster good relations</p>

## Equality Impact Assessment

	policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	may be compromised by increasing the number of people living on the streets where drug and alcohol use and crime may be associated.
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### 5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

This will be completed once final decisions regarding the proposals are made.

### 5.4 When will the amended proposal, proposal, project or service be reviewed?

June 2019

<b>Date completed:</b>	June 2018	<b>Signed by (person completing)</b>	Jude Davies
		<b>Role of person completing</b>	RPPR Lead
<b>Date:</b>	June 2018	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:



1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

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Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

**6.1 Accepted Risk**

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Homelessness if not deemed to be in priority need and provider not able to secure move on in time	Homelessness	No as savings are required in 18/19	EIA RPPR DMT	Jude Davies	Not applicable
Lack of suitable alternative accommodation	Homelessness / vulnerability	No as the need will be within the Notice period and there is currently very little private or social housing available to this cohort.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	As above	Not applicable
Increased risk of harm from others and all areas of abuse	Safeguarding	Not for the cohort who would need to leave as service reduces but for future clients yes.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	As above Safeguarding Lead Officers	Not applicable
Increase in safeguarding alerts	Financial	Not for the cohort who would need to leave as service reduces but for future clients yes.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Safeguarding Lead Officers	Not applicable
Increase in A and E presentation and hospital admissions	Financial and client vulnerability	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	East Sussex Better Together governance	Not applicable

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Increased risk of suicide and/or self-harm	Vulnerability and Safeguarding	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	East Sussex Better Together governance	Not applicable
Increase anti-social behaviour in communities	Moral	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR)	Safe in East Sussex Police	Not applicable
Deteriorating mental health	Moral, Financial and client vulnerability	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together and Connecting 4 You governance	Not applicable
Increased costs to NHS via section 136 presentations	Financial Client vulnerability	As above	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	East Sussex Better Together and Connecting 4 You governance	Not applicable
Negative impact on hospital discharge pathway	Reputational Financial Client vulnerability	This risk is present as soon as the project stops taking referral	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	East Sussex Better Together governance	Not applicable
Increased demands from carers	Financial Carer well being	No as this risk is present as soon as the project stops taking referrals	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Tamsin Peart	Not applicable

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Negative impacts on individuals in all areas of poverty , health and well being	Moral Client vulnerability	No	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Jude Davies	Not applicable
Negative impact on District and Borough of increase in single people seeking accommodation in short timeframe	Financial Client vulnerability Relationships with partner agencies	No – this will be an immediate impact of reducing budget and units at a time when homelessness is already outstripping available resources	EIA Reconciling Policy, Performance and Resources, (RPPR) DM	Jude Davies Heads of Housing	Not applicable
Additional risk to women of street homelessness	Moral Client vulnerability	No – this could be an immediate impact of closure of budget and unit reductions	RPPR DMT EIA	District and Boroughs	Not applicable
Staff leave during the period of reducing the service and unable to recruit new staff.	Business	No – once decision is made to reduce funding it is likely that staff will seek alternatives. Only mitigation will be bank staff	RPPR DMT EIA	Jude Davies	Not applicable
Possible Loss of publically funded buildings	Moral and Financial	No, as the Provider owns the property and will make its own decisions about the use of this asset	EIA Reconciling Policy, Performance and Resources	Jude Davies	Not applicable

## Appendix 1: Snap shot of clients and their needs

The snapshot illustrates where they came from, professionals involved, individual needs and outcomes:

Living situation on referral	Professionals involved on referral	Under Care Management/ CPA	Need and progress during support
Hospital	Sussex Partnership Early Intervention Service	CPA	<ul style="list-style-type: none"> <li>• Budgeting</li> <li>• Engaged with Mental Health Services</li> <li>• Claimed all relevant benefits</li> <li>• Re-engaged with Family</li> <li>• Learned independent living skills such as cooking, cleaning &amp; self-care</li> <li>• Reduced substance use &amp; engaged with services</li> <li>• Tried voluntary work</li> <li>• Engaged in community boxing club</li> </ul>
Sleeping in a van	Cavendish house	CPA	<ul style="list-style-type: none"> <li>• Reduced debts</li> <li>• Claimed relevant benefits</li> <li>• Started employment as a teacher</li> <li>• Re-engaged with Family</li> <li>• Started to budget</li> <li>• Moved on to a RSL tenancy</li> </ul>
Family	Sussex Partnership Early Intervention Service	CPA	<ul style="list-style-type: none"> <li>• Reduced risk</li> <li>• Re-engaged with Family</li> <li>• Re-engaged with mental health team</li> <li>• Claimed relevant benefits</li> <li>• Returned to live with family</li> </ul>
Rough Sleeping	Cavendish House	CPA	<ul style="list-style-type: none"> <li>• Reduced risk of financial abuse</li> <li>• Claimed relevant benefits</li> <li>• Referred to Mental Health services</li> </ul>
Sofa Surfing	Cavendish House	CPA	<ul style="list-style-type: none"> <li>• Reduced debt</li> <li>• Claimed relevant benefits</li> <li>• Reduced offending</li> <li>• Learnt independent living skills</li> <li>• Re-engaged with mental health services</li> <li>• Reduced substance use</li> <li>• Reduced gambling</li> <li>• Moved in RSL tenancy</li> </ul>

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Sofa Surfing	Cavendish House	CPA	<ul style="list-style-type: none"> <li>• Reduced risk</li> <li>• Reduced alcohol use</li> <li>• Started to engage with alcohol services</li> <li>• Rebuilt family relationships</li> <li>• Started to engage with mental health services</li> <li>• Reduced debt</li> <li>• Reduced self-harm</li> </ul>
Family	Cavendish House	CPA	<ul style="list-style-type: none"> <li>• Reduced self-harm</li> <li>• Rebuilt family relationships</li> <li>• Reduced hoarding</li> <li>• Started to budget</li> <li>• Regulated sleep patterns</li> <li>• Boosted self-confidence</li> <li>• Re-engaged with friends</li> <li>• Moved into RSL tenancy</li> </ul>
Private Tenancy	Cavendish House, Star	CPA	<ul style="list-style-type: none"> <li>• Reduced substance use</li> <li>• Re-built family relationships</li> <li>• Started to budget</li> <li>• Learnt self-care</li> <li>• Learnt to cook</li> <li>• Reduced debt</li> <li>• Reduced self-harm</li> </ul>
Family	Cavendish House	CPA	<ul style="list-style-type: none"> <li>• Reduced risk of domestic abuse</li> <li>• Claimed relevant benefits</li> <li>• Engaged with mental health team</li> <li>• Reduced self-harm</li> <li>• Improved family relationships</li> <li>• Reduced debt</li> <li>• Attended recovery college</li> <li>• Learnt independent living skills</li> <li>• Moved into RSL tenancy</li> </ul>
NFA	Cavendish House	No	<ul style="list-style-type: none"> <li>• Reduced risk</li> <li>• Safeguarding plans put in place</li> <li>• Reduced substance use</li> <li>• Re-engaged with Family</li> <li>• Reduced debt</li> <li>• Improved parenting skills</li> <li>• Reduced risk of domestic abuse</li> <li>• Applied for all relevant benefits</li> <li>• Reduced self-harm</li> <li>• Moving into RSL tenancy</li> </ul>

## Equality Impact Assessment

B&B	Cavendish House	CPA	<ul style="list-style-type: none"><li>• Referred for bereavement counselling</li><li>• Improved family relationships</li><li>• Applied for relevant benefits</li><li>• Safeguard alert raised to reduce risk from ex-partner</li><li>• Supported to pass motorbike test</li><li>• Supported to make a complaint after disclosure of confidential information</li><li>• Reduced debts</li><li>• Improved self-care</li><li>• Referred for RSL tenancy &amp; will soon be ready to move on</li></ul>
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## Appendix 2: Care Act Information and Advice

As a local authority, and under the Care Act 2014, East Sussex County Council also has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- **Health and Social Care Connect (HSCC):** Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets:** We publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories:** There a range of online directories to support people to find the most appropriate care and support. These include East Sussex 1Space – a free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide Support with Confidence, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.
- **East Sussex Community Information Service (ESCIS):** a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS is a broad directory, encompassing all community information & events in East Sussex.

## Equality Impact Assessment

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.

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# Equality Impact Assessment

Name of the proposal, project or service
<b>Reconciling Policy, Performance and Resources (RPPR) 2018/19:</b> Proposed reductions to Women’s refuges

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	June 2019

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## **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to:

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act;
- advance equality of opportunity and foster good relations between those who share a “protected characteristic” and those who do not share that protected characteristic (see below for “protected characteristics”);
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

These are sometimes called equality aims.

### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality);
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

**1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21<sup>st</sup> Century Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

**1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

**1.7 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.7.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.7.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

### 1.7.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors).

1.7.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1 What is being assessed?

a) **Proposal or name of the project or service** The service affected by this proposal is East Sussex domestic abuse refuge provision. There are five refuges run by the organisation Refuge providing 47 units of accommodation across:

- Eastbourne
- Hastings
- Lewes
- Rother
- Wealden

### b) What is the main purpose of these proposals?

The purpose of the proposal is to reduce funding to Supporting People accommodation based services to achieve savings of £800,000. The proposal includes the service listed above.

### Manager(s) responsible for completing the assessment

Jude Davies, Strategic Commissioning Manager  
Candice Miller, Policy Development Manager

### 2.2 Who is affected by the proposals and how?

The people who will be affected by this proposal are a cohort of women and their children who need accommodation and support to:

- stay safe;
- keep their children safe;
- not return to an abusive perpetrator;
- achieve economic wellbeing;
- enjoy life and achieve ambitions;
- make a positive contribution to their community;
- better manage their physical health and emotional wellbeing;
- make choices;
- take control of their support;
- build social networks;
- find a home of their own; and
- establish ongoing support according to need.

## Equality Impact Assessment

In 2016/17 39% of women who accessed the refuge were local to East Sussex and over a 5 year period this figure is 49%.

**The following tables** from the Refuge annual report show the needs and outcomes achieved within a refuge. A reduction to the service is likely to mean that fewer women will be able to access this accommodation and support.

### Needs and outcomes within a refuge

Information
<p>The five services provide specialist on site housing support and accommodation to women fleeing domestic abuse.</p> <p>In 2016/17, the service received a total of 210 referrals for its 47 units of accommodation.</p>
Outcomes achieved in 2016/17
<ul style="list-style-type: none"><li>• 130 of these referrals resulted in women and their children (181 children collectively) successfully accessing a refuge space.</li><li>• Refuge provided accommodation and support to 311 women and children in total – an 8% increase on 2015/16.</li></ul>

Information
<p>Women access the refuges to be safe and free from their perpetrator's control.</p>
Outcomes achieved in 2016/17
<ul style="list-style-type: none"><li>• 71% of the 210 women asked reported an end to all forms of abuse and controlling behaviour at the point of leaving Refuge.</li><li>• 87% reported an end to all physical abuse.</li><li>• 93% of women said they felt safer.</li><li>• Of the women who wanted to, 90.9% were supported to report their abuse to the police and seek protection.</li></ul>

<b>Information</b>
Controlling a woman’s access to money is a common technique of abuse; 47% of the women in our East Sussex refuges had experienced financial abuse. Refuge empowers women to regain financial independence:
<b>Outcomes achieved in 2016/17</b>
<ul style="list-style-type: none"> <li>• Women who requested financial support reported a 90.9% reduction in their overall debt at the point of leaving the service.</li> <li>• All the women who wanted to find a new job were supported to do so.</li> </ul>

<b>Information</b>
36% of women arriving at the East Sussex refuges had a recent physical injury. Whilst staying at Refuge, women are supported to improve their health and wellbeing:
<b>Outcomes achieved in 2016/17</b>
<ul style="list-style-type: none"> <li>• 96% of women who wanted to were supported to address their immediate health needs.</li> <li>• All the women who requested specialist support around alcohol abuse were empowered to access additional support.</li> <li>• All the women who wanted to access a Refuge support group to discuss the impact of domestic violence on them were able to do so.</li> </ul>

<b>Information</b>
Perpetrators systematically isolate their victims from family and friends. Reducing a woman’s isolation is critical to enabling them to rebuild their lives:
<b>Outcomes achieved in 2016/17</b>
<ul style="list-style-type: none"> <li>• 94% of women had been supported to participate in leisure, cultural, faith or informal learning activities.</li> </ul>

- At the point of leaving the service, 94% of women said their quality of life had improved.

### ***Outcomes achieved for children in 2016/17***

- Of the 39 women who requested support around child contact issues, 95% achieved what they wanted
- Of the women who wanted to do so, 93% were empowered to discuss with their children the emotional impacts of the abuse
- Of those who wanted to, 89% were supported to access information about schools for their children
- Of those who wanted to, 94% were supported to access play activities for their children

**A case study, provided by Refuge, is available at Appendix 1.**

### **2.3 How will the proposals be put into practice and who is responsible for carrying these out?**

All providers have been made aware of the budget proposals by the Supporting People Strategic Commissioning Manager. The proposals were discussed at Cabinet on 23 January 2018 and are now out to public consultation which began on 15 February 2018 and ended on the 25 April 2018. The process involves reviewing the consultation findings, following which recommendations will be made to members with a final decision being made by Cabinet on the 26 June 2018.

East Sussex County Council's Adult Social Care (ASC) Department is responsible for the Supporting People budget. If the proposals are approved, then negotiations with providers and discussions with partners will start to agree how to manage the budget reduction. Where contract status and EU procurement rules require, a competitive tender process will proceed.

It is likely that the proposals will result in less refuge provision across the County.

There is a minimum three month notice period on all contracts which may need to be implemented by the Supporting People Strategic Commissioning Manager.

If any current clients have to move on an Action Plan will be agreed with the provider to ensure those clients are actively supported to acquire move on accommodation.

## Equality Impact Assessment

Where the occupancy arrangements are Assured Shorthold Tenancies there is a legal requirement for providers to give a longer period of notice to tenants. These tenancies are fixed for the first six months and there is a complexity to achieving legal possession.

Providers will be asked to communicate the notice periods to people using the service at that time and work to identify alternative housing and support options for them.

Savings will be released by negotiation with current providers and, where contract status and EU procurement rules require, via a competitive tender process.

### **2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

Reducing domestic abuse and the risks faced by those experiencing domestic abuse is a key priority for the East Sussex Safer Communities Partnership.

This partnership includes NHS Sussex, the five District and Borough Councils, Sussex Police, Sussex Probation Trust, Adult Social Care, Children's Services, East Sussex Fire and Rescue Service, Crime and Disorder Reduction Partnership (CDRPs), Her Majesty's Court Service and the Crown Prosecution Service.

The Government's plans for Crime and Safety include a number of key policy shifts which the partnership is now addressing and one of those is violence against women and girls. The services are designed to underpin this policy and protect women and their children from harm and increase their ability to live independently.

The partnership is looking for a number of key outcomes and these are incorporated into the Domestic Abuse Action Plan. This plan sets out ways in which the partnership and individual organisations go about improving the identification and responses to domestic abuse, repeat victimisation and seeks to reduce the impact of experiencing domestic violence. These services are constructed to support two desired outcomes:

- Those most at risk from further domestic abuse are supported and protected from further harm.
- There is greater efficiency and increased effectiveness in the delivery of specialist domestic abuse services to victims in East Sussex.

### **Multi Agency Risk Assessment Conferences (MARAC)**

In East Sussex there are two MARACs, one for high risk victims of domestic abuse who reside in Eastbourne, Lewes and Wealden and one for high risk victims of domestic abuse who reside in Hastings and Rother. Each MARAC brings together, on a monthly basis, representatives from a

number of agencies to share information about the risks faced by victims of domestic abuse and their families and to draw up multi-agency action plans to improve their safety.

The 'East Sussex MARAC Operating Protocol' describes the role for each agency at the MARAC and how the MARAC will be conducted. This protocol also describes how high risk cases should be referred between MARAC areas in the event of victims of domestic abuse moving between areas.

Refuge is required to sign up to the East Sussex MARAC Operating Protocol and attend their local MARAC where there is involvement with one or more of the cases being discussed at that MARAC.

### **Independent Domestic Violence Advisers (IDVAs)**

Central to the effective functioning of MARACs are Independent Domestic Violence Advisers who represent the victim's perspective at each conference and act as case managers for the multi-agency action plans developed. IDVAs also provide emotional and practical support to people experiencing domestic abuse who do not meet the MARAC high risk threshold as well as advice and guidance about criminal and civil Court proceedings.

Refuge has effective working arrangements with the IDVA Service in East Sussex, so that risk is effectively managed and continuity of care is maximised. The IDVA refers to the refuges.

### **2.5 Are these proposals, affected by legislation, legislative change, service review or strategic planning activity?**

East Sussex County Council's total budget for the year beginning April 2018 is £371m. That is a reduction of £17m based on last year. As a department, Adult Social Care needs to save nearly £10 million in the year beginning April 2018.

The proposals are made as part of ESCC's budget planning process, **Reconciling Policy, Planning and Resources for 2018-19** onwards. The savings proposed to the services within this EIA are part of the overall ASC savings proposals.

The Government has signalled clearly its intention to expand the national network of refuges to better meet the needs of women and children fleeing domestic violence. **The Violence Against Women and Girls (VAWG) Strategy 2016<sup>1</sup>** aims that by 2020 'no victim is turned away from accessing critical support services delivered by refuges. The Statement of Expectations refers to an area having sufficient local specialist support provision, including provision designed specifically to support victims from marginalised groups e.g. specialist BAME-led refuges.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/522166/VAWG\\_Strategy\\_FINAL\\_PUBLICATION\\_MASTER\\_vRB.PDF](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF)

## **Homelessness Reduction Act 2017<sup>2</sup>**

The Homelessness Reduction Act 2017 places new legal duties on local authorities so that everyone who is homeless or at risk of homelessness will have access to meaningful help. The Act amends part VII of the Housing Act 1996.

Under the Act, local authorities are required to ensure services are designed to meet the needs of particular groups that are at increased risk of becoming homeless including victims of domestic abuse.

Under the relief duty, in cases where the applicant is homeless, local authorities must take 'reasonable steps' – with reference to the applicant's assessment – to help all homeless eligible applicants to secure accommodation for at least six months unless the applicant is referred to another local authority due to having no local connection to the authority they have applied to.

Once triggered, the relief duty would continue for 56 days unless it is brought to an end via one of the prescribed conditions.

Interim accommodation duties owed to people under the existing provisions (section 188) continue to apply during this stage – the duty to provide accommodation to people who the local authority have reason to believe may be homeless, eligible for assistance and in priority need - pending a decision on whether the council is obliged to provide some form of longer term settled accommodation.

**Care Act 2014:** The service prevents, reduces and delays support and care needs in line with the Care Act. Any reduction in funding will impact on the service's ability to do this. An appendix at the end of the document shows how we are meeting our Care Act duties for information and advice.

### **2.6 How do people access or how are people referred to the services? Please explain fully.**

Priority for the service is afforded to women living in the geographical area of East Sussex (Lewes, Eastbourne, Rother, Hastings, and Wealden). For the first 48 hours of a void, priority is given to local women. If there are no referrals within the notified 48-hour referral period only then can the void be offered to a national referral framework.

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<sup>2</sup> Summary:

<http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/What%20you%20need%20to%20know%20Homelessness%20Reduction%20Act%202017.pdf>

## Equality Impact Assessment

If a woman wishes to remain in her local area within East Sussex and an assessment shows this would not present too high a risk then her wishes should be met.

In 2016/17 the following agencies made referrals to the refuges:

- The Portal (an East Sussex information, advice and support service for women and men living with domestic abuse and violence )
- East Sussex Adult Social Care
- East Sussex Children's Services
- East Sussex Hospitals
- Eastbourne Borough Council
- Hastings and Rother Police
- Lewes District Council
- Hastings Borough Council
- Home Works
- National Domestic Violence Helpline
- Eastbourne, Lewes and Wealden Police
- Rother District Council
- Self-referral
- STAR (East Sussex Drug and Alcohol Recovery Service)
- Voluntary Agency (domestic violence)
- Wealden District Council

39% of referrals were in respect of women local to East Sussex.

The largest single source of referrals to the service (53) was self-referrals (referrals made by the women themselves) up 43% (from 37) from the previous year (2015/16).

The combined local housing authorities made 40 referrals, up 60% from the previous year. The Portal (an advice and support network across East Sussex and Brighton and Hove) referred 13 women.

The provider is required to provide a single point of access i.e. a phone number/text number for all referrals.

The provider is required to advise all the referral agencies immediately it is known there will be a void.

**2.7 If there is a referral method how are people assessed to use services? Please explain fully.**

## Equality Impact Assessment

Referrals should be processed, assessed (including a needs interview) and completed by the provider within two hours of initial referral, with a decision made and communicated to the woman within a further two-three hours.

### *Eligibility*

A person can receive this service if they are:

- A woman aged 16 or over without a dependent child
- or
- A woman aged 16 or over with a dependent child/children of either sex up to the age of 18 who normally live/s with her
- and
- Are fleeing or at risk of domestic abuse
- and
- They require specialist accommodation to minimise the risk to themselves and any children
- and
- They understand the purpose of the service and are prepared to engage with the housing support available on site and the support available to help them move to alternative housing.

An eligible woman may also have complex and multiple needs including mental health issues, a learning difficulty or disability, offending behaviour and/or substance misuse issues.

If in exceptional circumstances a person is assessed as too high risk for the service and refused access, this decision must be discussed with the commissioner. Where a woman local to East Sussex is refused, efforts must be made to ensure the woman is referred to an alternative appropriate service.

The provider must keep a record of the details and circumstances of any refusal with reasons why the woman was refused and the outcome for the individual. All refusals will be explained and discussed again at service reviews.

### **2.8 How, when and where are the services provided? Please explain fully.**

The services are provided in:

- Lewes: 6 units
- Wealden: 10 units
- Eastbourne: 9 units
- Hastings: 10 units
- Rother: 12 units

## Equality Impact Assessment

Women must be able to access the refuge at any time 365 days a year, so the provider is required to make arrangements for access when staff are not on site. This includes providing the referring agencies with out of hours referral details.

This is an accommodation-based service that will normally be available between 9am and 6pm Monday to Friday. However the provider is required to provide the housing support service flexibly as dictated by the assessed needs and wishes of service users.

The availability of the service and relevant contact details must be known to all strategic partners and referring organisations.

The specific aim of the service is to provide good quality, safe, temporary refuge accommodation and housing support for women with or without children who are at risk of, or fleeing, domestic abuse. To achieve this aim, the provider is required to:

- Assist in the prevention of homelessness and repeated incidents of domestic abuse
- Provide an intensive, flexible on-site service, within safe and secure accommodation, that can respond in a crisis situation as and when housing support is needed
- Support service users and their children to keep themselves safe
- Empower service users to make decisions about their future
- Support service users to access a wide range of resources and services necessary to meet their needs and the needs of their children
- Proactively identify changing support needs and respond accordingly
- Support service users to find and move on to a home of their own

### Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics

#### 3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>x</b>	Service User Data	<b>x</b>	Contract/Supplier Monitoring Data
<b>x</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
<b>x</b>	Complaints	<b>x</b>	Risk Assessments
	Service User Surveys	<b>x</b>	Research Findings
<b>x</b>	Census Data	<b>x</b>	East Sussex Demographics
<b>x</b>	Previous Equality Impact Assessments	<b>x</b>	National Reports
	Other organisations Equality Impact Assessments		Any other evidence

#### 3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

There were 10 complaints in the year 2016/17. None of these were on the grounds of discrimination.

#### 3.3 If you carried out any consultation or research explain what consultation has been carried out.

The formal consultation from ASC started on 15 February 2018 and ended on 25 April 2018.

All providers were sent a copy of the consultation web link, a letter to explain the consultation process and a draft letter for clients. Where requested providers were provided with printed copies.

Consultation meetings held:

- All Supporting People providers: 8 March 2018
- Domestic Abuse Management Group: 12 March 2018
- Inclusion Advisory Group gave feedback on all the RPPR proposals: 14 March 2018
- Accommodation Planning & Design Group: 15 March 2018
- Public Health: 15 March 2018
- Financial Inclusion Steering Group: 22 March 2018
- Hastings and Rother/Eastbourne, Hailsham and Seaford CCGs: 23 March 2018 and 16 April 2018
- Rother District Council Task and Finish Group: 28 March 2018
- East Sussex Housing Officers Group: 11 May 2019

### **3.5 What does the consultation, research and/or data indicate about the positive or negative impact of the proposals?**

If the proposed savings led to a reduction in refuges the negative impact would likely include:

- more women and children fleeing abuse being placed in local authority temporary accommodation (and even bed and breakfast);
- an increase in women becoming homeless;
- an escalation in policing and safety issues;
- an increased risk of homicides;
- an increase in demand for counselling and mental health services for women and children;
- an increase in children placed in care to remove them from abusive households;
- an increase in the need for and cost of support for women and children from Adult Social Care and Children's Services;
- an increase in hospitalisation and resultant healthcare costs; and
- an increase in demand for both the Portal and the Independent Domestic Violence Advice (IDVA) service.

The client data detailed at 2.2 indicates that for many current clients their needs are such that even if they were found in priority need and a bricks and mortar solution was sourced their care and support needs are such that this solution would not meet all of their needs and a more costly statutory intervention would be required for that purpose.

**Key findings from research studies:**

If it's not stopped, domestic abuse often escalates, becoming more intense and severe. It can lead to serious physical and psychological injury and, in some cases, death.

Current statistics estimate that two women per week are murdered by either a current or former intimate partner, in England and Wales. One woman in four will experience domestic violence in her lifetime. The police receive a call related to domestic violence every 30 seconds.

Being exposed to domestic abuse is the most frequently reported form of trauma for children. Nationally, around a quarter of people aged 18-24 reported that they had been exposed to domestic abuse during their childhood. Three quarters of children living with domestic abuse are directly exposed to the abuse and, of these, half are directly abused.

Based on these national figures, and on the assumption that children's exposure to domestic abuse in East Sussex is in proportion to the national picture, we estimate that 6,500 children are exposed to domestic abuse each year in East Sussex. Studies suggest that the consequences of exposure to domestic abuse will be persistent and serious for a fifth of those children.

There are also links between domestic abuse, child sexual exploitation, youth offending and teenage pregnancy.

Specific forms of abuse, like so-called 'honour' based violence and forced marriage, are more likely to affect younger adults and have a significant impact, but are likely to be less well reported than other forms of domestic abuse.

The most immediate concern for most women who come to Refuge is their physical safety and the safety of their children.

The **NSPCC**<sup>3</sup> has collated data to show that:

- Around 1 in 5 children have been exposed to domestic abuse.
- Domestic abuse is a factor in over half of serious case reviews which are commissioned when a child dies or is seriously injured as a result of abuse or neglect.
- Children exposed to domestic violence are more likely to have behavioural and emotional problems.

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<sup>3</sup> <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/domestic-abuse-facts-statistics/>

The **NHS**<sup>4</sup> reports that “one in four women experience domestic abuse or domestic violence at some point in their lives. It can be physical, sexual, emotional, psychological or financial, and is often a combination of these types.

- Pregnancy can be a trigger for domestic abuse, and existing abuse may get worse during pregnancy or after giving birth.
- Domestic abuse during pregnancy puts you and your unborn child in danger. It increases the risk of miscarriage, infection, premature birth, and injury or death to the baby.
- It can also cause women to experience emotional and mental health problems, such as stress and anxiety, which can affect the development of the baby<sup>5</sup>.

The national organisation Refuge is the current provider of the East Sussex refuges. Refuge appointed the **New Economics Foundation** to prepare a social valuation of its services for survivors of domestic abuse (Refuge a Social Return on Investment, June 2016). The report concluded:

- **The extraordinary value of Refuge’s services:** Through its four service streams: refuge housing, community outreach services, independent domestic violence advocacy services, and sexual violence services, Refuge generates an average of £4.94 in social value for every £1 invested.
- **The impact of refuge housing:** Refuge housing has the greatest impact of all Refuge’s services. While only 21% of Refuge clients use the housing service, it accounts for 54% of the total social return in this study. The SROI ratio for refuge housing is also an impressive £4.07 for every £1 invested.
- **The burden of violence against women and girls on society:** Counting only those families who used Refuge’s services in the year 2015/16, savings of £1.7 million of public funds were made in the criminal justice system, and £4.2 million were made in healthcare costs. Whereas, during the same period gains of £3 million were made, through economic productivity and reduced payments of benefit.

These figures show that in addition to the negative impact on women fleeing domestic abuse and their children, any reduction in service is likely to also have a financial impact on other public funds such as the criminal justice system, welfare benefits and health.

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<sup>4</sup> <https://www.nhs.uk/conditions/pregnancy-and-baby/domestic-abuse-pregnant/>

<sup>5</sup> <https://www.nhs.uk/conditions/pregnancy-and-baby/mental-health-problems-pregnant/?tabname=your-newborn>

**The Council of Europe**<sup>6</sup> has long recommended at least one family place in a refuge per 10,000 of the population. Currently provision across East Sussex is just short of this and further reductions will see the county fall under the recommendation.

Research by **Women's Aid**<sup>7</sup> has found that on just one day, around 94 women and 90 children are turned away from refuges.

Report by the charity Galop into **barriers faced by LGBT people in accessing non-LGBT domestic violence support services**<sup>8</sup> states that due to real or perceived homophobia, biphobia, transphobia and heterosexism, LGBT survivors can face specific challenges when attempting to access support services. Barriers faced by LGBT people in accessing help or support can be categorised into two groups:

- Structural and cultural barriers: The way services are designed and delivered that result in them being less accessible and inclusive for LGBT people.
- Individual and interpersonal barriers: LGBT people's perception of the support system, of their self, of the abuse and their relationship with the perpetrator/s.

### Overview of feedback from the consultation:

#### Refuges

- People said they would have been forced to stay living with their abuser if the service hadn't been available.
- Reducing or cutting the service would put people at risk of serious harm and at risk of suicide.
- Services already fall short and any savings mustn't put provision at risk or make changes to staff levels that put lives at risk.
- Reductions in services would impact on Children's Services and the need for services.

**Most helpful about the service:** The things people found most helpful were: feeling safe; key work sessions; and day to day interactions with staff.

**Support that has made the biggest difference to living independently:** Support to avoid harm from others; and support to better manage their mental health and emotional well being.

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<sup>6</sup> [https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF\(2007\)Study%20rev.en.pdf](https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF(2007)Study%20rev.en.pdf)

<sup>7</sup> <https://www.womensaid.org.uk/leave-no-woman-child-behind-womens-aid-launches-16-days-campaign/>

<sup>8</sup> <http://www.galop.org.uk/wp-content/uploads/For-Service-Providers-Barriers.pdf>

**Where they would have gone for accommodation and support:** They would have had to stay living with their abuser or would have had nowhere to go. This could have meant they ended up homeless or at risk of serious harm or risk of suicide if the service hadn't been available.

**Any other comments:** People said the service saves lives. People would be forced to stay living with their abuser and would struggle to get the help need without specialist services like this.

**Sample quotes:**

"I would have had to remain living with my abuser. I had already tried to make a homeless application and had been told that I wasn't eligible, so I was stuck." (Refuges)

"I would have been homeless with my daughter and not known where to turn for help."  
(Refuges)

"If there had not been a refuge when I was experiencing domestic violence, I would have had no choice but to stay with my abusive partner. There would have been a possibility that my mental health would have suffered and therefore my ability to care for and keep safe my daughter."  
(Refuges)

## Part 4 – Assessment of impact

**Note:** The protected characteristic population data that we use to compare those affected is East Sussex population data. This presents some issues of research because the service data demonstrates that 61% of the cohort who entered an East Sussex refuge in 2016/17 were not from East Sussex. For these purposes, however, we can assume that the needs and requirements are the same.

### 4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

*Population by age and gender in 2011 (source: ONS Census 2011):*

		All people	0-14	15-29	30-44	45-64	65-69	70-74	75-79	80-84	85-89	90+
<b>All people</b>	<b>No.</b>	<b>526,671</b>	<b>84,910</b>	<b>83,732</b>	<b>90,763</b>	<b>147,503</b>	<b>32,496</b>	<b>26,270</b>	<b>22,607</b>	<b>18,524</b>	<b>12,349</b>	<b>7,517</b>
	%	100%	16.1%	15.9%	17.2%	28%	6.2%	5%	4.3%	3.5%	2.3%	1.4%
<b>Female</b>	<b>No.</b>	<b>272,907</b>	<b>41,146</b>	<b>41,052</b>	<b>46,948</b>	<b>76,122</b>	<b>16,840</b>	<b>14,077</b>	<b>12,301</b>	<b>10,956</b>	<b>7,984</b>	<b>5,481</b>
	%	51.8%	7.8%	7.8%	8.9%	14.5%	3.2%	2.7%	2.3%	2.1%	1.5%	1%
<b>Males</b>	<b>No.</b>	<b>253,764</b>	<b>43,764</b>	<b>42,680</b>	<b>43,815</b>	<b>71,381</b>	<b>15,656</b>	<b>12,193</b>	<b>10,306</b>	<b>7,568</b>	<b>4,365</b>	<b>2,036</b>
	%	48.2%	8.3%	8.1%	8.3%	13.6%	3%	2.3%	2%	1.4%	0.8%	0.4%

61.1% of the population in East Sussex are aged 15 to 64

22.7% are aged 65 and older

16.1% are aged 0-14

*Population estimates 2016 (ONS mid-year estimates)*

		All people	0-15	16-29	30-44	45-64	65 and over
<b>All people</b>		<b>547,797</b>	<b>93,688</b>	<b>77,067</b>	<b>86,210</b>	<b>152,568</b>	<b>138,264</b>
%	%	100%	17.1%	14.1%	15.7%	27.9%	25.2%
<b>Females</b>		<b>282,789</b>	<b>45,448</b>	<b>37,524</b>	<b>44,748</b>	<b>78,617</b>	<b>76,452</b>
	% of age group	51.6%	48.5%	48.7%	51.9%	51.5%	55.3%
<b>Males</b>		<b>265,008</b>	<b>48,240</b>	<b>39,543</b>	<b>41,462</b>	<b>73,951</b>	<b>61,812</b>
	% of age group	48.4%	51.5%	51.3%	48.1%	48.5%	44.7%

Population estimates show that the proportion of older people aged 65 and older is increasing.

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

*Profile of people accessing the services in 2016/17*

Service	Number of People			
	16-44	45-64	65-74	Total
<b>Refuge</b>	<b>104</b>	<b>25</b>	<b>1</b>	<b>130</b>
Refuge Eastbourne	14	3	0	17
Refuge Hastings	24	7	0	31
Refuge Lewes	13	1	0	14
Refuge Rother	26	6	0	32
Refuge Wealden	27	8	1	36

99% of the women accessing the refuges are of working age with 80% in the age group 16 to 44.

In 2016-17, over 70% of women supported by Refuge had dependent children.

Age of clients' children	Eastbourne	Hastings	Lewes	Rother	Wealden	Total	
	No.	No.	No.	No.	No.	No.	%
<b>0-2 years</b>	8	7	1	6	8	30	16.57%
<b>3-4 years</b>	5	11	4	10	10	40	22.10%
<b>5-7 years</b>	7	3	5	12	15	42	23.20%
<b>8-11 years</b>	5	6	8	6	17	42	23.20%
<b>12-17 years</b>	7	4	5	3	5	24	13.26%
<b>18+</b>	0	0	2	0	1	3	1.66%
<b>Total</b>	<b>32</b>	<b>31</b>	<b>25</b>	<b>37</b>	<b>56</b>	<b>181</b>	<b>100 %</b>

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

Yes. Although the service is able to support a woman of any age, the vast majority of women accessing the refuges are of working age, and the majority are aged between 16 and 44. This means that the proposal may disproportionately affect working age women. The refuges also provided a temporary home to 181 children in 2016/17 therefore children up to the age of 18 are also likely to be affected by the proposals.

**d) What are the proposals' impacts on different ages/age groups?**

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will affect women of all ages. The impact is wider than East Sussex as women nationally can access the service if it is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges.

Less provision means women will need to approach other agencies and in particular the police and housing authorities.

**e) What actions will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider and strategic partners to develop an implementation plan/decommissioning plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

**f) Provide details of the mitigation.**

An action plan will be created once final decisions are made. It will not be possible to fully mitigate reducing this refuge provision as there is no other refuge provision in the county. Any mitigation for current clients will have to include supporting this cohort of clients to obtain appropriate assessment for adult social care/health/housing services.

Mitigation for future clients will include working with other community safety organisations to ensure women know how to recognise and report domestic abuse to the police, can access national help lines and know of the services offered by The Portal, the East Sussex IDVA service and the responsibilities of housing authorities.

**g) How will any mitigation measures be monitored?**

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

**4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Residents with limiting long-term illness in 2011 (source: ONS Census 2011):*

	All people	People without long-term health problem or disability	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot
All ages	526,671	419,526	107,145	58,902	48,243
Working age: 16-64	315,752	272,120	43,632	24,941	18,691
All ages	100%	79.7%	20.3%	11.2%	9.2%
Working age: 16-64	100%	86.2%	13.8%	7.9%	5.9%

13.8% of the population of working age have a long-term health problem or disability.

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

The table below shows the number of clients who defined themselves as having a disability. 39 clients (30%) identified as having a disability linked to mental health, up from 31 in 2015-16.

Seven clients identified as having issues with mobility.

*Profile of people accessing the services in 2016/17*

<b>Clients with disabilities</b>	<b>Eastbourne</b>	<b>Hastings</b>	<b>Lewes</b>	<b>Rother</b>	<b>Wealden</b>	<b>Total</b>
<b>Autistic spectrum</b>	0	0	0	1	0	<b>1</b>
<b>Learning disability</b>	0	0	1	1	2	<b>4</b>
<b>Long term condition</b>	1	3	0	2	1	<b>7</b>
<b>Mental health</b>	7	14	2	5	11	<b>39</b>
<b>Mobility</b>	2	0	0	3	2	<b>7</b>
<b>Other</b>	1	1	0	0	0	<b>2</b>
<b>Progressive disability/ chronic illness</b>	2	1	1	0	0	<b>4</b>
<b>Visual impairment</b>	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>13</b>	<b>19</b>	<b>4</b>	<b>12</b>	<b>16</b>	<b>64</b>

*NB: These figures include women who have identified multiple forms of disability*

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic**

Yes. In the general population of people aged 16 – 64, 13.8% of people of working age were identified as having a long term condition or disability.

In the service specific data provided it is clear that there is a significant over representation of this protected characteristic as 49.2% of clients had a long-term condition or disability.

**d) What are the proposals’ impacts on people who have a disability?**

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will negatively affect women with a disability. The impact is wider than East Sussex as women nationally can access the refuge if a bed space is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges.

It is likely that less provision will mean women who have a disability or long-term condition, who may have additional vulnerabilities and face additional barriers to leaving an abusive relationship, will have less access to refuges and individualised support to address their care and support needs.

**e) What actions will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider to develop an implementation action plan/decommissioning plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

**f) Provide details of the mitigation.**

It will not be possible to fully mitigate reducing this refuge provision as there is no other refuge provision in the county. Any mitigation for current clients will have to include supporting this cohort of clients to obtain appropriate assessment for adult social care/health/housing services.

Mitigation for future clients will include working with other community safety organisations to ensure women with disabilities know how to recognise and report domestic abuse to the police, can access national help lines and know of the services offered by The Portal, the East Sussex IDVA service and the responsibilities of the housing authorities

Two of the refuge units are wheelchair accessible and a mitigation would be to avoid closure of these units.

**g) How will any mitigation measures be monitored?**

To be completed once the action plan is agreed and dependent on resources allocated for this purpose.

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

*Population estimates by ethnic groups in 2011 (source: ONS Census 2011)*

<b>Ethnic Group</b>	<b>All ages</b>	<b>%</b>
All categories: Ethnic group	526,671	
White: English/Welsh/Scottish/Northern Irish/British	482,769	91.7%
White: Irish	3,966	0.8%
White: Gypsy or Irish Traveller	815	0.2%
White: Other White	17,872	3.4%
Mixed/multiple ethnic group: Total	7,473	1.4%
Asian/Asian British: Total	9,143	1.7%
Black/African/Caribbean/Black British: Total	2,912	0.6%
Other ethnic group: Total	1,721	0.3%

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

After white British, the largest ethnic group accessing the East Sussex service were women of dual heritage (at 5.38%) and Black or Black British women and White Other women, both at 2.31%. When compared to ethnicity data for the previous year, there is an increase of 11.12% in admissions of white British clients.

*Profile of people accessing the services in 2016/17*

	<b>Eastbourne</b>	<b>Hastings</b>	<b>Lewes</b>	<b>Rother</b>	<b>Wealden</b>	<b>Totals</b>	
	<b>No.</b>	<b>No.</b>	<b>No.</b>	<b>No.</b>	<b>No.</b>	<b>No.</b>	<b>%</b>
<b>Asian or Asian British</b>	0	0	0	1	1	<b>2</b>	<b>1.54%</b>
<b>Black or Black British</b>	1	2	0	0	0	<b>3</b>	<b>2.31%</b>
<b>Dual Heritage</b>	1	1	2	0	3	<b>7</b>	<b>5.38%</b>
<b>Middle Eastern</b>	0	0	0	0	0	<b>0</b>	<b>0.00%</b>
<b>White British</b>	14	28	11	30	30	<b>113</b>	<b>86.92%</b>
<b>White Irish</b>	0	0	0	0	0	<b>0</b>	<b>0.00%</b>
<b>White Other</b>	1	0	1	1	0	<b>3</b>	<b>2.31%</b>
<b>Total</b>	<b>17</b>	<b>31</b>	<b>14</b>	<b>32</b>	<b>36</b>	<b>130</b>	<b>100%</b>

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

Yes, women from an ethnic group are over represented when compared to the local population. This means the proposal will disproportionately affect women with this protected characteristic.

**d) What are the proposals' impacts on those who are from different ethnic backgrounds?**

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will negatively affect women from an ethnic background. The impact is wider than East Sussex as women nationally can access the refuge if a bed space is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges.

It is likely that this cohort may also be face additional barriers e.g. cultural restrictions, isolation, language and translation requirements.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider to develop an implementation action plan/decommissioning plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

**f) Provide details of any mitigation.** It will not be possible to fully mitigate reducing this refuge provision as there is no other refuge provision in the county. Any mitigation for current clients will have to include supporting clients to obtain appropriate assessment for adult social care/health/housing services.

Mitigation for future clients will include working with other community safety organisations to ensure women from ethnic backgrounds with disabilities know how to recognise and report domestic abuse to the police, can access national help lines and know of the services offered by The Portal, the East Sussex IDVA service and the responsibilities of the housing authorities.

**g) How will any mitigation measures be monitored?**

To be completed once action plan is agreed and dependent on resources allocated for this purpose.

**4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Population by age and gender in 2011 (source: ONS Census 2011)*

	Number	Percentage
<b>All people</b>	526,671	100%
<b>Females</b>	272,907	51.8%
<b>Males</b>	253,764	48.2%

*Population estimates 2016 (ONS mid-year estimates)*

	Number	Percentage
<b>All people</b>	547,797	100%
<b>Females</b>	282,789	51.6%
<b>Males</b>	265,008	48.4%

Transgender data is not currently collected.

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

All the adults who accessed the services in 2016/17 were female.

*Profile of the children who accessed the services in 2016/17*

Children	Eastbourne	Hastings	Lewes	Rother	Wealden	Total
<b>Males: no.</b>	11	10	11	20	32	<b>83</b>
<b>Males: %</b>	32.3%	32.3%	44.0%	54.1%	57.1%	<b>46.1%</b>
<b>Females: no.</b>	21	21	14	17	24	<b>97</b>
<b>Females: %</b>	67.7%	67.7%	56.0%	45.9%	42.9%	<b>53.9%</b>
<b>Total</b>	<b>32</b>	<b>31</b>	<b>25</b>	<b>37</b>	<b>56</b>	<b>182</b>

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

Yes. Women will be more affected by the proposals as all clients accessing the services are women.

**d) What is the proposal, project or service's impact on different genders?**

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will negatively affect women. The impact is wider than East Sussex as women nationally can access the refuge if a bed space is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges.

Gender based violence is an issue that predominantly affects women. One of the outcomes in the government's strategy to end violence against women and girls so that by 2020 "No victim is turned away from accessing critical support services delivered by refuges, rape support centres and FGM and forced marriage units."

The proposals may mean the loss of a safe, confidential 24 hour refuge for women. Subsequently women may stay with abusive partners and be at put at greater risk.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider to develop an implementation action plan/decommissioning plan for achieving the savings. This section will then be completed.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

**f) Provide details of the mitigation.**

Any mitigation for current clients will have to include supporting clients to obtain appropriate assessment for adult social care/health/housing services.

**g) How will any mitigation measures be monitored?**

To be completed once action plan is agreed and dependent on resources allocated for this purpose.

**4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Marital status by age and gender in 2011 (source: ONS Census 2011)*

	All people aged 16 and over	Single	Married	In a registered same-sex civil partnership	Separated	Divorced	Widowed
No.	435,515	126,922	210,786	1,471	11,954	46,470	37,912
%	100%	29.1%	48.4%	0.3%	2.7%	10.7%	8.7%

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

*Profile of people accessing the services in 2016/17*

Marital status	Number	%
Divorced	7	5.4%
Married	24	18.5%
Single	87	66.9%
Widowed	1	0.8%
Not asked	9	6.9%
Not disclosed	2	1.5%

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

A disproportionate impact is not anticipated as the service is open to all women regardless of their marital status.

**4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

In 2015, there were 5,046 live births in East Sussex and in 2016 there were an estimated 82,272 women aged 16-44 in the County.

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

20 pregnant women accessed the service in 2016/17 which was 15.4% of the women accessing the service.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes. 15.4% of the women accessing the service were pregnant. There were 5,046 live births in the County in 2015 to an estimated 82,272 women aged 16 to 44 which is 6.1%.

The risk to a woman in an abusive relationship increases when pregnant.

**d) What is the proposal impact on pregnant women and women within the first 26 weeks of maternity leave?**

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will negatively affect women with this particular protected characteristic. The proposal will particularly affect those who are pregnant as the risk is likely to increase during pregnancy when the loss of a place of safety will have a significant negative impact.

The impact is wider than East Sussex as women nationally can access the refuge if a bed space is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider to develop an implementation action plan/ decommissioning plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

**f) Provide details of the mitigation**

It will not be possible to fully mitigate reducing this refuge provision as there is no other refuge provision in the county. Any mitigation for current clients will have to include supporting clients to obtain appropriate assessment for adult social care/Children's Services/health/housing services.

Mitigation for future clients will include working with other community safety organisations and maternity services to ensure women with this protected characteristic know how to recognise and report domestic abuse to the police, can access national help lines and know of the services offered by The Portal, the East Sussex IDVA service and the responsibilities of the housing authorities.

**g) How will any mitigation measures be monitored?**

To be completed once action plan is agreed and dependent on resources allocated for this purpose.

**4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Religion in 2011 (source: ONS Census 2011)*

Religions		All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Religion not stated
<b>East Sussex</b>	<b>No.</b>	<b>526,671</b>	<b>315,659</b>	<b>2190</b>	<b>1501</b>	<b>1074</b>	<b>4201</b>	<b>178</b>	<b>3508</b>	<b>155723</b>	<b>42637</b>
	<b>%</b>	<b>100%</b>	<b>59.9%</b>	<b>0.4%</b>	<b>0.3%</b>	<b>0.2%</b>	<b>0.8%</b>	<b>0%</b>	<b>0.7%</b>	<b>29.6%</b>	<b>8.1%</b>
<b>Eastbourne</b>	<b>No.</b>	99,412	59,232	482	429	211	1458	53	586	28995	7966
	<b>%</b>	100%	59.6%	0.5%	0.4%	0.2%	1.5%	0.1%	0.6%	29.2%	8%
<b>Hastings</b>	<b>No.</b>	90,254	46,832	475	423	142	1159	38	668	33066	7451
	<b>%</b>	100%	51.9%	0.5%	0.5%	0.2%	1.3%	0%	0.7%	36.6%	8.3%
<b>Lewes</b>	<b>No.</b>	97,502	55,572	489	257	320	558	42	603	31641	8020
	<b>%</b>	100%	57%	0.5%	0.3%	0.3%	0.6%	0%	0.6%	32.5%	8.2%
<b>Rother</b>	<b>No.</b>	90,588	58,706	290	171	170	460	12	525	22864	7390
	<b>%</b>	100%	64.8	0.3%	0.2%	0.2%	0.5%	0%	0.6%	25.2%	8.2%
<b>Wealden</b>	<b>No.</b>	148915	95317	454	221	231	566	33	1126	39157	11810
	<b>%</b>	100%	64%	0.3%	0.1%	0.2%	0.4%	0%	0.8%	26.3%	7.9%

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

*Profile of people accessing the services in 2016/17*

Service	People							
	Any other religion	Buddhist	Christian (all)	Does not wish to disclose	Muslin	None	Not known	Total
Refuge	1	0	17	28	0	55	29	130
	0.8%	0.0%	13.1%	21.5%	0.0%	42.3%	22.3%	
Refuge Eastbourne	0	0	2	5	0	7	3	17
	0.0%	0.0%	11.8%	29.4%	0.0%	41.2%	17.6%	
Refuge Hastings	0	0	6	4	0	20	1	31
	0.0%	0.0%	19.4%	12.9%	0.0%	64.5%	3.2%	
Refuge Lewes	0	0	1	3	0	5	5	14
	0.0%	0.0%	7.1%	21.4%	0.0%	35.7%	35.7%	
Refuge Rother	1	0	5	9	0	8	9	32
	3.1%	0.0%	15.6%	28.1%	0.0%	25.0%	28.1%	
Refuge Wealden	0	0	3	7	0	15	11	36
	0.0%	0.0%	8.3%	19.4%	0.0%	41.7%	30.6%	

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

No. There are a greater proportion of women with no religion (42.3%) than in the general population. There is also a high proportion (22.3%) where their religion is not known.

**d) What is the proposal, project or service’s impact on people with different religions and beliefs?**

Although the proposal will not disproportionately affect women with different religions and beliefs, women of different faiths may face additional barriers and negative impacts when experiencing domestic violence, particularly in ultra conservative communities. This could include shame, ostracism and honour-based violence.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

The plan will include actions to ensure the remaining service provision meets the Council of Europe’s core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

**4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Sexual Identity – South East (Source: ONS data 2016)*

	Number	%
<b>Heterosexual or straight</b>	6,703,000	93.4%
<b>Gay or lesbian</b>	87,000	1.2%
<b>Bisexual</b>	61,000	0.9%
<b>Other</b>	38,000	0.5%
<b>Don't know or refuse</b>	284,000	4.0%

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

Service	Number of people				
	Bisexual	Does not wish to disclose	Heterosexual	Lesbian	Total
<b>Refuge</b>	<b>4</b>	<b>12</b>	<b>114</b>	<b>0</b>	<b>130</b>
Eastbourne	0	2	15	0	17
Hastings	3	3	25	0	31
Lewes	0	0	14	0	14
Rother	1	4	27	0	32
Wealden	0	3	33	0	36

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

It is not clear from the data whether people who are gay, lesbian, bisexual or heterosexual will be more affected by the proposals as a large proportion of people did not want to disclose. However a neutral impact is anticipated for this group.

**d) What is the proposal, project or service’s impact on people who are Gay, Lesbian, Bisexual and Heterosexual?**

Lesbian and bisexual women accessing domestic abuse support services face additional structural and cultural barriers as well as individual and interpersonal barriers that may mean they are less likely to ask for help.

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**4.9.1 Rural population**

A neutral impact is anticipated for people living in rural areas.

The services accommodate people who come from rural settings. Move on accommodation may need to be agreed across areas through reciprocal arrangements but this sits with the District and Boroughs and is outside of our control.

**4.9.2 Carers**

**a) How are these groups/factors reflected in the County/District/Borough?**

*Provision of unpaid care 2011 in East Sussex (source: ONS Census 2011)*

	All people	People provide no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
No.	526,671	467,262	59,409	39,537	6,745	13,127
%	100%	88.7%	11.3%	7.5%	1.3%	2.5%

**b) How is this group/factor reflected in the population of those impacted by the proposal?**

This data is not available.

**c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

Although data is not available, a disproportionate impact is not anticipated for this group.

**d) What is the proposal impact on the factor or identified group?**

It is possible that women who have caring responsibilities will face particular challenges in managing these responsibilities with an abusive partner and will face additional stress and barriers to seeking safety.

**4.9.3 People on low incomes**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Indices of deprivation 2015: Income 2015

Area/locality	Most Deprived 10%	Second Decile	Third Decile	Fourth Decile	Fifth Decile	Sixth Decile	Seventh Decile	Eighth Decile	Ninth Decile	Least deprived 10%
East Sussex	5%	7%	8%	13%	11%	11%	16%	10%	12%	6%
Eastbourne	5%	16%	5%	25%	7%	18%	8%	8%	7%	2%
Hastings	23%	15%	17%	17%	11%	0%	11%	4%	2%	0%
Lewes	0%	3%	13%	11%	11%	13%	19%	13%	13%	3%
Rother	5%	3%	7%	16%	17%	14%	21%	7%	9%	2%
Wealden	0%	2%	3%	4%	9%	9%	18%	16%	21%	17%

East Sussex in Figures Indices of Deprivation 2015 (Income deprivation domain is weighted at 22.5%)

Low incomes reported in the indices of deprivation include those who are out of work and those on low incomes.

**b) How is this group/factor reflected in the population of those impacted by the proposal?**

*Profile of people accessing the services in 2016/17*

Service	Number of people						
	Full time employment	Job seeker	Not required to be available for work due to child care	Part time (less than 37 hours)	Student	Unable to work due to sickness/disability	Total
<b>Refuge</b>	<b>5</b>	<b>22</b>	<b>54</b>	<b>8</b>	<b>1</b>	<b>40</b>	<b>130</b>
<b>Refuge Eastbourne</b>	1	0	12	1	0	3	<b>17</b>
<b>Refuge Hastings</b>	2	5	10	4	0	10	<b>31</b>
<b>Refuge Lewes</b>	0	5	3	2	0	4	<b>14</b>
<b>Refuge Rother</b>	0	9	12	0	0	11	<b>32</b>
<b>Refuge Wealden</b>	2	3	17	1	1	12	<b>36</b>

**c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

Yes. Women on low incomes will find additional difficulties in locating alternative accommodation as they may struggle to source the funds required to acquire and set up a tenancy.

**d) What is the proposal impact on the factor or identified group?**

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will negatively affect women on low income as they will no longer be receiving specialist support to achieve economic wellbeing and also because they will struggle to source the resources to leave a perpetrator and move to other accommodation. The impact is wider than East Sussex as women nationally can access the refuge if a bed space is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider and strategic partners to develop an implementation plan/decommissioning plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

**f) Provide details of the mitigation.**

It will not be possible to fully mitigate reducing this refuge provision as there is no other refuge provision in the county. Any mitigation for current clients will have to include the provider working with current clients to ensure they have the skills to achieve and retain economic wellbeing before move on and to ensure they have the knowledge and confidence to access the Welfare Reform Project (within East Sussex Better Together) and Citizens Advice Bureaux and understand the Winter Home Check Service and how to access it.

Mitigation for future clients will include working with other community safety organisations to ensure they know how to sign post this cohort to financial help and avoid financial exploitation.

The Discretionary East Sussex Support Scheme (DESSS) may have provided some assistance but is also part of the savings proposals so there's an additional impact.

**g) How will any mitigation measures be monitored?**

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

**4.9 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<p><b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.</p>	<p>If agreed, the proposals risk potential for serious adverse impact for women with children at risk of domestic abuse. Many may be eligible in terms of the Care Act. Individual circumstances are detailed in the EqIA and the assessment of impact should be applied to individuals and included in the Action Plan.</p> <p>The proposals are likely to have a negative impact in terms of opportunity that can be offered to women and their children experiencing and at risk of domestic abuse in respect of keeping safe and receiving support to move on to a life free from domestic abuse.</p>
	<p><b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.</p>	<p>There may be an added potential for serious adverse impact for certain individuals e.g. if they are disabled people or older/younger people who become more seriously at risk or vulnerable as a result of the proposals.</p>
x	<p><b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided that it does not unlawfully discriminate.</p>	<p>The current users are more likely to be women on low incomes, many of whom have complex needs, illness and long-term conditions; experience anxiety, depression or dual diagnosis and substance misuse issues. If the service is reduced there is potential risk of hospitalisation and homicide.</p>
	<p><b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to</p>	

## Equality Impact Assessment

	consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	
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**5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?**

This will be completed once final decisions regarding the proposals are made.

**5.4 When will the amended proposal, proposal, project or service be reviewed?**

June 2019

<b>Date completed:</b>	June 2018	<b>Signed by (person completing)</b>	Jude Davies
		<b>Role of person completing</b>	RPPR Lead
<b>Date:</b>	June 2018	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**



If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

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Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

# Equality Impact Assessment

## 6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Abuse	Vulnerability	For clients who will not be able to access the refuges if budget and units decrease this could be addressed next year.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Homelessness/living in unsafe environment	Homelessness	Current clients will not be impacted. Action Plan for future provision needs to address this	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Safety	Moral and Vulnerability	Current clients will not be impacted. Action Plan for future provision needs to address this as a matter of urgency to mitigate against homicide	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
More children taken into Care	Legal and financial	Yes – as it will impact on the future	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies AD for Children Services	Not applicable

## Equality Impact Assessment

Hospitalisation	Moral and financial	Current clients will not be impacted. Action Plan for future provision needs to address this	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Increase in safeguarding alerts	Financial	Yes	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Increased demand on Domestic Abuse IDVA and Portal services	Financial	A potential increase in this area needs to be planned for now	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Negative impacts on poverty, fuel and food poverty, health and well being	Vulnerable	Current clients will not be impacted. Action Plan for future provision needs to address this	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Increase in poor mental health of women and their children	Vulnerable	Current clients will not be impacted. Action Plan for future provision needs to address this	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Staff will leave	Business	Provider needs certainty around the future		Jude Davies	Not applicable

## **Appendix 1: Case Study**

### ***Background***

L was fleeing an extremely abusive relationship. Her partner was physically, psychologically and emotionally abusive over 3 years. He attempted to strangle her and caused severe lacerations to her arm which has caused long term damage and will require further medical intervention. The perpetrator was also financially abusive. L really enjoyed her job however the perpetrator took her money from her purse so she could not afford the bus fare to get to work and therefore lost her job and was unable to buy food. There was severe escalation of abuse during the relationship and L was removed from her home by police due to concerns for her safety.

L is 42 years old and has been an alcoholic for many years. She was also the victim of historic childhood and sexual abuse. L describes using alcohol as a means to cope with her past and to numb the pain.

### ***Work by Refuge***

Refuge has supported L extensively with domestic violence work. This involved discussing the power and control wheel and the dynamics of domestic violence.

L significantly reduced her intake of alcohol after intensive support from her keyworker. This involved daily key work to discuss her multiple and complex needs and how best to support her daily and improve her wellbeing. Refuge supported L to attend a three day Intuitive Recovery course at Lift House which she successfully completed.

L's struggle with alcohol addiction did present many challenges. Firstly, while L was under the influence it was extremely difficult for L to engage in key work. Secondly, because L was very chaotic it was therefore difficult for her to commit to housing appointments which slows down the process of her finding a suitable home to move on to.

L's keyworker discussed with L directly the implications that her heavy alcohol use was and would have on her life expectancy. L's keyworker pointed out that L's decision could only come from her but L would receive support from her keyworker to make those changes should she decide to do so.

L decided she did want to make changes and from this point her daily keywork sessions restarted. L had not had a drink for 4 weeks when she felt ready to approach STAR to explore her options for medication such as Antibus. L was prescribed Antibus and did not relapse despite some challenging circumstances.

L's support worker encouraged her to attend the self-esteem group at Refuge to help improve her low self-esteem. L engaged with this group very well and felt confident in reflecting on her own experiences.

L received regular support from a counsellor who meets with residents at Refuge.

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When L moved on from refuge she had been sober for 15 weeks. L has now been living independently since December and has been approached by STAR to join their volunteer team in order to support others with similar experiences. L is also back in work at a local charity shop. L is hoping to start paid work however is currently awaiting surgery on her damaged tendons.

## Appendix 2: Care Act Information and Advice

As a local authority, and under the Care Act 2014, East Sussex County Council has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- **Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories**  
There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – a free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.

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- **East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.

# Equality Impact Assessment

Name of the proposal, project or service
<p><b>Reconciling Policy, Performance and Resources (RPPR) 2018/19:</b></p> <p>Proposed reductions to Supporting People accommodation-based housing support services for young people and young mothers</p>

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	June 2019

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## **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”)

These are sometimes called equality aims.

### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality);
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

**1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21<sup>st</sup> Century Families and Communities, 2008].
- Literacy/Numeracy Skills
- Part time workers
- Rurality

**1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

**1.7 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.7.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.7.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

### 1.7.3 *Some key points to note:*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.7.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1 What is being assessed?

#### a) Proposal or name of the project or service.

The savings proposal is to reduce funding by £800,000 for Supporting People funded accommodation-based services for vulnerable young people and young mothers:

- Hastings Young Mothers
- Eastbourne Young Mothers
- Lewes Young Mothers
- Hastings Pathway
- YMCA residential centre Wealden
- YMCA residential centre Eastbourne
- Rother Pathway
- Newhaven Foyer
- Eastbourne Foyer

See section 2.8 for details.

#### b) What is the main purpose or aims of proposal, project or service?

The purpose of the proposal is to reduce funding to Supporting People funded accommodation based services to achieve savings of £800,000. This includes the services listed above that support young people and young mothers.

#### c) Manager(s) and section or service responsible for completing the assessment

Jude Davies, Strategic Commissioning Manager  
Candice Miller, Policy Development Manager

### 2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?

The proposal will affect vulnerable young people including young mothers.

Six services support young people aged 16- 25 who have complex and/or challenging needs and cannot live with the family but do not have the skills to live independently; needing specialist accommodation to minimise the risk to themselves or others.

Three services support young mothers aged 16- 25 who are pregnant or have a dependent child, and are unable to parent their child without specialist accommodation and support to minimise risks

**2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?**

All providers have been made aware of the budget proposals by the Supporting People Strategic Commissioning Manager. The proposals were discussed at Cabinet on 23 January 2018 and are now out to public consultation which began on 15 February and ends on the 25 April 2018. The process involves reviewing the consultation findings, following which recommendations will be made to members with a final decision being made by Cabinet on the 26 June 2018.

East Sussex County Council's Adult Social Care and Health (ASC&H) Department is responsible for the Supporting People budget. If the proposals are approved, then negotiations with providers and discussions with partners will start to agree how to manage the budget reduction.

There is a minimum three month notice period on all contracts which may need to be implemented by the Supporting People Strategic Commissioning Manager. However, where the occupancy arrangements are Assured Shorthold Tenancies there may be a legal requirement for providers to give a longer period of notice to tenants. These tenancies are fixed for the first six months and there is a complexity to achieving legal possession. Where the occupancy agreement is a licence, the provider can give 3 month notice period.

Providers will be asked to communicate the notice periods to people using the service at that time and work to identify alternative housing and support options for them.

**2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

The Supporting People programme has historically been governed as a partnership across Adult Social Care, Children's Services, Health, Probation and all five of the District and Boroughs in East Sussex.

All the above partners work with the service to support the achievement of positive outcomes for the clients in respect of health, resilience, safety, social inclusion, family relationships and care as well as to achieve move on solutions.

East Sussex County Council and the district and borough councils both have statutory duties relating to the accommodation and related support services of vulnerable young people aged 16-25 (See section 2.5 below), and they work collaboratively together and with ASC&H to find appropriate solutions. The services affected also work in partnership with a range of voluntary and statutory organisations in order to support clients to achieve agreed outcomes in areas such as housing, benefits, mental health, wellbeing and safeguarding.

**2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?**

East Sussex County Council's total budget for the year beginning April 2018 is £371m. That is a reduction of £17m based on last year. As a department, Adult Social Care needs to save nearly £10 million in the year beginning April 2018.

The proposals are made as part of ESCC's budget planning process, Reconciling Policy, Planning and Resources for 2018-19 onwards. The savings proposed to the services within this equality impact assessment are part of the overall ASC savings proposals.

**Care Act 2014:** The service prevents, reduces and delays support and care needs in line with the Care Act. Any reduction in funding will impact on the service's ability to do this. An appendix at the end of the document shows how we are meeting our Care Act duties for information and advice.

In line with the Southwark Judgement (2009), as a Children's Services Department there are obligations to assess all homeless and vulnerable young people to determine whether support is offered under a Section 20/LAC framework or via Section 17 preventive budgets. It also places a duty on Children's Services Departments to provide accommodation to children identified as in need and resident in its area who appear to require accommodation, 16-17 year old young homeless *and* 16-21 care leavers.

In addition the Children Act (1989) obliges Councils to provide support to children assessed to be either In Need or in Need of Protection and the Children (Leaving Care) Act (2000) places an obligation on Councils to act as Corporate Parents to young people as they leave the care system, which will include meeting their accommodation needs, and their right to receive support, including accommodation related support and life skills, up to the age of 25 years old.

For children seeking asylum (UASC) who have no responsible adult to care for them, are separated or 'unaccompanied' and are therefore 'in need', the relevant local authority children's services department has a gateway duty to assess such children under section 17, and then, almost always, to accommodate them under section 20 of the Children Act 1989.

The Homelessness Reduction Act 2017 places new legal duties on Local Housing Authorities in England (i.e. the District and Borough Councils in East Sussex) so that everyone (including young people aged 18-25) who is homeless or at risk of homelessness will have access to meaningful help, irrespective of their priority need status, as long as they are eligible for assistance. The Act amends part VII of the Housing Act 1996.

Relevant duties:

### *Care Leavers*

Under the Act, all care leavers below the age of 21 will be considered as having a local connection with an area if they were looked after, accommodated or fostered there for a continuous period of at least two years. Clause 8 amends section 199 of the Housing Act 1996 Act to ensure that a young homeless care leaver, as of April 2018, has a local connection to the area of the local authority that looked after them (i.e. East Sussex in this instance) rather than, as previously, an individual district or borough within East Sussex.

*The prevention duty: in cases of threatened homelessness*

If a local housing authority is satisfied that an applicant is threatened with homelessness and is eligible for assistance, they must take 'reasonable steps' – with reference to the applicant's assessment - to help them avoid becoming homeless.

As part of their investigations, local housing authorities must determine if an applicant has a 'priority need' for homelessness assistance. Typically, single homeless applicants will only be considered to be in 'priority need' i.e. meet the priority need criteria, as set out in Section 189 of the 'Act', if they are 'vulnerable' as a result i.e. considered significantly more vulnerable than ordinarily vulnerable. If a 'priority need' is identified, local housing authorities may have limited access to other housing options such as links with private sector landlords and financial assistance, which are considered where appropriate.

The client data, detailed at 2.2, indicates that for many current clients even if they were found in priority need and a bricks and mortar solution was sourced, their care and support needs are such that this solution would not meet all of their needs and a more costly statutory intervention would be required for that purpose.

*The relief duty: in cases where the applicant is homeless*

Under this clause, local housing authorities must take 'reasonable steps' – with reference to the applicant's assessment – to help all homeless eligible applicants to secure accommodation for at least six months unless the applicant is referred to another local authority due to having no local connection to the authority they have applied to.

Interim accommodation duties owed to people under the existing provisions (section 188) continue to apply during this stage – the duty to provide accommodation to people who the local housing authority has reason to believe may be homeless, eligible for assistance and in priority need - pending a decision on whether the council is obliged to provide some form of longer term settled accommodation.

**2.6 How do people access or how are people referred to your proposal, project or service?  
Please explain fully.**

Referrals are received through two routes:

- Direct referrals from Children's Services in respect of Looked After Children.
- Referrals from the housing option teams in the district and borough councils – this includes 16/17 year olds assessed as homeless (under the Southwark judgement) as well as other young homeless people aged 18-25.

**2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.**

The young people and young mothers accessing the services need to meet the eligibility criteria described in the service specification and summarised in section 2.2.

**Young people**

The initial assessment is undertaken by the housing authority or Children’s Services to determine whether the young person is homeless or at risk of homelessness. Assessment includes determining:

- whether the client is a risk to themselves or others;
- complexity of needs including challenging behaviour which would require onsite staffed support; and
- ability to live with family (if so, not referred to projects).

**Young mothers**

For young mothers’ provision, assessment will include determining:

- whether or not the young person can parent their child without accommodation based support;
- whether the client is a risk to themselves or others;
- complexity of needs including challenging behaviour which would require onsite staffed support; and
- ability to live with family (if so, not referred to projects).

**2.8 How, when and where is your proposal, project or service provided? Please explain fully.**

There are **six young people’s** services that include a pathway with additional units:

Service	Provider	Units
<b>BHT Hastings</b> Includes Brittany Road, Southwater Road and Milward Road	BHT	19
<b>Newhaven Foyer</b>	SAHA	37
<b>Eastbourne Foyer</b> Includes Highland House (10 units)	Stonham (part of Home Group)	31
<b>YMCA Residential Centre Eastbourne</b> Includes Barnabus	Eastbourne YMCA	26
<b>YMCA Residential Centre Wealden</b> Includes Stepping Stones	Eastbourne YMCA	10

<b>Rother Pathway Bexhill</b> Includes 181a London Road and 181b London Road	Sanctuary Supported Living	13
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There are **three young mothers'** services:

Service	Provider	Units
<b>Eastbourne Young Mothers service</b>	SAHA	5
<b>Lewes Young Mothers service</b>	SAHA	5
<b>Hastings Young Mothers Turner House Hastings</b>	SAHA	11

These are accommodation-based services that are available 24 hours per day seven days per week.

Clients cannot opt out of the housing support service and remain in the accommodation; it is the provider's responsibility to re-engage the client.

The provider is required to:

- ensure the safety and well-being of clients 24 hours a day;
- provide a flexible housing support service as dictated by the assessed needs and wishes of clients;
- provide on-site support activities to fit in with the responsibilities of clients and this means it is likely that some activities will take place in the evenings;
- provide a named housing support worker to support each client;
- support clients on a daily basis in addition to regular one to one key work sessions that take place at least weekly; and
- actively support a client in periods of crisis with the desired outcome of achieving engagement, and the client continuing to achieve outcomes specified in their support plan.

### Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics

**3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.**

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>X</b>	Service User Data	<b>X</b>	Contract/Supplier Monitoring Data
	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
	Complaints		Risk Assessments
<b>X</b>	Service User Surveys	<b>X</b>	Research Findings
<b>X</b>	Census Data	<b>X</b>	East Sussex Demographics
<b>X</b>	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

**3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.**

None.

**3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.**

The formal consultation on the ASC savings proposals started on 15 February 2018 and ended on 25 April 2018.

All providers were sent a copy of the consultation web link, a letter to explain the consultation process and a draft letter for clients. Where requested providers were provided with printed copies.

### Consultation meetings held:

- All Supporting People providers: 8 March 2018
- Domestic Abuse Management Group 12 March 2018
- Inclusion Advisory Group gave feedback on all the RPPR proposals: 14 March 2018
- Accommodation Planning & Design Group: 15 March 2018
- Public Health: 15 March 2018
- Financial Inclusion Steering Group: 22 March 2018
- Hastings and Rother/Eastbourne, Hailsham and Seaford CCGs: 23 March 2018 and 16 April 2018
- Rother District Council Task and Finish Group: 28 March 2018
- East Sussex Housing Officers Group (ESHOG) 11 May 2018

Relevant national and local research has also been considered.

### **3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?**

That there is most likely to be a negative impact, as it is very likely to mean a reduction in bed spaces and therefore a reduction in the number of young people who can access the services. This means:

- More young people at risk of homelessness, including street homelessness and living in unsafe living environments
- More young people and children being placed in temporary accommodation (within or out of county)
- More young people being placed with out of county supported accommodation providers which would impact on their access to familial, social, EET and professional support networks including e.g. social worker, GP or mental health nurse.
- An increase in young children being taken into care.
- An increase in the following risks associated with young people who have nowhere safe to live:
  - physical, emotional and sexual exploitation
  - self-harm
  - referrals to mental health services
  - youth offending
  - being used as a drug mule
  - going missing
  - substance misuse
  - lack of employment, education or training (NEET)
  - social isolation
  - teenage pregnancy

Of the homeless young people aged 16 and 17, homeless care leavers aged 16-24 or homeless young people aged 18-24 potentially affected, accommodation for the first two groups is the responsibility of Children's Services. Accommodation for the latter group is the responsibility of the district and borough councils).

### **Key research findings**

The majority of respondents (36.5%) in the **East Sussex Homeless Health Needs Audit** (published in July 2016) were in the 16 to 25 age group. A quarter of the respondents (of all ages) said that the main primary reason for when they most recently became homeless was that "parents/care-givers no longer able or willing to accommodate". Thirty-seven respondents (13%) reported having been in local authority care at some point in their lives.<sup>1</sup>

**Homeless Link's Young and Homeless report** (published in April 2018) found that young people have been disproportionately impacted by welfare benefit reforms, with successive UK governments having reduced young people's entitlements to social security. For example, young people's Housing Benefit entitlement is restricted to the cost of renting a single room in a shared house, and young people also receive a lower rate of income support within Jobseeker's Allowance and Universal Credit. Research also suggests that, compared to older claimants, young people are at a higher risk of benefits sanctions.

The report found that compared to adults, young people in the UK are three times more likely to have experienced homelessness over the past five years. The most commonly identified support need among young people accessing homelessness services, related to them not being involved in education, employment or training. A lack of independent living skills was the second most commonly reported support need."<sup>2</sup>

**A report by the All-Party Parliamentary Group for Ending Homelessness** (July 2017), focusing on care leavers, prison leavers and survivors of domestic violence states that "research tells us that one third of care leavers become homeless in the first two years immediately after they leave care and 25% of all homeless people have been in care at some point in their lives. Care leavers often have multiple disadvantages and should be placed in accommodation which is suitable for their specific needs."<sup>3</sup>

A quarter of the UK's homeless youth are LGBT, according to a national scoping review by the Albert Kennedy Trust in 2015. The review also found that 77% of young people believe their gender/sexual identity was a causal factor in their rejection from home.<sup>4</sup>

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<sup>1</sup> <http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/localbriefings/Homeless-audit-final-July2016.pdf>

<sup>2</sup> <https://www.homeless.org.uk/sites/default/files/site-attachments/Young%20and%20Homeless%202018.pdf>

<sup>3</sup> [https://www.crisis.org.uk/media/237534/appg\\_for\\_ending\\_homelessness\\_report\\_2017\\_pdf.pdf](https://www.crisis.org.uk/media/237534/appg_for_ending_homelessness_report_2017_pdf.pdf)

<sup>4</sup> <https://www.akt.org.uk/Handlers/Download.ashx?IDMF=c0f29272-512a-45e8-9f9b-0b76e477baf1>

Virtually all respondents to this year’s local authority survey for ***The homelessness monitor: England 2018*** anticipated that a range of prospective and ongoing welfare benefit freezes and restrictions would exacerbate homelessness in their area – either slightly or substantially. Two changes – removal of ‘automatic’ HB entitlement for young adults and full roll out of Universal Credit – stood out as being generally expected to trigger significant increases.<sup>5</sup>

This research showed that 26% of young people aged 16-24 had had to sleep in an “unsafe place” due to homelessness, such as in a car, a car park, a tent in a public space, or on the streets – amounting to an estimated 1.4 million young people (one in six) who had slept rough or unsafely in just the last year, with just under 300,000 doing so on any one night.<sup>6</sup>

In the UK every year, 83,000 homeless young people find themselves trapped in dire circumstances facing issues such as sexual and physical violence both at home and on the streets.<sup>7</sup>

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<sup>5</sup> [https://www.crisis.org.uk/media/238700/homelessness\\_monitor\\_england\\_2018.pdf](https://www.crisis.org.uk/media/238700/homelessness_monitor_england_2018.pdf)

<sup>6</sup> <https://www.cam.ac.uk/research/news/a-quarter-of-young-people-in-the-uk-have-experienced-unsafe-homelessness-finds-study>

<sup>7</sup> <http://www.eyh.org.uk/en/>

**Overview of feedback from the consultation:**

**Overview of feedback from the consultation:**

**Young mums key themes**

- People value the fact the service is a safe place for them and that it gives them the experience they need to move on and look to the future.
- Without services like this, a lot of people would be in bad situations and won't be able to fulfil their potential.
- Services offer a lifeline and chance to change their lives and that of their children.
- Services represent a potent homelessness prevention measure and the number of foster care placements needed.
- Services face losing substantial amounts of funding and could face closure.
- The only alternative would be temporary accommodation in B&Bs, which would place them and their children at significant risk.
- It already takes 3-6 months to find suitable housing when people are ready to move on from the service.

**Young people at risk key themes**

- For some residents it is the first stable and caring home they have had. The services help people to move on from bad things in their life, become independent and choose their own future.
- These services support people to develop the skills they need to move into mainstream education, training or employment.
- The only alternative would be temporary accommodation in B&Bs.
- A reduction in provision would lead to more young people sofa surfing, making it harder to support them.
- It would lead to an increase in demand for housing services and potentially increase the number of people sleeping rough.

**Young people at risk accommodation services**

**Most helpful about the service:** Feeling safe; the day to day interactions with staff; key work sessions; and moving on plans.

**Support that has made the biggest difference to living independently:** Support to better manage their mental health and emotional well being; and support to maximise their income.

**Where they would have gone for accommodation and support:** Over half of the people who answered the question said they could, or would have been, homeless if this service wasn't available. Other key themes included the fact that there aren't any other housing options if you are under 18 years old, while a few people said they would be dead or at risk of suicide without the service.

**Any other comments:** People disagreed with the proposal to cut the funding for this service and said that there is a need for it. They say people will be put at risk if the service isn't available and they won't have the support they need to change their life.

#### Young mums accommodation services

**Most helpful about the service:** There was a fairly even split in the options people chose, although the top ones were: feeling safe; day to day interactions with staff; involvement in social activities; and key work sessions.

**Support that has made the biggest difference to living independently:** Support to maximise their income; and support to better manage their mental health and emotional well being

**Where they would have gone for accommodation and support:** They don't know what they would have done if the service wasn't available, while others said they could, or would have been, homeless. Other key themes included being placed in, offered, or concerned about having to live in unsuitable and unsafe temporary accommodation.

**Any other comments:** People praised the service and said there is a need for it. People talked about the fact the service had given the chance to have a better life in the long term.

#### Sample quotes:

"I had already sought after support from housing and was placed in temporary accommodation for vulnerable people including drug users, alcoholics and people with mental health problems. I did not feel that myself or my baby were safe here and it was not appropriate as the kitchen was locked from 20:30 and I was unable to make up bottles for my new-born baby."

(Young Mums services)

"Night staff is essential for safety and security, and support we get is really important. I love all of the activities, and I feel like this is preparing me to live in my own flat with my 2 children."

(Young mums services)

"People normally give up on us but staff here don't." (Young People at Risk services)

"Please don't end this amazing building, our family, our lives. Help us grow into strong and independent adults..." (Young people at risk)

#### Overview of feedback from the Inclusion Advisory Group (Adult Social Care):

- The group discussed reductions to young people's services (e.g. Newhaven Foyer) and their voices not being heard. People who use these services are quite transitory so recording their views can be difficult. Previously services were able to support and engage with people as there is no additional capacity in schools for this but connections will be lost as funding has reduced to almost nothing.
- [Name] explained that impacts are rarely felt in individual isolation, and that the ripple effect to relatives, carers, neighbours, schools etc. should not be underestimated. Such

drastic changes can result in the upheaval and detriment to many lives including children, the long-term effects of which (missing school, isolation, impaired prospects) can be calamitous. East Sussex is at a point where only extreme crisis intervention is available.

## Part 4 – Assessment of impact

### 4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

Data from the last Census in 2011 shows that there were 27,414 young people between the ages of 15-19 and 20,492 between the ages of 20-24 years old living in the county. This means that approximately 47,906 young people living in East Sussex in 2011 would have met the age criteria to be eligible to access the services.

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

These services are provided for young people between the ages of 16-25 years old. 183 new clients accessed the young people’s services in 2016/17 and 29 young mothers.

The table below shows new clients who received a service between 1 April 2016 and 31 March 2017, and who had involvement from another service to demonstrate the complexity of need:

Client Group/Service	Number of People									
	ASC*	CS*	MASH*	MH* trust	None	Primary health services	Probation	Substance Misuse	YOT*	Total
<b>Young Mothers</b>	<b>0</b>	<b>13</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>
Eastbourne YMS	0	6	0	1	0	2	0	0	0	9
Lewes YMS	0	2	0	0	0	4	0	0	0	6
Turner House	0	5	0	0	9	0	0	0	0	14
<b>Young People</b>	<b>6</b>	<b>41</b>	<b>1</b>	<b>15</b>	<b>88</b>	<b>2</b>	<b>13</b>	<b>2</b>	<b>15</b>	<b>183</b>
181ab London Road	0	2	0	1	5	0	0	1	0	9
Eastbourne Foyer & Hylands House	5	12	0	6	23	1	0	0	2	49
Eastbourne YMCA	0	5	0	1	26	0	3	0	3	38
Hailsham YMCA	0	0	0	0	4	0	2	0	1	7
Hastings YPS	0	8	0	0	6	0	2	0	6	22
Newhaven Foyer	1	14	1	7	24	1	6	1	3	58

**\*Key**

ASC: Adult Social Care

CS: Children’s Services

MASH: Multi-Agency Safeguarding Hub

MH: Mental Health

YOT: Youth Offending Team



The table below shows the number of children who accessed the young mothers services in 2016/17

Client Group/Service	Number of children living with client in the service						
	0	1	2	3	4	5	Total
<b>Young Mums</b>	<b>7</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>
Eastbourne YMS	3	6	0	0	0	0	9
Lewes YMS	2	4	0	0	0	0	6
Turner House	2	12	0	0	0	0	14

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes. Young people between the ages of 16-25 will be more affected by the proposal than those in the general population, and especially those for whom the County Council or District and Boroughs have a duty to accommodate or who are eligible for support under homelessness reduction legislation.

Dependent children will also be more affected:

- In 2016/17 there were 18 babies with Child Protection Plans, 3 with family support plans and 12 safeguarding alerts.
- In 2017/18 there were 19 babies with Child Protection Plans, 6 with family support plans and 20 safeguarding alerts.

**d) What is the proposal, project or service’s impact on different ages/age groups?**

The proposal will have a negative impact on vulnerable young people between the ages of 16-25 who are homeless or unable to parent their child without accommodation based support. It will also have a negative impact on the dependent children of young mothers/parents.

Homeless young people, especially those who are 16 and 17, are particularly vulnerable. They are likely to face additional barriers to securing accommodation from a range of factors including a lack of familial support, lack of available affordable accommodation, challenges in securing a tenancy, and changes to the welfare benefits system, which affect both them and their families. Whilst the number of homeless presentations are decreasing, the acuity of their need is increasing i.e. they are presenting as increasingly complex and chaotic, often demonstrating multiple needs including exploitation, substance misuse, self-harm and youth offending, and therefore in greater need of supported accommodation to help them get settled and prevent repeat homelessness or potentially more embedded rough sleeping.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

It is not yet known how the budget reduction will be achieved and whether it will lead to a reduced provision across all the services or the closure of one or more individual services.

When the final savings figure is known, the Strategic Commissioning Manager (Supporting People) will work with providers and partners so that actions can be taken to minimise the negative impacts on clients (and their carers/dependent children) and better advance equality.

**f) Provide details of the mitigation.**

This will be explored with the provider when the implementation plan or decommissioning plan is developed.

**g) How will any mitigation measures be monitored?**

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

**4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Data taken from the January 2017 school census (source: Children’s Services):*

	Total pupil cohort	Total Statement pupil cohort	Total Educational, Health and Care Plan pupil cohort	Total EHCP and Statement pupil cohort	Total SEN without EHCP or statement pupil cohort	Total SEN pupil cohort	Total Non SEN pupil cohort
Number	63,034	1,070	1,039	2,109	6,052	8,161	54,873
%	100%	1.7%	1.6%	3.3%	9.6%	12.9%	87.1%

There were 8,161 East Sussex children/young people with special educational needs enrolled in East Sussex schools in the 0-19 age range in January 2017, which equates to 12.9% of the total pupil cohort.

**b) How is this protected characteristic reflected in the reflected in the population of those impacted by the proposal, project or service?**

*Profile of new clients accessing the services in 2016/17 – primary disability*

Client Group/ Service	Number of People						
	Hearing Impairment	Learning Difficulty	Learning Disability	Nodisability	Physical disability	Visual Impairment	Total
<b>Young Mothers</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>29</b>
Eastbourne YMS	0	2	1	6	0	0	9
Lewes YMS	0	3	0	3	0	0	6
Turner House	0	0	0	14	0	0	14
<b>Young People</b>	<b>0</b>	<b>16</b>	<b>16</b>	<b>144</b>	<b>5</b>	<b>2</b>	<b>183</b>
181ab London Road	0	0	1	8	0	0	9
Hastings YPS	0	2	3	16	0	1	22
Eastbourne Foyer & Hylands House	0	3	6	36	3	1	49
Eastbourne YMCA	0	3	0	35	0	0	38
Hailsham YMCA	0	0	1	6	0	0	7
Hastings YPS	0	2	3	16	0	1	22
Newhaven Foyer	0	8	5	43	2	0	58

*Profile of new clients accessing the services in 2016/17 – secondary disability*

Client Group/Service	Number of People						
	Hearing Impairment	Learning Difficulty	Learning Disability	No disability	Physical disability	Visual Impairment	Total
<b>Young Mothers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>29</b>
Eastbourne YMS	0	0	0	9	0	0	9
Lewes YMS	0	0	0	6	0	0	6
Turner House	0	0	0	14	0	0	14
<b>Young People</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>174</b>	<b>2</b>	<b>0</b>	<b>183</b>
181ab London Road	0	0	0	9	0	0	9
Eastbourne Foyer & Hylands House	1	1	1	44	2	0	49
Eastbourne YMCA	0	0	0	38	0	0	38
Hailsham YMCA	0	0	0	7	0	0	7
Hastings YPS	0	1	0	21	0	0	22
Newhaven Foyer	0	2	1	55	0	0	58

*Profile of new clients accessing the services in 2016/17 - long term condition*

Client Group/Service	Number of People				
	1	2 to 4	More than 4	None	Total
<b>Young Mothers</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>28</b>	<b>29</b>
Eastbourne YMS	0	1	0	8	9
Lewes YMS	0	0	0	6	6
Turner House	0	0	0	14	14
<b>Young People</b>	<b>27</b>	<b>40</b>	<b>4</b>	<b>112</b>	<b>183</b>
181ab London Road	4	0	0	5	9
Eastbourne Foyer & Hylands House	8	4	1	36	49
Eastbourne YMCA	3	0	1	34	38
Hailsham YMCA	1	0	1	5	7
Hastings YPS	0	5	0	17	22
Newhaven Foyer	11	31	1	15	58

*Profile of new clients accessing the services in 2016/17 – mental health*

Client Group/Service	Number of People						Total
	Anxiety	Bi polar effective disorder	Depression	None	Personality disorder	Schizophrenia	
<b>Young Mothers</b>	<b>9</b>	<b>0</b>	<b>4</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>29</b>
Eastbourne YMS	4	0	2	3	0	0	9
Lewes YMS	4	0	1	1	0	0	6
Turner House	1	0	1	12	0	0	14
<b>Young People</b>	<b>38</b>	<b>3</b>	<b>41</b>	<b>88</b>	<b>13</b>	<b>0</b>	<b>183</b>
181ab London Road	2	0	2	5	0	0	9
Eastbourne Foyer & Hylands House	13	0	13	20	3	0	49
Eastbourne YMCA	4	1	2	26	5	0	38
Hailsham YMCA	0	0	1	6	0	0	7
Hastings YPS	0	0	4	17	1	0	22
Newhaven Foyer	19	2	19	14	4	0	58

The tables show that:

- 20.7% of the young mothers had a learning disability or difficulty.
- 17.5% of the people accessing the young people's services had a learning disability or difficulty.
- 3.8% of the people accessing the young people's services had a physical disability or sensory impairment.
- 38.8% of the people accessing the young people's services have one or more long term conditions.
- 51.2% of the people accessing the young people's services had a mental illness.
- 48.8% of the young mothers had a mental illness.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes, disabled young people and young mothers/parents who are homeless or unable to parent their child without accommodation based support will be more affected by the proposal than those in the general population. Young people who are disabled, particularly those who have a mental illness, are over represented in both types of service.

**d) What is the proposal, project or service's impact on people who have a disability?**

Young people and young mothers who have an additional vulnerability through disability (including long-term conditions) and in particular mental health issues, would be negatively impacted by these proposals. The limited availability of specialist mental health services is seen nationally as contributing to the increase in complex needs, and is likely to have an additional impact on homeless young people who have a mental illness. A reduction to services which can support young people and young mums with complex needs may impact an individual's capacity to manage their condition, disability and/or mental health and impact on their capacity to manage the demands of parenting.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

It is not yet known how the budget reduction will be achieved and whether it will lead to a reduced provision across all the services or the closure of one or more individual service.

When the final savings figure is known, the Strategic Commissioning Manager (Supporting People) will work with providers and partners so that actions can be taken to minimise the negative impacts on clients (and their carers) and better advance equality.

**f) Provide details of any mitigation.**

This will be explored with the provider when the implementation action plan or decommissioning plan is developed.

**g) How will any mitigation measures be monitored?**

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

<b>Ethnic Group</b>	<b>All ages</b>	<b>Age 16 to 17</b>	<b>Age 18 to 19</b>	<b>Age 20 to 24</b>	<b>Total</b>	<b>% of 16-24s</b>
All categories: Ethnic group	526,671	13,285	11,904	26,479	51,668	
White: English/Welsh/Scottish/ Northern Irish/British	482,769	12,016	10,842	24,024	46,882	90.7%
White: Irish	3,966	30	28	94	152	0.3%
White: Gypsy or Irish Traveller	815	33	27	59	119	0.2%
White: Other White	17,872	336	287	990	1,613	3.1%
Mixed/multiple ethnic group: Total	7,473	352	296	543	1,191	2.3%
Asian/Asian British: Total	9,143	351	311	522	1,184	2.3%
Black/African/Caribbean/Black British: Total	2,912	106	83	156	345	0.7%
Other ethnic group: Total	1,721	61	30	91	182	0.4%

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

*Profile of new clients accessing the services in 2016/17*

Service	Asian/ Asian British: Indian	Asian/ Asian British: Other	Black/ Black British: African	Black/ Black British: Others	Did not wish to disclose	Gypsy/ Romany/ Irish Traveller	Mixed: Other	Mixed: White & Black Caribbean	White: British	White: Irish	White: Other	Total
<b>Young Mothers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>	<b>29</b>
Eastbourne YMS	0	0	0	0	0	0	1	0	8	0	0	9
Lewes YMS	0	0	0	0	0	0	0	0	6	0	0	6
Turner House	0	0	0	0	0	0	0	0	14	0	0	14
<b>Young People</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>169</b>	<b>0</b>	<b>2</b>	<b>183</b>
181ab London Road	0	0	0	0	0	0	0	0	9	0	0	9
Eastbourne Foyer & Hylands House	0	0	0	1	0	4	0	0	43	0	1	49
Eastbourne YMCA	0	0	0	0	0	0	0	0	37	0	1	38
Hailsham YMCA	0	0	0	0	0	0	0	1	6	0	0	7
Hastings YPS	0	1	0	0	0	0	1	0	20	0	0	22
Newhaven Foyer	0	0	0	0	0	0	1	3	54	0	0	58

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

No disproportionate impact is anticipated, although it is recognised that young people from BAME communities and Unaccompanied Asylum Seeking Children (UASC) may face additional barriers to accessing housing and accommodation.

**4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

*Age and gender in 2011*

	All people	15-29
All people	526,671	83,732
<b>Females</b>	<b>272,907</b>	<b>41,052</b>
%		49.0%
<b>Males</b>	<b>253,764</b>	<b>42,680</b>
%		51.0%

Figures around transgender are not currently collected in the census.

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

*Profile of new clients accessing the services in 2016/17*

Client Group/Service	Number of People			
	Female	Male	Transgender	Total
<b>Young Mothers</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>29</b>
Eastbourne YMS	9	0	0	9
Lewes YMS	6	0	0	6
Turner House	14	0	0	14
<b>Young People</b>	<b>73</b>	<b>109</b>	<b>1</b>	<b>183</b>
181ab London Road	4	5	0	9
Eastbourne Foyer & Hylands House	21	27	1	49
Eastbourne YMCA	18	20	0	38
Hailsham YMCA	1	6	0	7
Hastings YPS	6	16	0	22
Newhaven Foyer	23	35	0	58

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes, women will be more affected by the proposal to reduce funding to the young mothers services as the provision is for females only.

Young males may be more affected by the reduction in funding to young people’s provision as in 2016/17, 60% of clients were male which is higher than in the general population.

**d) What is the proposal, project or service’s impact on different genders?**

The proposals would directly affect young mothers who need additional, accommodation based support to effectively parent their child. Without this support there may be a greater risk to the wellbeing of both mother and child.

Young males may be at greater risk of homelessness and face an exacerbation of complex needs and vulnerabilities, likewise young transgender people who may have been ostracised from support networks.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

It is not yet known how the budget reduction will be achieved and whether it will lead to a reduced provision across all the services or the closure of one or more individual service.

When the final savings figure is known, the Strategic Commissioning Manager (Supporting People) will work with providers and partners so that actions can be taken to minimise the negative impacts on clients (and their carers) and better advance equality.

**f) Provide details of any mitigation.**

This will be explored with the provider when the implementation plan or decommissioning plan is developed.

**g) How will any mitigation measures be monitored?**

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

**4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**

A disproportionate impact is not anticipated for this group.

**4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

In 2015 there were 174 teenage pregnancies and 199 live births to women aged under 20 in East Sussex. There were 859 live births to women aged 20-24. These 1,058 live births to women and young girls under the age of 25 represented 21% of all live births in the county.

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Three of the accommodation based schemes are specifically for young mothers and their babies. Pregnant young women also access the young people's services.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes. Pregnant young women will be more affected by the reduction in funding to the young mothers' provision. Currently young pregnant women and mothers can access support to develop parenting and coping skills, which they would be unlikely to learn outside of the service. They will also be affected by the reduction in funding to the young people's provision.

**d) What is the proposal, project or service's impact on pregnant women and women within the first 26 weeks of maternity leave?**

The proposal could have a negative impact on vulnerable young pregnant women who are homeless or are unable to parent their child without accommodation based support. Young pregnant women and young mothers are particularly vulnerable; the safety and wellbeing of both mother and child could be at greater risk without appropriate accommodation and support.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

It is not yet known how the budget reduction will be achieved and whether it will lead to a reduced provision across all the services or the closure of one or more individual service.

When the final savings figure is known, the Strategic Commissioning Manager (Supporting People) will work with providers and partners so that actions can be taken to minimise the negative impacts on clients (and their carers) and better advance equality.

**f) Provide details of the mitigation**

This will be explored with the provider when the implementation action plan or decommissioning plan is developed.

**g) How will any mitigation measures be monitored?**

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

**4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact. How is this protected characteristic reflected in the County/District/Borough?**

*Religion in 2011 (source: ONS Census 2011)*

Religions		All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Religion not stated
<b>East Sussex</b>	<b>No.</b>	<b>526,671</b>	<b>315,659</b>	<b>2,190</b>	<b>1,501</b>	<b>1,074</b>	<b>4,201</b>	<b>178</b>	<b>3,508</b>	<b>155,723</b>	<b>42,637</b>
	<b>%</b>	<b>100%</b>	<b>59.9%</b>	<b>0.4%</b>	<b>0.3%</b>	<b>0.2%</b>	<b>0.8%</b>	<b>0%</b>	<b>0.7%</b>	<b>29.6%</b>	<b>8.1%</b>

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

*Profile of new clients accessing the services in 2016/17*

Client group/ Service	Number of people							
	Any other religion	Buddhist	Christian (all)	Does not wish to disclose	Muslim	None	Not known	Total
<b>Young Mums</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>0</b>	<b>29</b>
	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	
Eastbourne YMS	0	0	0	0	0	9	0	9
Lewes YMS	0	0	0	0	0	6	0	6
Turner House	0	0	0	0	0	14	0	14
<b>Young People</b>	<b>5</b>	<b>0</b>	<b>44</b>	<b>9</b>	<b>1</b>	<b>123</b>	<b>1</b>	<b>183</b>
	<b>2.7%</b>	<b>0.0%</b>	<b>24.0%</b>	<b>4.9%</b>	<b>0.5%</b>	<b>67.2%</b>	<b>0.5%</b>	
181ab London Road	0	0	0	0	0	9	0	9
Eastbourne Foyer & Hylands House	3	0	13	0	0	33	0	49
Eastbourne YMCA	0	0	24	7	1	6	0	38
Hailsham YMCA	0	0	5	0	0	2	0	7
Hastings YPS	0	0	0	2	0	19	1	22
Newhaven Foyer	2	0	2	0	0	54	0	58

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

No disproportionate impact is anticipated for this group.

**4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

Figures from the Integrated Household Survey 2012 indicate that nationally 2.6% of people aged 16 to 24 identify themselves as gay, lesbian or bisexual.

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

*Profile of new clients accessing the services in 2016/17*

Client Group/Service	Number of People						Total
	Bisexual	Does not wish to disclose	Gay man	Heterosexual	Lesbian	Other	
<b>Young Mothers</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>0</b>		<b>29</b>
Eastbourne YMS	1	0	0	8	0	0	9
Lewes YMS	0	0	0	6	0	0	6
Turner House	0	0	0	14	0		14
<b>Young People</b>	<b>4</b>	<b>3</b>	<b>7</b>	<b>165</b>	<b>3</b>	<b>1</b>	<b>183</b>
181ab London Road	0	0	0	9	0	0	9
Eastbourne Foyer & Hylands House	1	1	2	44	0	1	49
Eastbourne YMCA	0	1	1	35	1	0	38
Hailsham YMCA	0	0	0	7	0	0	7
Hastings YPS	0	1	1	20	0	0	22
Newhaven Foyer	3	0	3	50	2	0	58

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Although service data indicates an over representation of LGB people, it is likely this group may be disproportionately impacted as additional barriers are recognised. Young people who are gay, lesbian, bisexual or another sexual orientation may be at greater risk of homelessness caused by rejection from the family home.

Young mothers with the protected characteristic do not appear to be more affected by the proposal to reduce the funding to the young mothers' services by 40%. All but one of the young mothers identified as heterosexual.

**d) What is the proposal, project or service's impact on people with differing sexual orientation?**

This impact will particularly affect homeless young people who are gay, lesbian, bisexual or another sexual orientation who are at greater risk of homelessness caused by rejection from the family home.

**What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

It is not yet known how the budget reduction will be achieved and whether it will lead to a reduced provision across all the services or the closure of one or more individual service.

When the final savings figure is known, the Strategic Commissioning Manager (Supporting People) will work with providers and partners so that actions can be taken to minimise the negative impacts on clients (and their carers) and better advance equality.

**e) Provide details of the mitigation**

This will be explored with the provider when the implementation action plan or decommissioning plan is developed.

**f) How will any mitigation measures be monitored?**

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**4.9.1 – Rural population**

The services are not based in rural areas however they do accommodate people who come from rural settings. 'Move-on' accommodation may need to be agreed across areas through reciprocal arrangements, but this sits with the district and borough councils and is outside of the County Council's control.

**4.9.2 – Carers**

**a) How are these groups/factors reflected in the County/District/Borough?**

*Provision of unpaid care 2011 in East Sussex (source: ONS Census 2011)*

	All people	People provide no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
No.	526,671	467,262	59,409	39,537	6,745	13,127
%	100%	88.7%	11.3%	7.5%	1.3%	2.5%

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

This data is not available.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

This data is not available however it is not expected that carers will be more affected by the proposal.

**4.9.3 - People on low incomes**

**a) How are these groups/factors reflected in the County/District/Borough?**

Indices of deprivation 2015: Income 2015

Area/locality	Most Deprived 10%	Second Decile	Third Decile	Fourth Decile	Fifth Decile	Sixth Decile	Seventh Decile	Eighth Decile	Ninth Decile	Least deprived 10%
East Sussex	5%	7%	8%	13%	11%	11%	16%	10%	12%	6%
Eastbourne	5%	16%	5%	25%	7%	18%	8%	8%	7%	2%
Hastings	23%	15%	17%	17%	11%	0%	11%	4%	2%	0%
Lewes	0%	3%	13%	11%	11%	13%	19%	13%	13%	3%
Rother	5%	3%	7%	16%	17%	14%	21%	7%	9%	2%
Wealden	0%	2%	3%	4%	9%	9%	18%	16%	21%	17%

East Sussex in Figures Indices of Deprivation 2015 (Income deprivation domain is weighted at 22.5%).

Low incomes reported in the indices of deprivation include those who are out of work and those on low incomes. In East Sussex the most deprived area is Hastings.

*Data taken from the January 2017 school census (source: Children’s Services):*

	Total pupil cohort	Total Free School Meals pupil cohort	Total Ever6 Free School Meals pupil cohort
Number	63,034	8,099	13,160
%	100%	12.8%	20.9%

Data from the January 2017 school census shows that 12.8% of all pupils receive free school meals.

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

*Profile of new clients accessing the services in 2016/17*

Client Group/Service										Total
	Apprentice	Full time employment	Job seeker	Not required to be available for work due to child care	Part time (less than 37 hours)	Student	Unable to work due to sickness/ disability	Work programme	Blank	
<b>Young Mothers</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>13</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>29</b>
	<b>0%</b>	<b>0%</b>	<b>20.7%</b>	<b>44.8%</b>	<b>0%</b>	<b>3.4%</b>	<b>31.0%</b>	<b>0%</b>	<b>0%</b>	
Eastbourne YMS	0	0	2	0	0	0	7			9
Lewes YMS	0	0	3	0	0	1	2			6
Turner House	0	0	1	13	0	0	0			14
<b>Young People</b>	<b>1</b>	<b>2</b>	<b>97</b>	<b>0</b>	<b>9</b>	<b>32</b>	<b>39</b>	<b>2</b>	<b>1</b>	<b>183</b>
	<b>0.5%</b>	<b>1.1%</b>	<b>53.0%</b>	<b>0%</b>	<b>4.9%</b>	<b>17.5%</b>	<b>21.3%</b>	<b>1.1%</b>	<b>0.5%</b>	
181ab London Road	0	0	7	0	0	1	1	0	0	9
Eastbourne Foyer & Hylands House	0	2	18	0	7	13	8	1	0	49
Eastbourne YMCA	0	0	22	0	1	4	10	0	1	38
Hailsham YMCA	0	0	5	0	0	1	1	0	0	7
Hastings YPS	0	0	13	0	0	6	2	1	0	22
Newhaven Foyer	1	0	32	0	1	7	17	0	0	58

Of the 212 new clients accessing these services in 2016/17, only one person was an apprentice, two were in full time employment, nine in part-time employment and two on work programmes – a total of 6.6%. 15.1% of clients were students which means that the majority. The majority were job seekers (48.6%) or unable to work due to sickness or disability (22.6%).

- c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

Yes. Young people and young mothers on low incomes will be more affected by the proposal than those in the general population. The data shows that a high proportion are job seekers, students, not required to be available for work due to child care or unable to work due to sickness/disability.

- d) What is the proposal, project or service's impact on the factor or identified group?**

The proposal may mean a negative impact which may particularly affect young people and young mothers on low incomes who will not have the money to pay for alternative emergency accommodation or have the funds needed to move (such as a deposit or rent in advance).

**Note:** The Discretionary East Sussex Support Scheme (DESSS) may have been used as mitigation in some cases but is also part of the savings proposals, potentially creating an additional impact.

- e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

It is not yet known how the budget reduction will be achieved and whether it will lead to a reduced provision across all the services or the closure of one or more individual service.

When the final savings figure is known, the Strategic Commissioning Manager (Supporting People) will work with providers and partners so that actions can be taken to minimise the negative impacts on clients (and their carers) and better advance equality.

- f) Provide details of the mitigation.**

This will be explored with the provider when the implementation action plan or decommissioning plan is developed.

- g) How will any mitigation measures be monitored?**

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

#### **4.9.4 – Literacy/Numeracy**

**a) How are these groups/factors reflected in the County/District/Borough?**

There are areas of East Sussex among the top 10 most deprived wards in England for working age adults with no or low qualifications or who cannot speak English well or at all. Parts of the county have an adult population with skills below A level which means they could compare products and services for the best buy, or work out a household budget. The percentage of working age residents with no qualifications in East Sussex is 6.5%, compared to 7.8% nationally. There is variance across the county with Hastings having the highest percentage of working age residents with no qualifications at 11.7% (6,700 residents), compared to Lewes with the lowest percentage at 4.9% (2,800 residents).

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

Validated data is not available however snapshots of clients indicate that a significant proportion of the clients using these services have poor literacy and numeracy.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

Yes. Young people with poor literacy and numeracy are likely to be more affected by the proposals.

**d) What is the proposal, project or service's impact on the factor or identified group?**

Young people and young mothers with poor literacy and/or numeracy skills may face additional difficulties around applying for jobs, benefits and accommodation and potentially budgeting and managing finances.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

It is not yet known how the budget reduction will be achieved and whether it will lead to a reduced provision across all the services or the closure of one or more individual service. When the final savings figure is known, the Strategic Commissioning Manager (Supporting People) will work with providers and partners so that actions can be taken to minimise the negative impacts on clients (and their carers) and better advance equality.

**f) Provide details of the mitigation.**

This will be explored with the provider when the implementation plan or decommissioning plan is developed.

**g) How will any mitigation measures be monitored?**

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

**4.9.5 Care leavers**

**a) How are these groups/factors reflected in the County/District Borough?**

*Numbers of care leavers:*

<b>2013/14</b>	201
<b>2014/15</b>	210
<b>2015/16</b>	221
<b>2016/17</b>	247
<b>2017/18</b>	277

According to the last Census in 2011 there were 27,414 young people between the ages of 15-19 and 20,492 between 20-24 years old.

Approximately 47,906 young people living in East Sussex would meet the age criteria to be eligible to access the services.

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

*Profile of new clients accessing the services in 2016/17*

Client Group/Service	Number of People						
	Care leaver	CSE	None	Offender	Refugee	VAWG	Grand Total
<b>Young Mothers</b>	<b>0</b>	<b>2</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>29</b>
Eastbourne YMS	0	2	1	0	0	6	9
Lewes YMS	0	0	3	0	0	3	6
Turner House	0	0	14	0	0	0	14
<b>Young People</b>	<b>21</b>	<b>3</b>	<b>129</b>	<b>25</b>	<b>1</b>	<b>4</b>	<b>183</b>
181ab London Road	3	0	3	3	0	0	9
Eastbourne Foyer & Hylands House	7	2	36	3	0	1	49
Eastbourne YMCA	0	0	35	2	1	0	38
Hailsham YMCA	0	0	6	1	0	0	7
Hastings YPS	4	1	11	6	0	0	22
Newhaven Foyer	7	0	38	10	0	3	58

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

It is likely that care leavers will be more affected by the proposal than those in the general population who are not care leavers. Not only are the numbers of care leavers increasing year on year, but the acuity of their need is also increasing i.e. they are presenting as increasingly complex and chaotic, often demonstrating multiple needs including exploitation, substance misuse, self-harm and youth offending. This is increasing demand for supported accommodation, and for longer lengths of stay to help them address issues through key work before moving on to independent living. As with young homeless, care leavers are particularly vulnerable. They are likely to face additional barriers to securing accommodation from a range of factors including a lack of familial support, lack of available affordable accommodation, challenges in securing a tenancy, and changes to the welfare benefits system.

**d) What is the proposal, project or service's impact on the factor or identified group?**

The proposal will have a negative impact on care leavers who are in need of supported accommodation as part of a pathway to independent living, and on care leavers who are homeless, or at risk of homelessness, and need more settled accommodation with support than temporary or emergency accommodation can provide. As the majority of care leavers currently accommodated are not ready to live independently, alternative supported accommodation would need to be found and this is most likely to be out of county, taking care leavers away from their familial, social and professional support networks and reducing their ability to pursue education, training or employment opportunities. It is likely that homelessness and the risk of homelessness amongst care leavers will increase, and consequently the need to accommodate them in temporary or emergency accommodation will also increase.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

It is not yet known how the budget reduction will be achieved and whether it will lead to a reduced provision across all the services or the closure of one or more individual service.

When the final savings figure is known, the Strategic Commissioning Manager (Supporting People) will work with providers and partners so that actions can be taken to minimise the negative impacts on clients (and their carers) and better advance equality.

**f) Provide details of the mitigation.**

This will be explored with the provider when the implementation action plan or decommissioning plan is developed.

**g) How will any mitigation measures be monitored?**

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1. Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups.
- Foster good relations between people from different groups.

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	If agreed, the proposals risk the potential for adverse impacts for young children, young people, females, pregnant women or women with children, BAME, LGB , Transgender people and care leavers. These groups are already vulnerable and the proposed reductions place them at greater risk.
	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	The evidence suggests that a reduction to this budget is likely to mean fewer young people will receive help to live independently and less likely to develop the life skills to move to independent accommodation. There is an increased risk of young people being placed in Bed and Breakfast, sofa surfing, living in unsafe environments, subject to exploitation and street homeless.
X	<b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	The evidence suggests that a reduction to this budget for young mothers’ services may lead to more young mothers unable to cope which may lead to their children being at greater risk, increased safeguarding concerns and ultimately more looked after children.
	<b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

## Equality Impact Assessment

### 5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

This will be completed once final decisions are taken and an action plan created.

### 5.4 When will the amended proposal, proposal, project or service be reviewed?

June 2019

<b>Date completed:</b>	<b>June 2018</b>	<b>Signed by (person completing)</b>	<b>Jude Davies</b>
		<b>Role of person completing</b>	<b>RPPR Lead</b>
<b>Date:</b>	<b>June 2018</b>	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report. **X**

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

**6.1 Accepted Risk**

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Homelessness if not deemed to be in priority need and provider not able to secure move on	Homelessness	No as savings are required in 18/19	EIA Reconciling Policy and Resources Board DMT	Jude Davies	N/A
Lack of suitable alternative accommodation and support	Homelessness and support	No as there need will be a need within the Notice period and there is little affordable private or social housing available to this cohort	EIA Reconciling Policy and Resources Board DMT	Jude Davies	N/A
Increase in footfall of assessment in range of CS presentations	Financial and vulnerability	Yes and included in Action Plan	EIA Reconciling Policy and Resources Board DMT	Children’s Services AD	N/A
Risk of use of B and B	Financial and reputational	Needs to be addressed as numbers of units reduce as will also has implications for the development of “crash pads”	EIA Reconciling Policy and Resources Board DMT	Children’s services AD	N/A

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Increased referrals to mental health services and DAT	Financial and vulnerability	Yes – to be included in Action Plan	EIA Reconciling Policy and Resources Board DMT	Children’s Services AD	N/A
Increase in CS support for young mums and children	Financial	No this will impact as the number of units reduce	EIA Reconciling Policy and Resources Board DMT	Children’s Services AD	N/A
Increase in Waiting lists	Financial Homelessness	No this will impact as the number of units reduce. CS cohort will need to be prioritised within Action Plan for use of remaining units	EIA Reconciling Policy and Resources Board DMT	Jude Davies	N/A
Safety and suicide	Vulnerability and Safeguarding	Yes for potential future clients. Action Plan for current client needs to safeguard against this risk	EIA Reconciling Policy and Resources Board DMT	Jude Davies Public Health Community Safety	N/A
Staff leaving services	Business	No. Once decision is made to reduce funding it is likely that staff will see alternatives. Only mitigation will be bank staff	Reconciling Policy and Resources Board DMT	Jude Davies	N/A
Possible loss of publically funded buildings	Moral and financial	No, as the provider owns the properties and makes its own decisions about the use of this asset within a regulatory framework	Reconciling Policy and Resources Board DMT	Jude Davies ESHOG members	N/A

## **Appendix 1: Case studies**

### BHT Hastings Young Peoples Service

#### Case study 1

Client A came to the service after being referred by Care Leavers. Historically he had 'fallen off the grid' and they were not aware of his location until it became apparent that he was living in a squat in Hastings with a group of other young people, sleeping on bin bags and carrying weapons for protection and as a transitional object.

At first Client A was reluctant to engage and would not open up to the staff team, due to a complete mistrust of authority figures who he blamed for separating his family. Instead, he sought support from the peer group within the property and became entangled with their use of legal highs and cannabis. Staff worked closely with his social worker to ensure maximum support was offered and that they had a choice as to preferred support. The use of substances continued until such a point where the clients supplying the legal highs were evicted and Client A received a retractable NTQ in order to highlight the serious nature of his behaviour and subsequent non-engagement.

This acted as a turning point for Client A, as the disruptive peer group and temptations had been removed he began to use the support on offer from staff and quickly became a valued member of the service, acting as client rep at house meetings and encouraging other clients to take responsibility for their environment. Client A disclosed to staff that he was hearing voices which he found alarming, and a referral was made to the Early Intervention Team for a possible diagnosis and specific support.

It was concluded that, although the voices and hallucinations felt real to Client A, there was no evidence of actual psychosis and as such the support was removed which affected Client A as he had invested a lot of trust and honesty to an authority figure, which previously he had struggled to do.

Staff were able to support Client A through this process and explore other alternative provisions such as the Recovery College. Although Client A did not take up this opportunity, it did help build a positive relationship between Client A and the service. They went on to engage with the Pathway and completed sufficient amount to be considered for move on. The preferred choice for the client was to move to Filsham Road where he could still access support if required but further develop his independence. This was completed earlier during the year and the client is now in a long term relationship, presents no risks of substance misuse and has no further episodes of psychosis.

## Appendix 2: Care Act Information and Advice

As a local authority, and under the Care Act 2014, East Sussex County Council has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- **Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories**  
There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – a free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.

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- **East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.

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## Equality Impact Assessment

Name of the proposal, project or service
<p><b>Reconciling Policy, Performance and Resources (RPPR) 2018/19:</b></p> <p>Proposed reductions to Supporting People Home Works services</p>

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	June 2019

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### **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

#### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”)

These are sometimes called equality aims.

#### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality);
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

## Equality Impact Assessment

### **1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21<sup>st</sup> Century Families and Communities, 2008].
- Literacy/Numeracy Skills
- Part time workers
- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.7 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.7.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.7.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

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### 1.7.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors).

1.7.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1.1 What is being assessed?

- a) **Proposal or name of the project or service.**The proposal is to reduce funding to Home Works by £1,650,000.
- b) **What is the main purpose or aims of proposal, project or service?**The proposal is to reduce funding to the Home Works service to achieve savings as part of the overall budget for Adult Social Care’s RPPR process.
- c) **Manager(s) and section or service responsible for completing the assessment**

Jude Davies, Strategic Commissioning Manager  
Candice Miller, Policy Development Manager

### 2.1.2 Who is affected by the proposal, project or service?

The residents of East Sussex who are affected by the proposal are:

- of working age (plus any family members);
- facing issues of homelessness/difficulties maintaining their independence; and
- have multiple and complex needs.

Between 1 February 2017 and 31 January 2018, 3,285 people accessed Home Works. It adopts a whole family approach, so family members and children also benefit from the support. Taking those people into account, the household members benefiting from the service during this period totalled 6,617.

Home Works data categorises people in more than one way:

**Table 1** shows the range of primary needs presented by the 3,285 people that accessed Home Works between 1 February 2017 and 31 January 2018.

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**Table 1:**

<b>Primary needs presented by individuals 1/2/17 – 31/1/18</b>	<b>No.</b>	<b>%</b>
Mental Health Problems	2,268	69%
Poor Independent Living Skills	1,105	34%
Long Term Condition	683	21%
Physical Disability	584	18%
People At Risk Of Domestic Violence	419	13%
None Identified	364	11%
Learning Disabilities	258	8%
Substance Misuse	245	7%
Alcohol Problems	211	6%
Physical or Sensory Disability	174	5%
English Not First Language	85	3%
Autistic Spectrum Condition	69	2%
Acquired Brain Injury	48	1%
Sensory Disability	32	1%
Refugees / Asylum Seekers	25	1%
<b>Total Supported</b>	<b>3,285</b>	

**Table 2** (below) shows the additional needs experienced by the 3,285\* clients:

(\*Clients may be counted in more than one client group, therefore the total number of needs presented will be greater than the total number of clients during the period).

<b>Additional Needs</b>	<b>No.</b>	<b>%</b>
Clients with a Mental Health Condition	2,598	79.10%
Disabled Clients	1,884	57.40%
Clients with a Long Term Health Condition	1,385	42.2%
Households with Children, Including Pregnant	1,239	37.70%
Clients with Literacy and or Numeracy Issues	1,048	31.90%
Clients who are ASC Clients	966	29.40%
Clients aged 16-25 (Young People at Risk)	650	19.80%
Clients who are Carers	369	11.20%
Clients who are Care Leavers	170	5.20%
Clients who are Ex Service Personnel	90	2.70%
Clients serving Suspended Sentence/On License	79	2.40%
Total MARAC Clients	40	1.20%
MARAC Clients - Victim	30	0.90%
MAPPA Clients	21	0.60%
MARAC Clients - Perpetrator	7	0.20%
MARAC Clients - Victim & Perpetrator	3	0.10%

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During the period 1 February 2017 to 31 January 2018, 85% of clients were supported to either find new accommodation or to better manage their housing situation, keep safe and avoid street homelessness.

It is important to understand that the people affected by the proposal to reduce the service budget will be experiencing a housing and personal crisis and have multiple and complex needs including:

- poor mental health
- poor physical health
- child protection issues
- adult safeguarding issues

The case studies at Appendix 1 (provided by Home Works) illustrate the needs presented by this cohort and outcomes achieved. Names have been changed.

### **2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?**

All providers have been made aware of the budget proposals by the Supporting People Strategic Commissioning Manager. The proposals were discussed at Cabinet on 23 January 2018 and are now out to public consultation which began on 15 February and ended on the 25 April 2018. The process involves reviewing the consultation findings, following which recommendations will be made to members with a final decision being made by Cabinet on the 26 June 2018.

East Sussex County Council's Adult Social Care (ASC) Department is responsible for the Supporting People budget. If the proposals are approved, then negotiations with the provider and discussions with partners will commence to agree how to manage the budget reduction.

### **2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

Home Works has developed a pathway with HSCC. 30% of Home Works clients are **ASC** clients including Carers. Home Works provides input around self-care and self-management.

8% of referrals are from Health Visitors and **Children's Services (CS)**. The focus is largely where children are at need and at risk, and many of these clients have Child Protection Plans. CS has confirmed that Home Works are formally named in many Child Protection Plans and this means that the family have to work with Home Works to fulfil key objectives. CS also refers Care Leavers of working age who have moved on from supported accommodation to live independently but who require support to avoid a crisis, sustain their tenancy and prevent homelessness.

## Equality Impact Assessment

Home Works contribute to supporting **domestic abuse** and sexual violence victims. The service works in partnership with the Domestic Abuse Portal and supports those women who do not meet the threshold for Domestic Abuse services but need support to manage their safety and mitigate risk.

Home Works supports the work of **housing** partners (10% of referrals in 16/17 were from housing partners) and in particular supporting clients to move on from temporary accommodation; to access the private rented sector; to access social housing; and to sustain a tenancy. At a meeting with strategic housing authorities, it was reported that the proposed savings will lead to a negative impact on the homeless.

Home Works works in partnership with the members of East Sussex Advice Partnership. Concerns expressed by members of this group that includes Brighton Housing Trust, Hastings Advice Centre, Wealden Citizens Advice Bureau and Sussex Community Development Association can be read at 3.4.

The East Sussex Advice Partnership particularly values the home visit aspect of the service, because it is then possible to establish if clients actually have food, can experience how warm their home is, can prevent destitution and pick up on safeguarding issues.

### **2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?**

East Sussex County Council's total budget for the year beginning April 2018 is £371m. That is a reduction of £17m based on last year. As a department, Adult Social Care needs to save nearly £10 million in the year beginning April 2018 (no decisions have been made yet about how the additional funding of £1.6m will be allocated).

The proposals are made as part of ESCC's budget planning process, **Reconciling Policy, Planning and Resources for 2018-19** onwards. The savings proposed to Home Works within this EIA are part of the overall ASC savings proposals.

**Care Act 2014:** The service prevents, reduces and delays support and care needs in line with the Care Act. Any reduction in funding will impact on the service's ability to do this. An appendix at the end of the document shows how we are meeting our Care Act duties for information and advice.

**Homelessness Reduction Act:** Home Works has an established relationship with district and borough councils. In preparation for the introduction of the Homelessness Reduction Act (from April 2018), all five authorities have identified which clients will be eligible for Home Works support and how this is best delivered to ensure clients receive the required outcomes. Under this new Act ASC and CS have a duty to refer and Home Works could fulfil this function which would prevent the cost of resources for this purpose. Government has not allocated any funding to ASC to support this activity.

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**Domestic Abuse and Sexual violence legislation** and guidance is becoming much more robust and the definition has broadened e.g. the inclusion of coercion and “sex for rent”. Home Works works with the police to assist in the delivery of a response to all areas of community safety, including issues of modern day slavery and “cuckooing”. Home Works is supporting these vulnerable people many of whom it is likely would meet the 3 key tests within the Care Act.

**The Children (Leaving Care Act) (2000)** places an obligation on councils to act as Corporate Parents to young people as they leave the care system, which includes meeting their accommodation needs, and their right to receive support including accommodation related support and life skills up to the age of 25 years.

**Safeguarding:** between February 2017 and January 2018 Home Works made 105 external agency safeguarding reports to statutory agencies. These agencies include ASC Safeguarding Unit, CS Child Protection Team, the Police (including ASB, Hate Crime, suicide risk and risk to others) and MARAC referrals.

**Suicide Prevention:** A significant number of Home Works clients are in mental distress and have suicidal thoughts. Home Works proactively intervenes and hence contributes to the East Sussex Suicide Prevention Plan.

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### 2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.

Referrals come from a range of organisations including self-referrals.

**Table 3** (below) shows a snap shot of referrals from a wide range of agencies/organisations:

	Grand Total	
Adult Education	0.3%	12
Adult Social Care	13.6%	567
Children's Services	9.7%	405
Community Safety	0.7%	28
Community Mental Health Team	1.5%	64
CRC - Community Rehabilitation Company	1.0%	40
DWP/Employment Services	0.3%	12
ESFR - East Sussex Fire and Rescue	0.0%	1
Health service	13.2%	549
Housing Services - Voluntary	0.9%	36
Local Authority Housing Department	8.4%	350
NPS - National Probation Service	0.7%	29
Police	0.3%	13
Probation service/prison	3.7%	154
RSL	2.9%	121
Self-referral/direct application	32.6%	1359
Social Housing Landlord	0.5%	19
Traveller team	0.1%	4
Voluntary Services	9.7%	406
Youth Offending Team	0.0%	1
<b>Grand Total</b>		<b>4170</b>

### 2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.

Home Works operates a gateway to receive referral forms from agencies or self-referrals via the phone. Home Works considers the following information to make an assessment:

- An understanding of the individual's Housing Situation.
- The individual's vulnerability and support needs.

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The gateway then considers:

- How severe is the housing issue?
- How urgent is the issue?
- The ability of the person (independent living skills and resilience).
- Risk issues (these include: street homeless, destitution, domestic abuse, sexual violence, other violence and abuse, mental health, modern day slavery).
- Support networks available to help the person without Home Works.

### **2.8 How, when and where is your proposal, project or service provided? Please explain fully.**

Home Works is a face to face service normally delivered on an outreach basis. This means the service is, with the client's agreement, delivered to wherever the client is living. If home visits are not possible, the visits would be held in a community facility or café.

The service is provided flexibly and tailored to clients' requirements: It is expected the service will be available daytime and evenings Monday to Friday (not usually Bank holidays).

It is expected that most clients will receive a service for less than one year. Many receive a service for a much shorter period.

The service has the operational framework to support the most vulnerable people, and this includes people with challenging behaviours, multiple needs, offenders and people with safeguarding issues including parents.

**Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics**

**3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.**

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
	Service User Data	<b>x</b>	Contract/Supplier Monitoring Data
<b>x</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
	Complaints		Risk Assessments
	Service User Surveys	<b>x</b>	Research Findings
<b>x</b>	Census Data	<b>x</b>	East Sussex Demographics
<b>x</b>	Previous Equality Impact Assessments	<b>x</b>	National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

**3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.**

None. If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.

Providers were initially advised of proposed savings in January 2018 and formally advised of the imminent consultation on 12 February 2018 by the Supporting People Strategic Commissioning Manager.

All providers were sent a copy of the consultation web link and this included an explanation of the consultation process and a survey for clients.

Providers were advised they could be supplied with printed copies.

The formal consultation started on 15 February 2018 and completed on 25 April 2018.

Consultation meetings held:

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- All Supporting People providers: 8 March 2018
- Inclusion Advisory Group gave feedback on all the RPPR proposals: 14 March 2018
- Accommodation Planning & Design Group: 15 March 2018
- Public Health: 15 March 2018
- Financial Inclusion Steering Group: 22 March 2018
- Hastings and Rother/Eastbourne, Hailsham and Seaford CCGs: 23 March 2018 and 16 April
- East Sussex Housing Officers Group: May 11 2018
- Domestic Abuse Management Group: 12 March 2018
- Rother DC Task & Finish Group: 28 March 2018
- East Sussex Housing Offices Group (ESHOG) May 11 2018

### 3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?

#### Key findings from research studies

The negative impacts of the proposal centre around the fact that Home Works will be able to support significantly less people and this is likely to result in an increase in:

- Homelessness, including street homelessness and sofa surfing;
- Evictions;
- demand for emergency and temporary accommodation;
- suicide;
- destitute people;
- reliance on food banks;
- crime;
- tenancy arrears poverty and debt;
- poor mental health and
- presentations at statutory services including Adult Social Care, Children's Services, homeless authorities and A&E.

Fewer people with children will receive a whole-family approached based service to improve their health and wellbeing; protect their children; reduce their offending; and keep themselves safe. It is likely this role will be negatively affected as Home Works resources are reduced.

The **Homeless Link Health Audit 2014** found that there were 1.8 hospital admissions per year for homeless people compared to 0.28 among the general public with the resultant higher 'year of care' costs. A Department of Health report in 2010 reported that these costs are at least £85m per year.

Homeless people have higher rates of premature mortality than the rest of the population, especially from suicide and non-accidental injuries and an increased prevalence of a range

## Equality Impact Assessment

of diseases, mental disorders and substance misuse. The 2014 Audit identified that for homeless people:

- 73% reported **physical health** problems
- 80% reported **mental health** issues
- 35% had attended **A and E** over the previous 6 months
- 26% had been **admitted to hospital** in the previous 6 months
- 36% of hospital **discharges** were on to the street

The **East Sussex Homeless Health Needs Audit 2016** supported the findings of the national study. Key findings:

- 40% of respondents (286) had been **admitted to hospital** within the last 12 months and that when discharged to the streets or unsuitable accommodation re-admittance rates were high.
- 78% of respondents reported at least one **mental health condition**.
- 8% were **employed**.
- **Domestic violence** was reported twice as often in homelessness respondents compared to the general population.
- **Learning difficulties or disabilities** were reported 10 times more frequently than estimated prevalence in the general population.
- 45% of males had been **in prison** and 21% of females.
- 11% reported a current **drug** problem and 12% reported recovering from a drug problem.

### **Views of the East Sussex Advice Partnership (ESAP)**

*Contributors include: Brighton Housing Trust, Hastings Advice and Representation Centre, Wealden Citizens Advice, Sussex Community Development Association.*

East Sussex Advice Partnership has expressed concerns that the impact of the proposed saving will be felt disproportionately by the most vulnerable residents in East Sussex. (Those affected by mental or physical health issues, learning disabilities, younger people, people suffering violence, people who have been trafficked, single parents with young children, people with addiction issues, young people at risk of exploitation). This is because:

- Home Works and STEPS support workers are able to support clients to progress an advice case to a conclusion, for instance; supporting a person to bring in all of their paperwork for an appointment, working with the people to engage with the mental health services.
- Home Works and STEPS are able to work with people in the community and in their homes. This also enables the support workers to pick up on other issues that could be impacting on the person's ability to manage their housing as well as other issues of safety e.g. safeguarding issues in relation to children, young people or other household members.

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- People will become homeless. Families and individuals will then end up in temporary or emergency accommodation (sometimes out of county) or without accommodation available to them at all. The impact of this will be felt financially by other departments within East Sussex County Council e.g. Children's Services for those found intentionally homeless, Adult Social Care – where intentionally homeless vulnerable people are left without suitable accommodation, police budgets for managing street homelessness, loss of revenue for tourism where you have street homelessness and street communities.
- There will be increased costs to the health services, e.g. increased admissions to hospital, increased A&E presentations, bed blocking if clients have no suitable home to return to, people waiting for operations because they have no suitable home and their health deteriorates, increased presentations at GP surgeries.
- The impact on the advice services will be an increase in the number of people coming into the advice services to try and find help and support, as well as advice. Advice Services are already working at capacity (and beyond) and will not be able to address the need. It will be difficult for the advice services to work with some people to resolve their presenting issues if there is not the support service via Home Works/STEPS to refer people to.
- The introduction of the Homelessness Reduction Act on the 3 April 2018 and the introduction of the duty for referrals to be made to the Local Housing Authority by statutory partners in October 2018 means there will be an increase in the numbers of people accessing local housing authority homelessness services at a much earlier stage. A high proportion of these clients will require support to alleviate their housing situation, either with support to maintain their current accommodation or by assisting them to access alternative accommodation. Home Works and STEPS would be able to work with this group of people if the funding was available.
- If the criteria becomes more stringent and the length of time a person has to wait for a service increases there will be some people who will not be able to access Home Works/STEPS, and will try and access support elsewhere, such as from Food Banks (who themselves may not be able to deal with the increase). There will also be some people who will just not do anything and their situation will not end happily, with them becoming further disadvantaged by being homeless.

*An unabbreviated copy of the response received from the ESAP is included within the consultation responses pack.*

### Inclusion Advisory Group: March 14 2018

- The group noted that funding for young people overall is being largely reduced, and currently many services are only able to offer very basic support such as completing assessments. [Name] identified a potential increase in exploitation.

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- Impacts are rarely felt in individual isolation, and that the ripple effect to relatives, carers, neighbours, schools etc. should not be underestimated. Such drastic changes can result in the upheaval and detriment to many lives including children, the long-term effects of which (missing school, isolation, impaired prospects) can be calamitous. East Sussex is at a point where only extreme crisis intervention is available.
- People from out of area including Brighton and Hove are arriving in East Sussex and this is impacting services in the county. Services are spread out across the county and this presents issues around transport, unlike Brighton & Hove where services are more centralised and there is better infrastructure. Although there's been an increase of people for whom English is not their first language, this hasn't been reflected in demand for interpreters as many have a good level of English. People from BAME communities have been consulted a number of times over the years, and the perceived lack of action has led to distrust and engagement fatigue. These groups and communities are often used as a scapegoat which is divisive and potentially dangerous, and cited an increase in anti-Semitic harassment.
- Some services have been suspended whilst confirmation around funding is awaited, e.g. Safe from Harm (ASB & Hate Crime) dependant on recommissioning by Police.
- Although there are additional pressures for urban areas, the rural population has its own challenges. Where there is an increase in need for Universal Credit but no easily accessible Jobcentre this is doubly difficult, and compounded by a loss of libraries where people can access computers and online information – it should not be assumed that everyone can afford and use a smart phone. These factors can be accumulative resulting in great hardship.
- The group raised concerns around the homeless population and an increase in weather related deaths. Also people in their own homes who can only afford to heat one room may experience associated health issues (e.g. respiratory). The forthcoming Homelessness Act, and the difficulty for District/Borough councils to meet their duties.
- A rise in demand for foodbanks was acknowledged. In some areas there is a drive for food banks to provide other essentials such as clothing and blankets, and a promoted linking in with charity shops and local amenities to meet this need.

### Key findings from the consultation

#### Home Works

- Many people strongly disagree with the proposal to cut the funding for this vital service.
- Cutting the service would affect people's ability to keep or find a home, lead to an increase in homelessness and lives could be put at risk.

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- Home Works plays an important role helping and supporting people who are struggling with mental health issues.
- People say their life would have been at risk without this service.
- There would be a negative impact on the community if Home Works was cut, through increases in homelessness, anti-social behaviour and crime.
- The level of funding that would be cut is particularly concerning for organisations.
- Organisations say the service works in a practical way with people, helps people to cope, builds resilience, and saves lives.
- The service focuses on crisis intervention and supports the work of many other statutory and charity services.
- Organisations say the service plays a vital role in helping people to sustain tenancies and move on to permanent accommodation, particularly young people and care leavers.
- The service has already seen cuts and has capacity issues. Further cuts could make it unsustainable.
- Organisations say that cutting the service would make it harder for statutory organisations across the county to meet their duties.
- It would make it harder to reduce homelessness in Hastings, which already suffers from deprivation and high numbers of rough sleepers.
- The top three choices people said they find most helpful about the service are: 1) Liaising with other professionals/services; 2) Creating an action plan with you; and 3) Helping you by doing things when you felt overwhelmed;
- The top three choices people said they find make the biggest difference to living independently were: 1) Support to better manage your mental health and emotional wellbeing; 2) To increase your income; and 3) To find new accommodation.
- If Home Works wasn't available they don't know where would have gone, as nowhere else offers this sort of support.
- People would be most likely to try and get help from the Citizens Advice Bureau if the service wasn't available.
- Organisations say that the Council should rethink the cut for Home Works or at least make it much smaller than proposed.

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### **Most helpful about the service**

- Over two thirds of respondents chose the following options: liaising with other professionals/services; creating an action plan with you; helping you by doing things when you felt overwhelmed; giving you support by phone between meetings; helping you to understand how to do things for yourself; helping you to have more choice and control in your life; meeting you at home; and supporting you to attend meetings with professionals/services.

### **Biggest difference to living independently**

- Over two thirds of respondents chose the following options: support to better manage your mental health and emotional wellbeing; to increase your income; to find new accommodation; and to manage your budget.
- **If Home Works hadn't been available where would you have gone:** People said they don't know where would have gone and that nowhere else offers this sort of support. They said they would have tried the Citizens Advice Bureau. Their life would have been at risk without this support.
- **Other comments:** This is a vital service and the budget shouldn't be cut. Cutting the service would lead to an increase in homelessness. People won't be happy if the proposals go ahead and are worried about the impact on people who need this sort of support in future. They praise the service and say the cuts would target the most vulnerable. Cutting Home Works would affect people's ability to find or keep a home.

### **Sample quotes:**

"There is already a housing crisis across the UK, including East Sussex, and cuts like this will undoubtedly cause it, and its demand on services, to increase dramatically. Cuts like this are the definition of short term-ism."

"Helped me find a home and sort out my UC claim, which enabled me to find a job and start to get my life back on track."

**Part 4 – Assessment of impact**

**4.1 Age: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Population by age and gender in 2011 (source: ONS Census 2011):*

		All people	0-14	15-29	30-44	45-64	65-69	70-74	75-79	80-84	85-89	90+
<b>All people</b>	<b>No.</b>	<b>526,671</b>	<b>84,910</b>	<b>83,732</b>	<b>90,763</b>	<b>147,503</b>	<b>32,496</b>	<b>26,270</b>	<b>22,607</b>	<b>18,524</b>	<b>12,349</b>	<b>7,517</b>
	%	100%	16.1%	15.9%	17.2%	28%	6.2%	5%	4.3%	3.5%	2.3%	1.4%
<b>Females</b>	<b>No.</b>	<b>272,907</b>	<b>41,146</b>	<b>41,052</b>	<b>46,948</b>	<b>76,122</b>	<b>16,840</b>	<b>14,077</b>	<b>12,301</b>	<b>10,956</b>	<b>7,984</b>	<b>5,481</b>
	%	51.8%	7.8%	7.8%	8.9%	14.5%	3.2%	2.7%	2.3%	2.1%	1.5%	1%
<b>Males</b>	<b>No.</b>	<b>253,764</b>	<b>43,764</b>	<b>42,680</b>	<b>43,815</b>	<b>71,381</b>	<b>15,656</b>	<b>12,193</b>	<b>10,306</b>	<b>7,568</b>	<b>4,365</b>	<b>2,036</b>
	%	48.2%	8.3%	8.1%	8.3%	13.6%	3%	2.3%	2%	1.4%	0.8%	0.4%

61.1% of the population in East Sussex are aged 15 to 64.

*Population estimates 2016 (ONS mid-year estimates)*

		All people	0-15	16-29	30-44	45-64	65 and over
<b>All people</b>	<b>No.</b>	<b>547,797</b>	<b>93,688</b>	<b>77,067</b>	<b>86,210</b>	<b>152,568</b>	<b>138,264</b>
	%	100%	17.1%	14.1%	15.7%	27.9%	25.2%
<b>Females</b>	<b>No.</b>	<b>282,789</b>	<b>45,448</b>	<b>37,524</b>	<b>44,748</b>	<b>78,617</b>	<b>76,452</b>
	% of age group	51.6%	48.5%	48.7%	51.9%	51.5%	55.3%
<b>Males</b>	<b>No.</b>	<b>265,008</b>	<b>48,240</b>	<b>39,543</b>	<b>41,462</b>	<b>73,951</b>	<b>61,812</b>
	% of age group	48.4%	51.5%	51.3%	48.1%	48.5%	44.7%

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### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Home Works clients 2016/17 (source: Home Works annual data report)

#### Age breakdown of clients

	Local Authority						CCG				Grand Total
	Eastbourne	Hastings	Lewes	Rother	Wealden	Other	EHS	HR	HWLH	Other	
16 - 17	0.5%	0.9%	0.9%	1.4%	0.2%	0.0%	0.6%	1.0%	0.4%	0.0%	0.7%
	4	10	4	5	1	0	7	15	2	0	24
18 - 24	14.9%	17.9%	20.7%	21.7%	17.5%	18.2%	15.6%	18.7%	20.8%	18.2%	17.9%
	129	204	94	80	74	2	187	280	114	2	583
25 - 29	14.7%	13.5%	14.7%	13.9%	14.0%	9.1%	14.0%	13.4%	16.2%	9.1%	14.1%
	127	154	67	51	59	1	168	201	89	1	459
30 - 34	12.9%	9.6%	11.2%	9.5%	11.4%	9.1%	12.3%	9.5%	11.7%	9.1%	10.9%
	112	109	51	35	48	1	148	143	64	1	356
35 - 39	9.8%	11.9%	8.8%	7.9%	6.4%	27.3%	9.2%	10.9%	7.7%	27.3%	9.8%
	85	136	40	29	27	3	111	164	42	3	320
40 - 44	10.4%	11.6%	11.4%	8.7%	10.9%	18.2%	11.1%	10.9%	10.0%	18.2%	10.8%
	90	132	52	32	46	2	133	164	55	2	354
45 - 49	11.5%	11.5%	7.9%	13.9%	13.5%	0.0%	11.8%	12.3%	8.9%	0.0%	11.5%
	100	131	36	51	57	0	142	184	49	0	375
50 - 54	10.7%	10.9%	11.4%	9.2%	11.1%	18.2%	11.3%	10.5%	10.4%	18.2%	10.8%
	93	124	52	34	47	2	136	157	57	2	352
55 - 59	9.7%	8.1%	8.1%	7.6%	9.5%	0.0%	9.6%	8.0%	8.4%	0.0%	8.6%
	84	92	37	28	40	0	115	120	46	0	281
60 - 64	4.8%	4.3%	4.8%	6.3%	5.5%	0.0%	4.6%	4.9%	5.6%	0.0%	4.9%
	42	49	22	23	23	0	55	73	31	0	159
<b>Gran Total</b>	<b>26.5%</b>	<b>35.0%</b>	<b>13.9%</b>	<b>11.3%</b>	<b>12.9%</b>	<b>0.3%</b>	<b>36.8%</b>	<b>46.0%</b>	<b>16.8%</b>	<b>0.3%</b>	<b>3263</b>
	866	1141	455	368	422	11	1202	1501	549	11	

#### Household type

	Local Authority						CCG				Grand Total
	Eastbourne	Hastings	Lewes	Rother	Wealden	Other	EHS	HR	HWLH	Other	
CNC - Couple, no children	5.0%	5.1%	4.0%	6.3%	4.7%	0.0%	4.6%	5.3%	4.9%	0.0%	4.7%
	43	58	18	23	20	0	55	80	27	0	162
CC - Couple with children	12.8%	9.7%	8.4%	9.5%	11.4%	18.2%	11.9%	9.8%	9.7%	18.2%	10.4%
	111	111	38	35	48	2	143	147	53	2	345
CP - Couple pregnant, no children	1.0%	1.0%	1.3%	0.5%	0.7%	0.0%	1.2%	0.9%	0.7%	0.0%	1.1%
	9	11	6	2	3	0	14	13	4	0	31
F - Single female	18.7%	19.9%	19.6%	24.5%	25.1%	36.4%	20.5%	21.1%	20.4%	36.4%	21.0%
	162	227	89	90	106	4	246	316	112	4	678
FC - Female with children	23.9%	19.9%	28.1%	23.9%	22.7%	9.1%	23.7%	21.1%	26.4%	9.1%	23.0%
	207	227	128	88	96	1	285	316	145	1	747
FP - Female pregnant, no children	0.5%	0.8%	0.9%	1.1%	1.2%	0.0%	0.8%	0.9%	0.5%	0.0%	1.2%
	4	9	4	4	5	0	10	13	3	0	26
M - Single male	35.0%	39.4%	33.2%	30.2%	32.0%	36.4%	34.2%	36.8%	33.9%	36.4%	34.6%
	303	449	151	111	135	4	411	552	186	4	1153
MC - Male with children	2.3%	2.5%	2.9%	3.0%	1.2%	0.0%	2.2%	2.6%	2.0%	0.0%	2.6%
	20	28	13	11	5	0	27	39	11	0	77
OTHR - Others	0.8%	1.8%	1.8%	1.1%	0.9%	0.0%	0.9%	1.7%	1.5%	0.0%	1.5%
	7	21	8	4	4	0	11	25	8	0	44
<b>Grand Total</b>	<b>26.54%</b>	<b>34.97%</b>	<b>13.94%</b>	<b>11.28%</b>	<b>12.93%</b>	<b>0.34%</b>	<b>36.84%</b>	<b>46.00%</b>	<b>16.83%</b>	<b>0.34%</b>	<b>3263</b>
	866	1141	455	368	422	11	1202	1501	549	11	

## Equality Impact Assessment

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes. People of working age will be more affected by the proposal than those in the general population as Home Works is for people aged 16 to 64. Children who live with Home Works clients will also be affected.

- d) What is the proposal, project or service's impact on different ages/age groups?**

The impact will be that fewer people/households can receive short term housing support to sustain or increase their independence, avoid homelessness and prevent a crisis.

The proposal will have a negative impact on people aged 16 to 64 who are at risk of homelessness and/or need short-term housing support to sustain or increase their independence.

The proposal will also have a negative impact on children. In 2016/17, Home Works supported 1,169 households with children (35.8% of the total number of households):

- 345 couples with children
- 747 females with children
- 77 males with children

- e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed, the Strategic Commissioner Manager (Supporting People) will work with the Provider and strategic partners to develop an implementation plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

- f) Provide details of the mitigation.**

An implementation plan will set out the details for future clients and this will include referrals to other information and advice sources. It will be impossible to mitigate the full impact as there is no other service that provides the Home Works service. Any mitigation for current clients will include supporting them to obtain appropriate statutory assessments.

- g) How will any mitigation measures be monitored?**

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

**4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/ Borough?**

*Residents with limiting long-term illness in 2011 (source: ONS Census 2011):*

	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
All ages	526,671	107,145	58,902	48,243	419,526
		20.3%	11.2%	9.2%	79.7%
Working age: 16-64	315,752	43,632	24,941	18,691	272,120
		13.8%	7.9%	5.9%	86.2%

**b) How is this protected characteristic reflected in the reflected in the population of those impacted by the proposal, project or service?**

Of the people supported by Home Work in 2016/17:

*(source: Home Works annual data report)*

- 2585 (79.2%) had a mental health problem
- 1331 (40.1%) had a long term condition
- 955 (29.3%) had a physical disability/sensory impairment
- 250 (7.7%) had a learning disability
- 26 people (0.8%) had an Acquired Brain Injury

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes. Disabled people will be more affected than those in the general population. Roughly 13.8% of people of working age have a limiting long-term illness.

In 2016/17:

- 2585 Home Works clients (79.2%) had a mental health problem,
- 1331 (40.1%) had a long term condition and
- 955 (29.3%) had a physical disability/sensory impairment.

**d) What is the proposal, project or service’s impact on people who have a disability?**

It is likely the impact will be that fewer people/households with a disability can receive short term housing support to sustain or increase their independence, avoid homelessness and prevent a crisis.

## Equality Impact Assessment

The proposal will have a negative impact on disabled people aged 16 to 64 who are at risk of homelessness and/or need short-term housing support to sustain or increase their independence.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed, the Strategic Commissioning Manager (Supporting People) will work with the provider and strategic partners to develop an implementation plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

**f) Provide details of any mitigation.**

An implementation plan will set out the details for future clients and this will include referrals to other information and advice sources. It will be impossible to mitigate the full impact as there is no other service that provides a Home Works type service. Any mitigation for current clients will include supporting them to obtain appropriate statutory assessments.

**g) How will any mitigation measures be monitored?**

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

### 4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Population by ethnic groups in 2011 (source: ONS Census 2011)*

	All people	All White	White British and Northern Irish	White Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
All people	526,671	505,422	482,769	3,966	815	17,872	7,473	9,143	2,912	1,721
15-29	83,732	78,981	74,858	257	180	3,686	1,850	2,001	541	359
30-44	90,763	85,314	79,140	704	161	5,309	1,180	2,841	898	530
45-64	147,503	143,319	137,370	1,354	133	4,462	1,006	2,002	732	444
Total 15-64	<b>321,998</b>	<b>307,614</b>	<b>291,368</b>	<b>2,315</b>	<b>474</b>	<b>13,457</b>	<b>4,036</b>	<b>6,844</b>	<b>2,171</b>	<b>1,333</b>
		<b>95.5%</b>	<b>90.5%</b>	<b>0.7%</b>	<b>0.1%</b>	<b>4.2%</b>	<b>1.3%</b>	<b>2.1%</b>	<b>0.7%</b>	<b>0.4%</b>

## Equality Impact Assessment

- b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

*Home Works clients in 2016/17 (source: Home Works annual data report)*

Grand Total		
White: British	2,785	85.4%
White: Irish	24	0.7%
White: Other	165	5.1%
Mixed: White & Black Caribbean	24	0.7%
Mixed: White & Black African	14	0.4%
Mixed: White & Asian	14	0.4%
Mixed: Other	32	1.0%
Asian/Asian British: Indian	11	0.3%
Asian/Asian British: Pakistani	3	0.1%
Asian/Asian British: Bangladeshi	4	0.1%
Asian/Asian British: Other	29	0.9%
Black/Black British: Caribbean	12	0.4%
Black/Black British: African	52	1.6%
Black/Black British: Other	16	0.5%
Chinese/Other ethnic group: Chinese	11	0.3%
Chinese/Other ethnic group: Other	6	0.2%
Gypsy/Irish Traveller	17	0.5%
Arab	23	0.7%
Did not wish to disclose	21	0.6%
<b>Grand Total</b>	<b>3263</b>	

### *First language*

	Local Authority						CCG				Grand Total
	Eastbourne	Hastings	Lewes	Rother	Wealden	Other	EHS	HR	HWLH	Other	
Other	10.9%	8.9%	5.7%	1.9%	4.5%	27.3%	27.3%	8.9%	7.3%	5.8%	7.7%
	94	102	26	7	19	3	3	107	109	32	251
English	89.1%	91.1%	94.3%	98.1%	95.5%	72.7%	72.7%	91.1%	92.7%	94.2%	92.3%
	772	1039	429	361	403	8	8	1095	1392	517	3012
<b>Grand Total</b>	<b>26.5%</b>	<b>35.0%</b>	<b>13.9%</b>	<b>11.3%</b>	<b>12.9%</b>	<b>0.3%</b>	<b>0.3%</b>	<b>36.8%</b>	<b>46.0%</b>	<b>16.8%</b>	<b>3263</b>
	866	1141	455	368	422	11	11	1202	1501	549	

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes. People from different ethnic backgrounds (which may include refugees and asylum seekers) will be more affected than those in the general population. The population of White British people in East Sussex is 482,769 which is 91.7% and the population of White British people aged 15 to 64 is 291,368 which is 90.5%. In comparison, 84.5% of Home Works clients were White British.

## Equality Impact Assessment

**d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?**

Yes. It is likely that fewer people from different ethnic backgrounds (who represent a greater proportion of Home Works clients than those in the general population) and need housing support will be able to access it. This could mean that this cohort of people will face greater barriers (including language barriers) to accessing services and establishing what they can do to remain living in their home or find a new one and prevent a crisis.

Literacy data at section 4.9.4 reflects that for 3% of Home Works clients, English is not a first language.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed, the Strategic Commissioning Manager (Supporting People) will work with the provider and strategic partners to develop an implementation plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

**f) Provide details of any mitigation.**

An implementation plan will set out the details for future clients and this will include referrals to other information and advice sources. It will be impossible to mitigate the full impact as there is no other service that provides a Home Works type service.

**g) How will any mitigation measures be monitored?**

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

### 4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

*Population by age and gender in 2011 (source: ONS Census 2011)*

	Number	Percentage
All people	526,671	100%
Females	272,907	51.8%
Males	253,764	48.2%

## Equality Impact Assessment

*Population estimates 2016 (ONS mid-year estimates)*

	Number	Percentage
<b>All people</b>	547,797	100%
<b>Females</b>	282,789	51.6%
<b>Males</b>	265,008	48.4%

Transgender statistics are not currently collected.

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

*Home Works clients in 2016/17 (source: Home Works annual data report)*

	Number	%
<b>Female</b>	1838	56.3%
<b>Male</b>	1425	43.7%
<b>Total</b>	3263	100%

*Number of transgender clients in 2016/17*

	Number	%
<b>Eastbourne</b>	5	0.6%
<b>Hastings</b>	2	0.2%
<b>Lewes</b>	5	1.1%
<b>Rother</b>	2	0.5%
<b>Wealden</b>	1	0.2%
<b>Total</b>	<b>15</b>	<b>2.6%</b>

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

There does not appear to be a disproportionate impact on females or males however there could be a disproportionate impact on transgender people who were 2.6% of the total number of clients in 2016/17.

**d) What is the proposal, project or service's impact on different genders?**

It appears that the impact on males and females will be neutral however there could be a negative impact on transgender people. We have limited information and we would need to do further work to understand the impact. However, we should acknowledge that there are additional barriers and health impacts for transgender people.

## Equality Impact Assessment

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed, the Strategic Commissioning Manager (Supporting People) will work with the provider and strategic partners to develop an implementation plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

**f) Provide details of any mitigation.**

This section will be completed once an implementation plan can begin. It will be impossible to mitigate the full impact as there is no other service that provides a Home Works type service. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

**g) How will any mitigation measures be monitored?**

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

### 4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

**a) How is this protected characteristic target group reflected in the County/District/Borough?**

*Marital status by age and gender in 2011 (source: ONS Census 2011)*

	All people aged 16 and over	Single	Married	In a registered same-sex civil partnership	Separated	Divorced	Widowed
No.	435,515	126,922	210,786	1,471	11,954	46,470	37,912
%	100%	29.1%	48.4%	0.3%	2.7%	10.7%	8.7%

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

This data is not collected.

## Equality Impact Assessment

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

There is no data on the marital status of Home Works clients however it is expected people who are married or who are in a registered same-sex civil partnership will not be more affected by the proposal than those in the general population.

- d) What is the proposal, project or service's impact on people who are married or same sex couples who have celebrated a civil partnership?**

There is no data on the marital status of Home Works clients however it is expected that the impact will be neutral.

- e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed, the Strategic Commissioning Manager (Supporting People) will work with the provider and strategic partners to develop an implementation plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

- f) Provide details of the mitigation.**

This section will be completed once an implementation plan can begin. It will be impossible to mitigate the full impact as there is no other service that provides a Home Works type service. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

- g) How will any mitigation measures be monitored?**

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

### **4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**

- a) How is this protected characteristic target group reflected in the County/District/Borough?**

In 2015, there were 5,046 live births in East Sussex and in 2016 there were an estimated 82,272 women aged 16-44 in the County.

## Equality Impact Assessment

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Data on Home Works household types in 2016/17 shows that there were 31 couples pregnant with no children and 26 females, pregnant with no children.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Comparative data is not available however it is expected that pregnant women will not be more affected than those in the general population who are not pregnant.

**d) What is the proposal, project or service's impact on pregnant women and women within the first 26 weeks of maternity leave?**

Comparative data is not available however it is expected that the impact will be neutral.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed, the Strategic Commissioning Manager (Supporting People) will work with the provider and strategic partners to develop an implementation plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

**f) Provide details of the mitigation**

This section will be completed once an implementation plan can begin. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

**g) How will any mitigation measures be monitored?**

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

## Equality Impact Assessment

### 4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

*Religion in 2011 (source: ONS Census 2011)*

Religions		All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Religion not stated
East Sussex	<b>No.</b>	<b>526,671</b>	<b>315,659</b>	<b>2190</b>	<b>1501</b>	<b>1074</b>	<b>4201</b>	<b>178</b>	<b>3508</b>	<b>155723</b>	<b>42637</b>
	<b>%</b>	<b>100%</b>	<b>59.9%</b>	<b>0.4%</b>	<b>0.3%</b>	<b>0.2%</b>	<b>0.8%</b>	<b>0%</b>	<b>0.7%</b>	<b>29.6%</b>	<b>8.1%</b>
Eastbourne	<b>No.</b>	99,412	59,232	482	429	211	1458	53	586	28995	7966
	<b>%</b>	100%	59.6%	0.5%	0.4%	0.2%	1.5%	0.1%	0.6%	29.2%	8%
Hastings	<b>No.</b>	90,254	46,832	475	423	142	1159	38	668	33066	7451
	<b>%</b>	100%	51.9%	0.5%	0.5%	0.2%	1.3%	0%	0.7%	36.6%	8.3%
Lewes	<b>No.</b>	97,502	55,572	489	257	320	558	42	603	31641	8020
	<b>%</b>	100%	57%	0.5%	0.3%	0.3%	0.6%	0%	0.6%	32.5%	8.2%
Rother	<b>No.</b>	90,588	58,706	290	171	170	460	12	525	22864	7390
	<b>%</b>	100%	64.8%	0.3%	0.2%	0.2%	0.5%	0%	0.6%	25.2%	8.2%
Wealden	<b>No.</b>	148915	95317	454	221	231	566	33	1126	39157	11810
	<b>%</b>	100%	64%	0.3%	0.1%	0.2%	0.4%	0%	0.8%	26.3%	7.9%

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

*Home Works clients in 2016/17 (source: Home Works annual data report)*

	Grand Total	
Buddhist	32	1.0%
Christian (all denominations)	831	25.5%
Hindu	3	0.1%
Jewish	6	0.2%
Muslim	66	2.0%
Sikh	1	0.0%
Any other religion	73	2.2%
No Religion	2095	64.2%
Do not wish to disclose	156	4.8%
<b>Grand Total</b>	<b>3263</b>	

## Equality Impact Assessment

- c) **Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

People with different religions and beliefs are not expected to be more affected by the proposal than those in the general population.

### 4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

- a) **How is this protected characteristic reflected in the County/District/Borough?**

*Sexual Identity – South East (Source: ONS data 2016)*

	Number	%
Heterosexual or straight	6,703,000	93.4%
Gay or lesbian	87,000	1.2%
Bisexual	61,000	0.9%
Other	38,000	0.5%
Don't know or refuse	284,000	4.0%

- b) **How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

*Home Works clients 2016/17 (source: Home Works annual data report)*

	Grand Total	
Bisexual	67	2.1%
Gay man	36	1.1%
Lesbian	32	1.0%
Heterosexual	2,872	88.0%
Does not wish to disclose	256	7.8%
<b>Grand Total</b>	<b>3263</b>	

- c) **Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

It is not clear from the data whether people with differing sexual orientation will be more affected by the proposal than those in the general population. A higher proportion of Home Works clients than those in the general population did not want to disclose their sexual identity which affects the figures.

## Equality Impact Assessment

### d) What is the proposal, project or service's impact on people with differing sexual orientation?

People with different sexual orientation do not appear to be disproportionately more affected by the proposal than those in the general population, however the proposal will still have a negative impact on all people aged 16 to 64 who are at risk of homelessness and/or need short-term housing support to sustain or increase their independence. People with differing sexual orientation within this cohort may also experience barriers, if the proposal goes ahead.

### 4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

#### 4.9.1 Rural population

#### a) How are these groups/factors reflected in the County/District/Borough?

Urban-Rural		Urban		Rural	
		All people	16-64	All people	16-64
East Sussex	No.	389,946	235,177	136,725	80,575
	%	74%	74.5%	26%	25.5%
Eastbourne	No.	99,412	60,388	0	0
	%	100%	100%	0%	0%
Hastings	No.	90,254	58,087	0	0
	%	100%	100%	0%	0%
Lewes	No.	75,173	45,232	22,329	13,148
	%	77.1%	77.5%	22.9%	22.5%
Rother	No.	43,168	22,951	47,420	27,645
	%	47.7%	45.4%	52.3%	54.6%
Wealden	No.	81,939	48,519	66,976	39,782
	%	55%	54.9%	45%	45.1%

25.5% of the East Sussex population aged 16 to 64 live in a rural area.

#### b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?

This data is not available.

#### c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?

## Equality Impact Assessment

Data on Home Works clients living in rural areas is not available however it is not expected that people living in rural areas could be more affected than those living in urban areas.

### **d) What is the proposal, project or service's impact on the factor or identified group?**

Although we do not have numerical data we know that people from rural areas benefit from Home Works to prevent a crisis, remain independent and/or find alternative accommodation. Home Works is a visiting service and therefore any reduction in service will be particularly felt amongst people in rural areas as access to any other service for a face to face intervention will involve travelling and related costs to be incurred by the individual, many of whom are already experiencing poverty.

### **4.9.2 Carers**

#### **a) How are these groups/factors reflected in the County/District/ Borough?**

*Provision of unpaid care 2011 in East Sussex (source: ONS Census 2011)*

	All people	People provide no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
No.	526,671	467,262	59,409	39,537	6,745	13,127
%	100%	88.7%	11.3%	7.5%	1.3%	2.5%

#### **b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

In the year 2016/17, 12.5% of clients were carers (*source: Home Works annual data report*).

In the year 1 February 2017 to 31 January 2018, 11% of clients were carers (*source: Home Works impact statement*)

#### **c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

No. Carers do not appear to be disproportionately more affected by the proposal than those in the general population. However, this is still a significant number. So, should the proposals go ahead, there may be an impact on carers having to provide additional support.

## Equality Impact Assessment

Note: The proposed savings to commissioned carers services may have an additional impact on carers who would also be affected by the proposals to Home Works.

### 4.9.3 People on low incomes

#### a) How are these groups/factors reflected in the County/District/Borough?

In East Sussex in 2016 (source: ESIF) 27,140 people received out of work benefits and 20,560 people ESA and Incapacity Benefit. Using the population estimates below between 8% and 9% of the working age population receive out of work benefits.

*Population estimates 2016 (ONS mid-year estimates)*

		0-15	16-29	30-44	45-64	65 and over
<b>All people</b>	<b>547,797</b>	<b>93,688</b>	<b>77,067</b>	<b>86,210</b>	<b>152,568</b>	<b>138,264</b>
%	100%	17.1%	14.1%	15.7%	27.9%	25.2%
<b>Females</b>	<b>282,789</b>	<b>45,448</b>	<b>37,524</b>	<b>44,748</b>	<b>78,617</b>	<b>76,452</b>
%	51.6%	48.5%	48.7%	51.9%	51.5%	55.3%
<b>Males</b>	<b>265,008</b>	<b>48,240</b>	<b>39,543</b>	<b>41,462</b>	<b>73,951</b>	<b>61,812</b>
%	48.4%	51.5%	51.3%	48.1%	48.5%	44.7%

#### b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?

*Home Works clients in 2016/17 (source: Home Works annual data report)*

	Local Authority						CCG				Grand Total
	Eastbourne	Hastings	Lewes	Rother	Wealden	Other	EHS	HR	HWLH	Other	
Full-time student	0.3%	0.8%	0.2%	0.3%	0.9%	9.1%	0.5%	0.7%	0.4%	9.1%	0.6%
	3	9	1	1	4	1	6	10	2	1	19
Full-time work > 24 hrs/wk.	4.8%	2.8%	6.4%	3.8%	5.5%	0.0%	4.6%	3.1%	7.1%	0.0%	4.3%
	42	32	29	14	23	0	55	46	39	0	140
Govt training/Work Programme	0.3%	0.4%	0.4%	0.0%	0.2%	0.0%	0.2%	0.3%	0.5%	0.0%	0.6%
	3	4	2	0	1	0	3	4	3	0	20
Job seeker	6.4%	10.1%	8.6%	7.9%	5.7%	18.2%	6.2%	9.6%	7.8%	18.2%	8.1%
	55	115	39	29	24	2	75	144	43	2	264
Long-term sick/disabled	26.2%	23.0%	38.9%	22.6%	28.0%	45.5%	29.2%	22.9%	31.3%	45.5%	26.7%
	227	262	177	83	118	5	351	344	172	5	872
Not seeking work	14.4%	11.0%	17.6%	10.3%	12.8%	0.0%	14.4%	10.9%	15.7%	0.0%	13.0%
	125	126	80	38	54	0	173	164	86	0	423
Other adult	40.3%	47.9%	19.8%	51.1%	41.5%	27.3%	38.0%	48.4%	29.9%	27.3%	41.4%
	349	546	90	188	175	3	457	727	164	3	1351
Part-time work < 24 hrs/wk.	6.4%	3.8%	7.5%	2.7%	5.2%	0.0%	6.1%	3.5%	6.9%	0.0%	5.0%
	55	43	34	10	22	0	73	53	38	0	164
Retired	0.8%	0.4%	0.7%	1.4%	0.2%	0.0%	0.7%	0.6%	0.4%	0.0%	0.6%
	7	4	3	5	1	0	9	9	2	0	20
<b>Grand Total</b>	<b>26.5%</b>	<b>35.0%</b>	<b>13.9%</b>	<b>11.3%</b>	<b>12.9%</b>	<b>0.3%</b>	<b>36.8%</b>	<b>46.0%</b>	<b>16.8%</b>	<b>0.3%</b>	<b>3263</b>
	<b>866</b>	<b>1141</b>	<b>455</b>	<b>368</b>	<b>422</b>	<b>11</b>	<b>1202</b>	<b>1501</b>	<b>549</b>	<b>11</b>	

## Equality Impact Assessment

- c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

Yes. People on low incomes will be more affected as most people who access Home Works are dependent on the welfare benefit system and/or are on a low income. There is a benefit service embedded within Home Works provided by the Benefit and Debt project. It is funded by Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG in recognition that the clients are some of the poorest people; need help to rise out of poverty and can find it difficult to communicate with the DWP, avoid scams, debt and financial exploitation. In 2016/17 1,355 people at risk of homelessness received expert advice from the benefit service embedded within Home Works. Home Works also helps people to find and sustain employment. As fewer people will receive this service, fewer people will be supported to become financially robust and it is likely this will have a negative impact on employability

- d) What is the proposal, project or service's impact on the factor or identified group?**

The impact on the identified group will be that fewer people who need support to access housing/remain in their housing and avoid a crisis will be able to access holistic benefit advice tailored to meet their needs. Home Works helps people to find and sustain employment and less people will receive this service and therefore it is likely that less people will be financially stable.

There is likely to be an increase in tenancy arrears, evictions, debt, the need for food bank support and destitution. It is likely that more families will approach Children's Services for financial support and there will be a need for the advice agencies to be able to respond to this cohort who are disadvantaged with complex and multiple needs and to sustain their independence need an intervention that is both timely and time consuming.

- e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed, the Strategic Commissioning Manager (Supporting People) will work with the provider and strategic partners to develop an implementation plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

- f) Provide details of the mitigation.**

This section will be completed once an implementation plan can begin. It will be impossible to mitigate the full impact as there is no other service that provides a Home Works type service and integrates benefit advice into a holistic service to prevent a crisis. Any mitigation for current clients will include ensuring they are

## Equality Impact Assessment

financially stable before they leave the project and also have the skills to sustain that status.

### g) How will any mitigation measures be monitored?

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

## 4.9.4 Literacy/Numeracy

### a) How are these groups/factors reflected in the County/District/Borough?

There are areas of East Sussex among the top 10 most deprived wards in England for working age adults with no or low qualifications or who cannot speak English well or at all. Parts of the county have an adult population with skills below a level which means they could compare products and services for the best buy, or work out a household budget. The percentage of working age residents with no qualifications in East Sussex is 6.5%, compared to 7.8% nationally. There is variance across the county with Hastings having the highest percentage of working age residents with no qualifications at 11.7% (6,700 residents), compared to Lewes with the lowest percentage at 4.9% (2,800 residents).

### b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?

There is no direct comparative data available however Home Works data shows that 23% of clients in 2016/17 declared a difficulty with literacy or numeracy.

*Home Works clients in 2016/17 (source: Home Works annual data report).*

	Local Authority						CCG				Grand Total
	Eastbourne	Hastings	Lewes	Rother	Wealden	Other	EHS	HR	HWLH	Other	
Literacy	11.8% 102	11.3% 129	11.0% 50	5.7% 21	8.5% 36	18.2% 2	11.7% 141	9.9% 149	8.7% 48	18.2% 2	10.4% 340
Numeracy	3.1% 27	2.5% 28	2.2% 10	0.8% 3	1.4% 6	0.0% 0	2.8% 34	1.9% 29	2.0% 11	0.0% 0	2.3% 74
Literacy and Numeracy	24.9% 216	21.6% 247	24.0% 109	20.9% 77	23.5% 99	27.3% 3	25.0% 300	21.3% 320	23.3% 128	27.3% 3	23.0% 751
English not first Language	4.6% 40	4.4% 50	2.4% 11	1.1% 4	0.9% 4	0.0% 0	3.6% 43	3.5% 53	2.4% 13	0.0% 0	3.3% 109
None	55.5% 481	60.2% 687	60.4% 275	71.5% 263	65.6% 277	54.5% 6	56.9% 684	63.3% 950	63.6% 349	54.5% 6	61.0% 1989
Grand Total	26.5% 866	35.0% 1141	13.9% 455	11.3% 368	12.9% 422	0.3% 11	36.8% 1202	46.0% 1501	16.8% 549	0.3% 11	3263

### c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?

## Equality Impact Assessment

Yes it is likely that people with literacy and/or numeracy difficulties, who also need housing support to prevent a crisis, will be more affected than those in the general population.

**d) What is the proposal, project or service's impact on the factor or identified group**

It is likely the impact will be that less people/households with literacy/numeracy issues can receive short term housing support to sustain or increase their independence, avoid homelessness and prevent a crisis. A lack of numeracy and literacy skills can compound vulnerabilities and increases stress levels and this factor will contribute to the likelihood of destitution.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed, the Strategic Commissioning Manager (Supporting People) will work with the provider and strategic partners to develop an implementation plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

**f) Provide details of the mitigation.**

An implementation plan will set out the details for future clients and this will include referrals to other information and advice sources. It will be impossible to mitigate the full impact as there is no other service that provides the Home Works service. Any mitigation for current clients will include supporting them to obtain appropriate statutory assessments.

**g) How will any mitigation measures be monitored?**

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

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**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<p><b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.</p>	<p>If agreed, the proposals carry the potential risk of serious adverse impact for vulnerable people and families many of whom have both mental and physical health needs. Some may be eligible in terms of the Care Act. Individual circumstances are detailed in the EqIA and the assessment of impact should be applied to individuals and included in the Action Plan.</p> <p>The proposals are likely to have a negative impact in terms of opportunity that can be offered to people at risk of homelessness, in respect of keeping safe and receiving support to develop the life skills and the economic wellbeing necessary to successfully access and maintain independent accommodation.</p>
	<p><b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.</p>	<p>There may be a risk of serious adverse impact for certain individuals e.g. if they are disabled people or older/younger people who become more seriously at risk or vulnerable as a result of the proposals.</p>
x	<p><b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided that it does not unlawfully discriminate.</p>	<p>The current users are more likely to be people on low incomes (and unable to source alternative accommodation in the private sector as a result; with illness and long-term conditions; experience anxiety, depression or dual diagnosis; substance misuse issues. Greater risk of suicide, food and fuel poverty, increased ill-health. Increased risk of hospitalisation and possibility of offending for some individuals.</p>
	<p><b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the</p>	

## Equality Impact Assessment

	policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	In addition, the requirement to foster good relations maybe compromised by increasing the number of people living on the streets where drug and alcohol use and crime may be associated.
--	--	--

### 5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

This will be completed once final decisions regarding the proposals are made.

### 5.4 When will the amended proposal, proposal, project or service be reviewed?

June 2019

<b>Date completed:</b>	June 2018	<b>Signed by (person completing)</b>	Jude Davies
		<b>Role of person completing</b>	RPPR Lead
<b>Date:</b>	June 2018	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

<b>X</b>
----------

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

**6.1 Accepted Risk**

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Homelessness	Homelessness	No as reduction in service is planned for 18/19	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies ESHOG leads	Not applicable
Lack of suitable support to maintain independent living	Vulnerability	No as needs will arise as service reduces	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Increased harm and abuse from others	Safeguarding	Yes for clients who would not receive a service in future as capacity reduces	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Increase in safeguarding alerts	Financial	Yes	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies Safeguarding lead	Not applicable
Increased risk of suicide/self-harm	Vulnerability and Safeguarding	Needs to be mitigated for current clients in Action	EIA Reconciling Policy, Performance and Resources,	Jude Davies Public Health CCGS	Not applicable

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		Plan Future initiatives need to address this need	(RPPR) DMT		
Increased use of A and E and hospital admissions	Financial and vulnerability	Yes Future initiatives need to address this need	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	CCGs	Not applicable
Negative impact on hospital discharge pathways	Reputational risk Financial risk	Yes – needs to be decided whether or not reduced service prioritises this , Include in Action Plan	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies Public Health CCGS	Not applicable
Negative impacts on poverty, fuel and food poverty, health and well being	Moral Vulnerability	Future initiatives need to address this for those who would not access a service , Future priorities of home Works needs to address it	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies CCGS	Not applicable
Risk of increase in tenancy break downs	Homelessness	Future initiatives need to address this for those who would not access a service , Future priorities of home Works needs to address	Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies ESHOG members	Not applicable
Risk of staff leaving the service early	Business	No need to give certainty on future asap	(RPPR) DMT	Jude Davies	Not applicable

## **Appendix 1: Case Studies**

### **1. J**

J is mainly house bound with Chronic Obstructive Pulmonary Disease (COPD) and significant mobility and mental health issues. At the point of referral J was living with his partner who also had significant long-term health issues. Due to their health conditions they were not coping with the daily household tasks or personal hygiene or opening post. The accommodation was in need of a deep clean and a 'de-clutter'. They wanted to move because their accommodation was in such a poor state. Unfortunately J's partner died, and Home Works supported him to cope with the bereavement.

Home Works supported J to access a care package to help with daily tasks; arrange a deep clean of the accommodation; apply for appropriate benefits; install Lifeline; arrange optician & chiropody home visits; look after his mental well-being; and access funding for his partner's funeral.

Without the intervention of Home Works it is likely J would have deteriorated to the point where he needed emergency ambulance and hospital services. With support he was able to stay in his accommodation and to re-establish a quality of life.

### **2. S**

S, a single mum with three children came to Home Works with rent arrears due to the benefit cap, putting her accommodation at risk. Home Works began work on S's benefit arrears during which time S's partner moved into the flat. Soon after the support started S had a stroke, which left her disabled and for a while unable to speak, with acquired brain injury. Following the stroke S had to have heart surgery. S experienced considerable mental health issues.

Home Works supported S to access specialist mental health services; and worked with the hospital discharge and rehabilitation teams to help her move to more appropriate accommodation. They also helped her apply for adaptations; and to claim relevant benefits. During this period S also became subject to domestic abuse by her partner, who had become her carer. The partner moved out and Home Works supported S to take the necessary actions to keep her and the children safe. Home Works worked with the children's school to ensure there was a solution in place to get the children to school as they lived 1.5 miles away and S could not walk that far.

S continues to make a recovery – with improving but limited mobility, returned speech and a personal assistant to support her to carry out day to day tasks, the children are supported by a carers group and have school transport arranged. Without this intervention it is possible S would have had a significantly delayed discharge and longer recovery time and the children may have been taken into care during the immediate aftermath of the stroke.

### 3. Siblings

A family of three siblings (A, 18, C, 21 and L, 24 years old) were referred to Home Works by the local Housing Department following a notice of eviction for rent arrears. A range of other issues were also identified: extreme hoarding; significant issues around health & safety and cleanliness; and significant and multiple debts. All siblings had depression and issues around loss following the death of their parents. They had no informal support networks or any family living nearby. None of them were able to manage simple day to day tasks, but despite this were supporting each other the best they could and were somehow maintaining their jobs and study. L, who has been diagnosed with Asperger's Syndrome, was however facing a disciplinary at work.

A safeguarding concern was raised with Adult Social Care based on L's vulnerability and the issues of self-neglect. A joint visit was arranged and Home Works then worked with the family to help resolve the interrelated issues. This included negotiating with the landlord whilst the hoarding was cleared and a support package put in place. The landlord agreed to stop the eviction and to carry out repairs to the property once it had been cleared. Home Works also liaised with the Housing Department for help with arrears and worked with Adult Social Care to access funding for a Personal Assistant for L and funding for a deep clean. Home Works contacted a local charity to fund skip hire to clear the property and secure a loan to help clear the arrears. The family was then supported to access CAB for benefits and debt advice, their GP for bereavement counselling and their local Foodbank.

The house has now been de-cluttered, deep cleaned and new furniture purchased. Repairs have been made and the landlord has agreed to a further 12 months tenancy agreement. Home Works arranged for L to receive employment support, which has meant he has been able to retain his job. Home Works has supported all three to access getting support with their mental health and have been helped to move from crisis to a position where they are now starting to rebuild and sustain their everyday lives. It is likely that without the intervention the three young people would have been evicted and started on the route into homelessness, isolation and exploitation. Central to this successful outcome was a multi-agency coordinated response and the skill of staff who have worked sensitively with the family, building up trust and helping them feel in control of decision making so that they felt empowered to take control of their lives.

## Appendix 2: Care Act Information and Advice

As a local authority, and under the Care Act 2014, East Sussex County Council also has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- **Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories**  
There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – an free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.

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- **East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.

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# Equality Impact Assessment

Name of the proposal, project or service
<b>Reconciling Policy, Performance and Resources (RPPR) 2018/19:</b>
Proposed reductions to Supporting People STEPS service

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	June 2019

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### **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

#### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to:

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,
- advance equality of opportunity and foster good relations between those who share a “protected characteristic” and those who do not share that protected characteristic (see below for “protected characteristics”),
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

These are sometimes called equality aims.

#### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality);
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

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### **1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to “level the playing field” with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.7 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.7.1 To comply with the duty, the Council must have “due regard” to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.7.2 What regard is “due” in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

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### 1.7.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors).

1.7.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1 What is being assessed?

#### a) Proposal or name of the project or service.

Proposal is to reduce Supporting People community-based service funding by £2,500,000. The savings proposal for STEPS is £1,650,000.

#### b) What is the main purpose of these proposals?

The purpose of the proposal is to reduce funding to the STEPS service to achieve savings as part of the overall budget for Adult Social Care.

#### c) Manager(s) responsible for completing the assessment

Jude Davies, Strategic Commissioning Manager  
Candice Miller, Policy Development Manager

### 2.2 Who is affected by the proposals and how?

The people affected by the proposal are likely to be mainly older people experiencing challenges to their ability to remain living independently, and who also have a range of multiple and often complex personal, health and care needs including:

- poor mental health
- poor physical health
- long term conditions
- Adult Safeguarding issues

STEPS provides housing support and a gateway service (advice) to people **aged 65 and over** and a navigator service to people aged 18 and over with long-term conditions who need support to:

- remain living independently;
- maintain their accommodation;
- move to a more suitable home;
- achieve economic wellbeing;
- become socially included;
- obtain aids and adaptations;
- better manage their health;
- avoid harm from others; and
- be happy and healthy.

In 2016/17:

- 269 people received a gateway service;
- 2040 people received a housing support service; and
- 1189 people received a navigator service.

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The service is countywide and delivered by two providers:

- STEPS East (Hastings and Rother) is provided by Family Mosaic
- STEPS West (Eastbourne, Lewes and Wealden) is provided by South East Independent Living Ltd

The tables below show the range of needs presented by the eligible cohort:

	Housing		Navigator		Total	
<b>Total number of people</b>	<b>811</b>		<b>434</b>		<b>1,245</b>	
Support to maximise income	629	77.5%	305	70%	934	75%
Support to reduce overall debt	277	34%	126	29%	403	32%
Support to participate in training and/or education	811	100%	433	99.7%	1244	99.9%
support with leisure/cultural/faith	332	41%	143	33%	475	38%
support to participate in unpaid work/work experience/voluntary work	23	3%	16	4%	39	3%
Support to contact external services or groups	803	99%	428	99%	1231	99%
Support to contact friends or family/neighbours	206	25%	60	14%	266	21%
Support to better manage physical health	649	80%	306	70%	955	77%
Support to better manage mental health	736	91%	384	88%	1120	90%
Support to better manage substance misuse	16	2%	8	2%	24	2%
Support with assistive technology/aids adaptations to maintain independence	345	42.5%	126	29%	471	39%
Support to maintain accommodation and avoid eviction	764	94%	40	9%	804	64.5%
Support to secure/ obtained settled accommodation	219	27%	0	0	219	17.5%
Support with statutory orders & processes; offending behaviour	4	0.50%	2	0.50%	6	0.5%
Support to better manage self-harm	428	53%	170	39%	598	48%
Support to avoid causing harm to others	36	4%	11	2.50%	47	3.8%
Support to minimise harm/ risk of harm from others	62	8%	15	3%	77	6%
Support in developing confidence & ability to have greater choice and/or control and/or involvement	809	99%	432	99.5%	1241	99.5%

In addition, 10% of clients were ex armed forces.

## Equality Impact Assessment

Most clients have a long term condition (LTC) and many have two or more. The table below is a snapshot of the range of LTCs presented by clients within STEPs East:

Long term conditions	Number of people
Acquired Brain injury (ABI)	2
Asthma	20
Atrial Fibrillation	4
Cancer	66
Chronic Kidney Disease (CKD) including ESKD End Stage Kidney Disease/Renal failure	13
Chronic Obstructive Pulmonary Disease(COPD)	97
Colitis	1
Coronary Heart Disease (CHD) including Heart Failure (HF)	87
Dementia	87
Depression	4
Diabetes	85
Epilepsy	8
Hearing Impairment	22
High blood pressure (Hypertension)	26
Hypothyroidism	9
Long term neurological conditions	7
Mobility issues	115
MS	2
Myalgic Encephalopathy (ME)	2
None	42
Osteoporosis	12
Other	26
Parkinson's	31
Rheumatoid / Osteoarthritis (RA / OA)	162
Schizophrenia	9
Sight Impairment	28
Stroke & TIAs	50
<b>Total</b>	<b>1,017</b>

A case study provided by STEPS can be seen at Appendix A, and illustrates the needs of the cohort that are likely to be affected by the proposals.

### 2.3 How will the proposals be put into practice and who is responsible for carrying these out?

All providers have been made aware of the budget proposals by the Supporting People Strategic Commissioning Manager. The proposals were discussed at Cabinet on 23 January 2018 and are now out to public consultation which began on 15 February 2018 and ended on the 25 April 2018. The process involves reviewing the consultation findings, following which recommendations will be made to members with a final decision being made by Cabinet on the 26 June 2018.

## Equality Impact Assessment

East Sussex County Council's Adult Social Care (ASC) Department is responsible for the Supporting People budget. If the proposals are approved, then negotiations with providers and discussions with partners will start to agree how to manage the budget reduction.

### **2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

STEPS is commissioned as part of the Supporting People programme and is governed as a partnership across Adult Social Care, Children's Services, Health, Probation and all five of the District and Boroughs in East Sussex.

STEPS underpins the work of partners and partners work with the service to support the achievement of positive outcomes for clients in respect of health, wellbeing, resilience, safety and social inclusion. The services affected also work in partnership with a range of voluntary and statutory organisations in order to support clients to achieve agreed outcomes.

STEPS has developed a pathway with Health and Social Care Connect. Over 45% of clients are adult social care clients and approximately 10% are from health services.

STEPS works in partnership with the members of East Sussex Advice Partnership. A paper from members of this group which includes Brighton Housing Trust, Hastings Advice Centre, Wealden Citizens Advice Bureau and Sussex Community Development Association stating their concerns about the savings can be read at 3.4.

## Equality Impact Assessment

### 2.5 Are these proposals, affected by legislation, legislative change, service review or strategic planning activity?

**Homelessness Reduction Act 2017:** Under this new Act ASC have a duty to refer people who are at risk of or presenting as homeless to their local housing authority, and STEPS currently fulfil this function. Government has not allocated any funding to ASC to support this activity.

**Domestic Abuse and Sexual violence legislation** and guidance is becoming much more robust and the definition has broadened e.g. the inclusion of coercion.

**Safeguarding:** between February 2017 and January 2018 STEPS made 22 safeguarding reports to statutory agencies. These agencies include ASC Safeguarding Unit.

**Care Act 2014:** This service successfully prevents, reduces and delays the need for care and support in line with the Care Act 2014. Any reduction in funding will impact on the services' ability to do this. An appendix at the end of this document shows how we are also meeting our Care Act duties for information and advice.

### 2.6 How do people access or how are people referred to the services? Please explain fully.

The referral policy includes arrangements for:

- providing a gateway for processing referrals which includes self-referrals, and referrals from ASC, GPs, the Fire Service, family/friend/carers, and external and inter-agency referrals;
- management of procedures and processes, including forms used, data collected and reporting arrangements;
- referrals to be made via text, telephone, email, in person or via post;
- ensuring seldom heard voices including people from black and minority ethnic communities and people living in rural areas can access the service;
- referrals to be responded to by the end of the following working day and receive an initial assessment completed by the Gateway;
- triaging referrals to floating support teams for further assessment;
- triaged referrals to receive a face to face assessment within five working days of receipt of the referral unless this is inconvenient for the client. The referral policy will address circumstances when referrals will need a speedier response;
- implementing an assessment framework that embeds outcomes;
- conducting assessments over the phone and at the initial interview;
- referring an individual to other agencies;
- providing feedback to referring organisations as required;
- accepting people referred from any de-commissioned service; and
- a prioritisation system in the event that need overtakes provision.

## Equality Impact Assessment

Housing support service data - referrals received in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Adult Social Care	57	37	54	116	264	156	130	172	104	562	826	40.5%
Carer	0	1	1	1	3	1	0	1	0	2	5	0.2%
Community Health	2	3	2	2	9	5	4	6	7	22	31	1.5%
Community Mental Health Team	0	0	4	7	11	0	4	3	5	12	23	1.1%
Community Nurse	0	0	2	0	2	6	3	2	2	13	15	0.7%
Family	8	14	7	22	51	21	15	11	14	61	112	5.5%
Fire Service	1	0	0	1	2	0	0	0	4	4	6	0.3%
Friend	1	3	4	11	19	1	1	0	1	3	22	1.1%
G.P Practice	0	1	0	2	3	0	3	2	4	9	12	0.6%
Home Works/Hospital Discharge Team	0	0	0	1	1	0	0	0	1	1	2	0.1%
Hospital	2	3	6	3	14	11	7	5	8	31	45	2.2%
LA housing department (referral)	1	4	4	9	18	19	13	9	11	52	70	3.4%
Neighbour	1	0	0	0	1	0	0	0	0	0	1	0.0%
Other	1	2	6	14	23	10	16	21	7	54	77	3.8%
Other Community Health	0	0	0	0	0	0	0	1	0	1	1	0.0%
Probation service	0	0	0	0	0	0	1	0	1	2	2	0.1%
Police	0	0	1	0	1	0	0	0	0	0	1	0.0%
Registered Provider	0	0	1	2	3	0	0	0	1	1	4	0.2%
Relocated through a recognised national, regional or sub-regional housing mobility scheme	0	0	0	0	0	0	0	0	2	2	2	0.1%
Self-referral/direct application	38	55	43	35	171	101	131	88	121	441	612	30.0%
Voluntary agency	11	3	13	47	74	15	23	24	35	97	171	8.4%
<b>Total:</b>	<b>123</b>	<b>126</b>	<b>148</b>	<b>273</b>	<b>670</b>	<b>346</b>	<b>351</b>	<b>345</b>	<b>328</b>	<b>1370</b>	<b>2040</b>	

## Equality Impact Assessment

Navigator service data - referrals received in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Adult Social Care	111	48	32	29	220	147	127	41	68	383	603	50.7%
Carer	0	0	0	0	0	2	0	0	0	2	2	0.2%
Community Health	0	0	0	0	0	6	5	1	2	14	14	1.2%
Community Mental Health Team	0	3	2	1	6	0	0	1	2	3	9	0.8%
Community Nurse	0	0	0	0	0	2	0	0	1	3	3	0.3%
Family	7	8	0	3	18	24	7	4	8	43	61	5.1%
Fire Service	1	1	0	2	4	0	0	0	0	0	4	0.3%
Friend	3	1	4	3	11	0	2	0	1	3	14	1.2%
GP Practice	3	1	1	1	6	2	1	0	3	6	12	1.0%
Hospital	2	1	4	1	8	5	2	1	2	10	18	1.5%
LA housing department (referral)	0	0	3	1	4	1	4	3	0	8	12	1.0%
Neighbour	0	0	0	0	0	1	0	0	0	1	1	0.1%
Other	6	3	4	1	14	13	11	6	11	41	55	4.6%
Police	0	0	0	0	0	0	1	0	1	2	2	0.2%
Registered Provider	0	1	1	2	4	0	0	0	1	1	5	0.4%
Relocated through a recognised national, regional or sub-regional housing mobility scheme	0	0	0	0	0	0	1	0	0	1	1	0.1%
Self-referral/direct application	44	33	28	9	114	52	55	24	46	177	290	24.5%
Voluntary agency	14	0	3	7	24	21	23	5	10	59	83	7.0%
<b>Total:</b>	<b>191</b>	<b>100</b>	<b>82</b>	<b>60</b>	<b>433</b>	<b>276</b>	<b>239</b>	<b>86</b>	<b>156</b>	<b>757</b>	<b>1189</b>	

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### **2.7 If there is a referral method how are people assessed to use services? Please explain fully.**

A person can receive a service from STEPS regardless of tenure and financial circumstances providing they are either:

aged 65 or over when the service commences; and reside within the geographical area of East Sussex; and fulfil one or more of the following criteria:

- at risk of losing their home;
- experiencing difficulties with maintaining their tenancy;
- need support to move to a more suitable home;
- homeless and/or in temporary accommodation;
- living on a site/pitch for Gypsies or Travellers;

**or**

aged 18 or over when the service commences; and reside within the geographical area of East Sussex; and have a long term condition and the service has the capacity to meet their needs.

### **2.8 How, when and where are the services provided? Please explain fully.**

The service is provided flexibly and tailored to clients' requirements: It is expected the service will be available daytime Monday to Friday. In exceptional circumstances the provider can make the service available in the evening or on Saturdays, Sundays and Bank holidays. Staff:

- visit people at home and conduct a more detailed assessment of need;
- co-produce support plans with timetabled achievable outcomes;
- provide an at home navigator service to support the management of long term conditions; and
- provide a housing support service to ensure an individual is able to live independently in their home or move to a new one.

**Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics**

**3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.**

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>x</b>	Service User Data	<b>x</b>	Contract/Supplier Monitoring Data
<b>x</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
<b>x</b>	Complaints	<b>x</b>	Risk Assessments
	Service User Surveys		Research Findings
<b>x</b>	Census Data	<b>x</b>	East Sussex Demographics
<b>x</b>	Previous Equality Impact Assessments	<b>x</b>	National Reports
	Other organisations Equality Impact Assessments		Any other evidence

**3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.**

None.

**3.3 If you carried out any consultation or research explain what consultation has been carried out.**

Providers were initially advised of proposed savings in January 2018 and formally advised of the imminent consultation on 12 February 2018 by the SP Strategic Commissioner.

All providers were sent a copy of the consultation web link and this included:

- A letter to explain the consultation process
- A draft letter for clients

Where requested providers were provided with printed copies.

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The formal consultation from ASC started on 15 February 2018 and completed on 25 April 2018. Consultation meetings held:

- All Supporting People providers: 8 March 2018
- Inclusion Advisory Group gave feedback on all the RPPR proposals: 14 March 2018
- Accommodation Planning & Design Group: 15 March 2018
- Public Health: 15 March 2018
- Financial Inclusion Steering Group: 22 March 2018
- Hastings and Rother/Eastbourne, Hailsham and Seaford CCGs: 23 March 2018
- Domestic Abuse Management Group 12 March 2018

### 3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposals?

Research indicates that the following negative impacts are likely:

- More older people will find it difficult to maintain their independence
- Fewer older people will receive support to find a more appropriate housing solution and may therefore end up prematurely accessing residential care
- More older people may end up accessing health solutions and an increase in hospital stays
- An increase in social exclusion for older people and people of all ages who have a long term condition
- More vulnerable people not achieving economic wellbeing
- An increase in older people living in an unsuitable housing and becoming homeless

A study by the Joseph Rowntree Foundation on **low-income retirees, financial capability and pension choices**<sup>1</sup> found that:

- Across different types of financial capability, a clear life-stage pattern of levels of financial engagement was observable.
- Financial capability was usually lower among low-income retirees.
- Use of saving and investment products among low-income retirees with a defined contribution pension is limited.
- There is substantial financial disengagement among low-income retirees.

The Council of Europe's report, **Human rights of older persons and their comprehensive care**, in 2017 was produced by the Committee on Social Affairs, Health and Sustainable Development, aiming to promote human rights of older persons<sup>2</sup>.

The report highlights that "*older people continue to suffer from negative stereotypes that lead to discrimination, isolation and exclusion.*" It also notes "*abuse remains a major problem and should be efficiently tackled*".

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<sup>1</sup> <https://www.jrf.org.uk/report/low-income-retirees-financial-capability-and-pension-choices>

<sup>2</sup> See the Age UK briefing: <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/equality-and-human-rights/age-uk---human-rights-of-older-persons-and-their-comprehensive-care---july-2017.pdf>

**Centre for Policy on Ageing – Diversity in older age rapid reviews 2016**<sup>3</sup> found that:

- The likelihood of disability is inversely related to wealth and educational achievement.
- Women are more likely to be disabled than men at all ages above age 25 with the difference being most noticeable at ages 45-55 and age 75 and above.
- A major problem associated with disability in older age is the greater difficulty in maintaining social networks and carrying out day to day tasks such as shopping, because of the inadequate availability of accessible transport.
- An older household with a disabled person is twice as likely as an older household without a disabled person to live in social rented accommodation.
- There are indications that older LGB individuals experience significantly poorer health outcomes than the heterosexual population.
- Homeless people generally have poorer health and worse mortality than the population as a whole and it is therefore commonly accepted by researchers that ‘older’, in the context of homeless people means those who are aged 50/55 and over.
- Older homeless people face particular problems with respect to social isolation, personal safety and security, access to health and social care services and in claiming pensions and other benefits.

Age UK **Housing in Later Life** (2015)<sup>4</sup> report recommends that:

- “The Government and local authorities should do more to help housing support services achieve financial sustainability, including backing and investment for social enterprise.”
- “Funding for housing support services that reduce demand on health and social care are essential. The Government should continue to allocate funding for these services under its Supporting People (SP) programme beyond 2014/15.”

**Age UK report Improving later life: Vulnerability and resilience in older people**<sup>5</sup> focuses on the key aspects of vulnerability in later life. It found that unsuitability of the home and environment is one of the key factors leading to vulnerability in later life.

### **Views of the East Sussex Advice Partnership (ESAP)**

*Contributors include: Brighton Housing Trust, Hastings Advice and Representation Centre, Wealden Citizens Advice, Sussex Community Development Association.*

East Sussex Advice Partnership has expressed concerned that the impact of the proposed saving will be felt disproportionately by the most vulnerable residents in East Sussex. (Those affected by mental or physical health issues, learning disabilities, younger people, people suffering violence, people who have been trafficked, single parents with young children, people with addiction issues).

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<sup>3</sup> <http://www.cpa.org.uk/>

<sup>4</sup> <https://www.ageuk.org.uk/Documents/EN-GB/Political/Age%20UK%20ID201813%20Housing%20Later%20Life%20Report%20-%20final.pdf?dtrk=true>

<sup>5</sup> [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb\\_april15\\_vulnerability\\_resilience\\_improving\\_later\\_life.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_april15_vulnerability_resilience_improving_later_life.pdf)

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This is because:

- Home Works and STEPS support workers are able to support clients to progress an advice case to a conclusion, for instance; supporting a person to bring in all of their paperwork for an appointment, working with the people to engage with the mental health services.
- Home Works and STEPS are able to work with people in the community and in their homes. This also enables the support workers to pick up on other issues that could be impacting on the person's ability to manage their housing as well as other issues of safety e.g. safeguarding issues in relation to children or other household members.
- There will be increased costs to the health services, e.g. increased admissions to hospital, increased A&E presentations, bed blocking if clients have no suitable home to return to, people waiting for operations because they have no suitable home and their health deteriorates, increased presentations at GP surgeries.
- The impact on the advice services will be an increase in the number of people coming into the advice services to try and find help and support, as well as advice. Advice Services are already working at capacity (and beyond) and will not be able to address the need. It will be difficult for the advice services to work with some people to resolve their presenting issues if there is not the support service via Home Works/STEPS to refer people to.
- The introduction of the Homelessness Reduction Act on the 3 April 2018 and the introduction of the duty for referrals to be made to the Local Housing Authority by statutory partners in October 2018 means there will be an increase in the numbers of people accessing local housing authority homelessness services at a much earlier stage. A high proportion of these clients will require support to alleviate their housing situation, either with support to maintain their current accommodation or by assisting them to access alternative accommodation. Home Works and STEPS would be able to work with this group of people if the funding was available.
- If the criteria becomes more stringent and the length of time a person has to wait for a service increases there will be some people who if not able to access Home Works/STEPS, will try and access support elsewhere, such as from Food Banks (who themselves may not be able to deal with the increase). There will also be some people who will just not do anything and their situation will not end happily, with them becoming further disadvantaged by being homeless.

*An unabbreviated copy of the response received from the ESAP is included within the consultation responses pack.*

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### Summary of public consultation responses

- The budget shouldn't be reduced because this is a vital service and cutting it would negatively impact on older people.
- Organisations disagree with the proposals to cut this essential service.
- STEPS helps people to access benefits and move to more suitable accommodation.
- Individuals and families would end up in temporary accommodation and it would put people at higher risk of homelessness.
- It would create additional demand and costs for statutory services, including social care, the Police and health services including hospitals and GP surgeries.
- Cutting STEPS would lead to the use of more expensive services and an increase in hospital stays.
- Advice services don't have the capacity to support people in the same practical way as STEPS.
- If STEPS wasn't available they don't know where would have gone, as nowhere else offers this sort of support. The fact they come to your home is important to people.
- The top three choices people said they find most helpful about the service are: 1) Meeting them at home; 2) Liaising with other professionals/services; and 3) giving them phone support between meetings.
- The top three choices people said they find make the biggest difference to living independently were: 1) Support to increase their income; 2) Support to stay in their existing accommodation; and 3) Support to better manage their physical health.
- People would be most likely to try and get help from the Citizens Advice Bureau if the service wasn't available.

### Most helpful about the service

- Over two thirds of respondents chose the following options: meeting you at home; liaising with other professionals/services; giving you phone support between meetings; and helping you by doing things when you feel overwhelmed.
- **Biggest difference to living independently**
- Over two thirds of respondents chose the following options: support to increase their income. The next most popular option was support to stay in their existing accommodation (chosen by over half).

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- **If STEPS hadn't been available where would you have gone:** People said they don't know where they would have gone. Nowhere else offers this sort of support. They would have tried the Citizens Advice Bureau, social care or their family.
- **Other comments:** People said the budget shouldn't be reduced and this is a vital service. People are worried about the negative impact on who need support in the future. They praised the service and said cutting it would negatively impact on older people.

### Sample quotes:

"Nowhere, tried CAB and they were useless. Had nowhere else to go and then my doctor got me in touch with STEPS they're the only ones who helped. They should get more money not less."

"Social workers used to do this work for people with mental health issues. No one else does. Without it (targeted work for those that need it the most) people don't act for their basic needs and then need higher input. "

**Part 4 – Assessment of impact**

**4.1 Age: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Population by age and gender in 2011 (source: ONS Census 2011)*

		All people	0-14	15-29	30-44	45-64	65-69	70-74	75-79	80-84	85-89	90+
<b>All people</b>	<b>No.</b>	<b>526,671</b>	<b>84,910</b>	<b>83,732</b>	<b>90,763</b>	<b>147,503</b>	<b>32,496</b>	<b>26,270</b>	<b>22,607</b>	<b>18,524</b>	<b>12,349</b>	<b>7,517</b>
	<b>%</b>	<b>100%</b>	<b>16.1%</b>	<b>15.9%</b>	<b>17.2%</b>	<b>28%</b>	<b>6.2%</b>	<b>5%</b>	<b>4.3%</b>	<b>3.5%</b>	<b>2.3%</b>	<b>1.45%</b>
<b>Females</b>	<b>No.</b>	<b>272,907</b>	<b>41,146</b>	<b>41,052</b>	<b>46,948</b>	<b>76,122</b>	<b>16,840</b>	<b>14,077</b>	<b>12,301</b>	<b>10,956</b>	<b>7,984</b>	<b>5,481</b>
	<b>%</b>	<b>51.8%</b>	<b>7.8%</b>	<b>7.8%</b>	<b>8.9%</b>	<b>14.5%</b>	<b>3.2%</b>	<b>2.7%</b>	<b>2.3%</b>	<b>2.1%</b>	<b>1.5%</b>	<b>1%</b>
<b>Males</b>	<b>No.</b>	<b>253,764</b>	<b>43,764</b>	<b>42,680</b>	<b>43,815</b>	<b>71,381</b>	<b>15,656</b>	<b>12,193</b>	<b>10,306</b>	<b>7,568</b>	<b>4,365</b>	<b>2,036</b>
	<b>%</b>	<b>48.2%</b>	<b>8.3%</b>	<b>8.1%</b>	<b>8.3%</b>	<b>13.6%</b>	<b>3%</b>	<b>2.3%</b>	<b>2%</b>	<b>1.4%</b>	<b>0.8%</b>	<b>0.4%</b>

22.7% of the population are aged 65 and older.

*Population estimates 2016 (ONS mid-year estimates)*

		All people	0-15	16-29	30-44	45-64	65 and over
<b>All people</b>	<b>No.</b>	<b>547,797</b>	<b>93,688</b>	<b>77,067</b>	<b>86,210</b>	<b>152,568</b>	<b>138,264</b>
	<b>%</b>	<b>100%</b>	<b>17.1%</b>	<b>14.1%</b>	<b>15.7%</b>	<b>27.9%</b>	<b>25.2%</b>
<b>Females</b>	<b>No.</b>	<b>282,789</b>	<b>45,448</b>	<b>37,524</b>	<b>44,748</b>	<b>78,617</b>	<b>76,452</b>
	<b>% of age group</b>	<b>51.6%</b>	<b>48.5%</b>	<b>48.7%</b>	<b>51.9%</b>	<b>51.5%</b>	<b>55.3%</b>
<b>Males</b>	<b>No.</b>	<b>265,008</b>	<b>48,240</b>	<b>39,543</b>	<b>41,462</b>	<b>73,951</b>	<b>61,812</b>
	<b>% of age group</b>	<b>48.4%</b>	<b>51.5%</b>	<b>51.3%</b>	<b>48.1%</b>	<b>48.5%</b>	<b>44.7%</b>

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

*Housing support service data – age breakdown in 2016/17 (source: STEPS end of year report)*

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Under 65	0	0	1	0	<b>1</b>	0	4	4	9	<b>17</b>	18	0.9%
65-74	58	46	67	99	<b>270</b>	114	118	93	94	<b>419</b>	689	33.8%
75-84	43	48	50	118	<b>259</b>	126	132	135	133	<b>526</b>	785	38.5%
85+	22	32	30	56	<b>140</b>	106	97	113	92	<b>408</b>	548	26.9%
<b>Total:</b>	<b>123</b>	<b>126</b>	<b>148</b>	<b>273</b>	<b>670</b>	<b>346</b>	<b>351</b>	<b>345</b>	<b>328</b>	<b>1370</b>	<b>2040</b>	

## Equality Impact Assessment

Navigator service data – age breakdown in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
18-44	12	2	16	4	34	12	17	8	15	52	86	7.2%
45-64	43	29	31	29	132	68	40	41	45	194	326	27.4%
65-74	40	20	9	8	77	38	46	12	23	119	196	16.5%
75-84	44	28	16	7	95	72	78	14	39	203	298	25.1%
85+	52	21	9	12	94	86	58	11	34	189	283	23.8%
<b>Total:</b>	<b>191</b>	<b>100</b>	<b>81</b>	<b>60</b>	<b>432</b>	<b>276</b>	<b>239</b>	<b>86</b>	<b>156</b>	<b>757</b>	<b>1189</b>	

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

Yes. People aged 65 and over would be more affected by the proposals than people aged 64 and younger.

In 2016/17:

- 99.1% of the housing support clients were aged 65 and over.
- 65.3% of the navigator service clients were aged 65 and over even though the service is for people aged 18 and over.

**d) What are the proposals' impacts on different ages/age groups?**

The proposal is likely to have a negative impact on:

- older people who need housing support to prevent homelessness and maintain or increase their independence; and
- people aged 18 and older who would benefit from a navigator service to help them manage their long-term conditions.

**e) What actions will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed the Strategic Commissioning Manager will work with the Provider and strategic partners to develop an implementation plan for achieving savings, minimise the negative impacts on clients and better advance equality.

**f) Provide details of the mitigation.**

An implementation plan will identify the provision for future clients and this will include referrals to other information and advice sources and navigator type services for people with long term conditions.

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Mitigations are limited as there is no other service that provides housing support for older people. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

### g) How will any mitigation measures be monitored?

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

## 4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

### a) How is this protected characteristic reflected in the County/District/Borough?

*Residents with limiting long-term illness in 2011 (source: ONS Census 2011)*

	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
All ages	526,671	107,145	58,902	48,243	419,526
All ages	100%	20.3%	11.2%	9.2%	79.7%

Data is from Census table DC3302EW - Long term health problem or disability by health by sex by age (source: Nomis)<sup>6</sup>

	All people in households	Day-to-day activities limited a little	Day-to-day activities limited a lot	Day-to-day activities not limited
Aged 65+	113,810	30,544	23,611	59,655
All ages	515,598	57,087	42,661	415,850
Percentage of all aged 65+	100%	26.8%	20.7%	52.4%
Percentage of all ages	100%	11.1%	8.3%	80.7%
Percentage of all people in the age group	22.1%	53.5%	55.3%	14.3%

<sup>6</sup> It is not possible to calculate the proportion of all people in the county aged 65+ precisely as the health/disability Census data on residents of communal establishments (DC3304EW1a - Long-term health problem or disability by general health by age - Communal establishment residents) does not separate out those people who are staff or family members of staff who are aged 65 or over.

## Equality Impact Assessment

### b) How is this protected characteristic reflected in the population of those impacted by the proposals?

**Housing support** service data – clients with a disability in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	112	121	124	229	586	259	263	295	292	1109	1695	83.1%
No	11	5	24	44	84	87	88	50	36	261	345	16.9%
<b>Total:</b>	<b>123</b>	<b>126</b>	<b>148</b>	<b>273</b>	<b>670</b>	<b>346</b>	<b>351</b>	<b>345</b>	<b>328</b>	<b>1370</b>	<b>2040</b>	

1695 clients have a disability

**Housing support** service data – number of long-term health conditions in 2016/17 (source: STEPS end of year report)

Quarter	STEPS East					STEPS West					Total	%
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
None	3	0	6	13	22	48	62	111	44	265	287	14%
1	24	33	37	87	181	129	123	86	94	432	613	30%
2	35	44	45	72	196	79	81	59	87	306	502	25%
3	32	29	26	43	130	61	43	48	56	208	338	17%
4+	29	20	34	58	141	29	42	41	47	159	300	15%
<b>Total:</b>	<b>123</b>	<b>126</b>	<b>148</b>	<b>273</b>	<b>670</b>	<b>346</b>	<b>351</b>	<b>345</b>	<b>328</b>	<b>1370</b>	<b>2040</b>	

1753 clients have one or more long-term health conditions

**Navigator service** data – clients with a disability in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	180	99	76	56	411	237	216	81	151	685	1096	92.2%
No	11	1	5	4	21	39	23	5	5	72	93	7.8%
<b>Total:</b>	<b>191</b>	<b>100</b>	<b>81</b>	<b>60</b>	<b>432</b>	<b>276</b>	<b>239</b>	<b>86</b>	<b>156</b>	<b>757</b>	<b>1189</b>	

1096 have a disability

**Navigator service** data – number of long-term health conditions in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
None	0	0	0	0	0	6	4	0	0	10	10	0.8%
1	38	28	23	12	101	108	82	28	55	273	374	31.5%
2	65	34	18	16	133	90	81	29	45	245	378	31.8%
3	51	19	14	9	93	42	46	18	37	143	236	19.8%
4+	37	19	26	23	105	30	26	11	19	86	191	16.1%
<b>Total:</b>	<b>191</b>	<b>100</b>	<b>81</b>	<b>60</b>	<b>432</b>	<b>276</b>	<b>239</b>	<b>86</b>	<b>156</b>	<b>757</b>	<b>1189</b>	

1179 have one or more long-term health condition

## Equality Impact Assessment

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

Yes. People who have a disability are likely to be more affected by the proposal than those in the general population who do not share that protected characteristic. 20.3% of the East Sussex population has a long-term health problem or disability.

Of the people who used the **housing support** service in 2016/17:

- 83.1% had a disability; and
- 86% had a long-term condition.

Of the people who used the **navigator** service in 2016/17:

- 53.7% had a disability; and
- 99.2% had a long-term condition.

**d) What are the proposals' impacts on people who have a disability?**

It is likely that the impact will be fewer older person households with a disability able to maintain their independence, because there will be reduced capacity for visiting support to help them to remain living in their home or move to a more suitable one.

It is also likely to mean that fewer people with a long term condition will receive support through the navigator service to help them access services and support networks to maintain their independence.

**e) What actions will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed the Strategic Commissioning Manager will work with the Provider and strategic partners to develop an implementation plan for achieving savings, minimise the negative impacts on clients and better advance equality.

**f) Provide details of the mitigation.**

An implementation plan will set out the details for future clients and this will include referrals to other information and advice sources and navigator type services for people with long term conditions. It will be impossible to mitigate the full impact as there is no other service that provides a housing support service for older people. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

**g) How will any mitigation measures be monitored?**

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

Once any savings are confirmed the Supporting People Strategic Commissioner will work with the Provider to develop an implementation/action plan.

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

Census data demonstrates ethnic diversity across the area as 6 % overall.

*Population estimates by ethnic groups in 2011 (source: ONS Census 2011)*

Ethnic group	All people	All White	White British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
East Sussex	526,671	505,422	482,769	3,966	815	17,872	7,473	9143	2912	1721
Eastbourne	99,412	93,508	86,903	978	66	5,561	1,791	2795	783	535
Hastings	90,254	84,631	80,624	702	150	3,155	1,948	2126	1065	484
Lewes	97,502	94,159	90,218	757	97	3,087	1,275	1400	416	252
Rother	90,588	87,951	85,279	596	134	1,942	1,031	1103	305	198
Wealden	148,915	145,173	139,745	933	368	4,127	1,428	1719	343	252

91.7% of the population are White British.

**b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

*Housing support service data – ethnicity in 2016/17 (source: STEPS end of year report)*

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Any other background	0	0	0	1	1	0	0	0	0	0	1	0.0%
Arab	0	0	0	1	1	0	0	0	0	0	1	0.0%
Asian/Asian British: Indian	1	0	1	0	2	3	2	2	0	7	9	0.4%
Asian/Asian British: Other	1	0	1	2	4	1	2	2	2	7	11	0.5%
Black/Black British: African	0	1	0	0	1	1	2	0	0	3	4	0.2%
Black/Black British: Caribbean	0	0	1	2	3	2	0	3	0	5	8	0.4%
Black/Black British: Other	0	0	0	0	0	0	1	0	0	1	1	0.0%
Chinese/ Other	0	0	0	0	0	0	0	1	1	2	2	0.1%

## Equality Impact Assessment

	STEPS East					STEPS West					Total	% of Total	
Quarter:	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total			
ethnic group: Other													
Gypsy	0	1	0	0	1	0	1	0	0	1	2	0.1%	
Mixed: Other	0	0	0	0	0	1	0	0	0	1	1	0.0%	
Mixed: White & Asian	0	0	0	1	1	1	1	2	0	4	5	0.2%	
Mixed: White & Black Caribbean	0	0	0	0	0	0	0	1	0	1	1	0.0%	
Refused	0	1	0	0	1	8	10	3	6	27	28	1.4%	
Romany	0	1	1	0	2	0	0	0	0	0	2	0.1%	
White: British	115	113	140	258	626	315	325	313	315	1268	1894	92.8%	
White: Irish	3	2	0	3	8	2	1	6	1	10	18	0.9%	
White: Other	3	7	4	5	19	12	6	12	3	33	52	2.5%	
<b>Total:</b>	<b>123</b>	<b>126</b>	<b>148</b>	<b>273</b>	<b>670</b>	<b>346</b>	<b>351</b>	<b>345</b>	<b>328</b>	<b>1370</b>	<b>2040</b>		

Navigator service data – ethnicity in 2016/17 (source: STEPS end of year report)

	STEPS East					STEPS West					Total	% of Total
Quarter:	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Asian/Asian British: Bangladeshi	0	0	1	0	1	0	0	0	0	0	1	0.1%
Asian/Asian British: Indian	0	3	0	0	3	0	0	1	1	2	5	0.4%
Asian/Asian British: Other	0	0	0	0	0	2	1	0	1	4	4	0.3%
Black/Black British: African	0	0	0	0	0	1	0	1	0	2	2	0.2%
Black/Black British: Caribbean	0	1	0	0	1	0	0	0	0	0	1	0.1%
Black/Black British: Other	1	0	0	0	1	0	0	0	0	0	1	0.1%
Chinese/Other ethnic group: Other	0	0	0	0	0	0	0	0	1	1	1	0.1%

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Gypsy	0	0	0	0	0	0	0	0	2	2	2	0.2%
Mixed: Other	0	0	0	0	0	0	1	0	0	1	1	0.1%
Mixed: White & Asian	0	1	0	0	1	0	0	2	0	2	3	0.3%
Mixed: White & Black Caribbean	0	0	0	0	0	1	0	1	0	2	2	0.2%
Refused	0	0	0	0	0	3	11	3	5	22	22	1.9%
Romany	0	0	0	1	1	0	0	0	0	0	1	0.1%
White: British	18 4	92	78	58	412	25 9	219	76	141	695	1107	93.1%
White: Irish	1	1	2	0	4	2	2	0	2	6	10	0.8%
White: Other	5	2	0	1	8	8	5	2	3	18	26	2.2%
<b>Total:</b>	<b>191</b>	<b>100</b>	<b>81</b>	<b>60</b>	<b>432</b>	<b>276</b>	<b>239</b>	<b>86</b>	<b>156</b>	<b>757</b>	<b>1189</b>	

**c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

No. It is not anticipated that people from different ethnic backgrounds will be more affected by the proposals than those in the general population who do not share that protected characteristic. The data shows that in 2016/17, fewer people from different ethnic backgrounds used the services than in the general population. It is acknowledged, however, that services may have less of a connection with people from BAME communities.

#### 4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

**a) How is this protected characteristic reflected in the County/District/Borough?**

*Population by age and gender in 2011 (source: ONS Census 2011)*

	All people	0-14	15-29	30-44	45-64	Total 15-64	65+
<b>All people</b>	<b>526,671</b>	<b>84,910</b>	<b>83,732</b>	<b>90,763</b>	<b>147,503</b>	<b>406,908</b>	<b>119,763</b>
		16.1%	15.9%	17.2%	28.0%	77.3%	22.7%
<b>Females</b>	<b>272,907</b>	<b>41,146</b>	<b>41,052</b>	<b>46,948</b>	<b>76,122</b>	<b>205,268</b>	<b>67,639</b>
	51.8%	48.5%	49.0%	51.7%	51.6%	50.4%	56.5%
<b>Males</b>	<b>253,764</b>	<b>43,764</b>	<b>42,680</b>	<b>43,815</b>	<b>71,381</b>	<b>201,640</b>	<b>52,124</b>
	48.2%	51.5%	51.0%	48.3%	48.4%	49.6%	43.5%

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- b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

*Housing support service data – gender in 2016/17 (source: STEPS end of year report)*

	STEPS East					STEPS West					Total	% of Total
Quarter:	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Female	65	71	86	152	<b>374</b>	200	205	205	198	<b>808</b>	1182	57.9%
Male	58	54	62	121	<b>295</b>	144	141	138	127	<b>550</b>	845	41.4%
Transgender	0	1	0	0	<b>1</b>	2	5	2	3	<b>12</b>	13	0.6%
<b>Total:</b>	<b>123</b>	<b>126</b>	<b>148</b>	<b>273</b>	<b>670</b>	<b>346</b>	<b>351</b>	<b>345</b>	<b>328</b>	<b>1370</b>	<b>2040</b>	

*Navigator service data – gender in 2016/17 (source: STEPS end of year report)*

	STEPS East					STEPS West					Total	% of Total
Quarter:	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Female	105	55	50	36	<b>246</b>	166	148	50	98	<b>462</b>	708	59.5%
Male	86	45	31	24	<b>186</b>	109	90	36	58	<b>293</b>	479	40.3%
Transgender	0	0	0	0	<b>0</b>	1	1	0	0	<b>2</b>	2	0.2%
<b>Total:</b>	<b>191</b>	<b>100</b>	<b>81</b>	<b>60</b>	<b>432</b>	<b>276</b>	<b>239</b>	<b>86</b>	<b>156</b>	<b>757</b>	<b>1189</b>	

Countywide data around transgender is not currently collected.

- c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?**

It appears that females using the navigator service are likely to be more affected by the proposals than males. A greater proportion of females used the STEPS housing support service in 2016/17 than males, however this reflects the population aged 65 and over. That said, a neutral impact is expected as both services are available to all genders.

### 4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

- a) How is this protected characteristic reflected in the County/District/Borough?**

*Marital status by age and gender in 2011 (source: ONS Census 2011)*

	All people aged 16 and over	Single	Married	In a registered same-sex civil partnership	Separated	Divorced	Widowed
No.	435,515	126,922	210,786	1,471	11,954	46,470	37,912
%	100	29.1%	48.4%	0.3%	2.7%	10.7%	8.7%

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### b) How is this protected characteristic reflected in the population of those impacted by the proposals?

The marital status of clients using both STEPS services is not recorded. No disproportionate impact is anticipated for this group.

#### 4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

A disproportionate impact is not anticipated for this group.

#### 4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

##### a) How are these groups/factors reflected in the County/District/Borough?

*Religion in 2011 (source: ONS Census 2011)*

Religions		All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Religion not stated
East Sussex	No.	526,671	315,659	2190	1501	1074	4201	178	3508	155723	42637
	%	100%	59.9%	0.4%	0.3%	0.2%	0.8%	0%	0.7%	29.6%	8.1%
Eastbourne	No.	99,412	59,232	482	429	211	1458	53	586	28995	7966
	%	100%	59.6%	0.5%	0.4%	0.2%	1.5%	0.1%	0.6%	29.2%	8%
Hastings	No.	90,254	46,832	475	423	142	1159	38	668	33066	7451
	%	100%	51.9%	0.5%	0.5%	0.2%	1.3%	0%	0.7%	36.6%	8.3%
Lewes	No.	97,502	55,572	489	257	320	558	42	603	31641	8020
	%	100%	57%	0.5%	0.3%	0.3%	0.6%	0%	0.6%	32.5%	8.2%
Rother	No.	90,588	58,706	290	171	170	460	12	525	22864	7390
	%	100%	64.8%	0.3%	0.2%	0.2%	0.5%	0%	0.6%	25.2%	8.2%
Wealden	No.	148915	95317	454	221	231	566	33	1126	39157	11810
	%	100%	64%	0.3%	0.1%	0.2%	0.4%	0%	0.8%	26.3%	7.9%

##### b) How is this group/factor reflected in the population of those impacted by the proposal?

Validated data on religion is not available however the data that is available shows that:

*Housing support service data – religion in 2016/17*

Religion	%
Buddhist	0.1%
Christian	46.7%
Do not want to disclose	10.8%
Hindu	0.2%

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Jewish	0.3%
Muslim	0.3%
None	39.2%
Other	2.2%
Sikh	0.1%
<b>Total</b>	<b>100.0%</b>

### *Navigator service data – religion in 2016/17*

<b>Religion</b>	<b>%</b>
Buddhist	0.3%
Christian	41.4%
Do not want to disclose	7.3%
Hindu	0.2%
Jewish	0.6%
Muslim	0.4%
None	46.9%
Other	2.8%
<b>Total</b>	<b>100.0%</b>

- c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

From the data available, it appears that people with minority religions and beliefs may be more affected than those in the general population: 2.4% of people in the general population had minority religions compared to 3.2% of clients who used the housing support service and 4.3% who used the navigator service. That said, a disproportionate impact is not anticipated as the service is open to eligible people of all faiths or no faith.

#### **4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**

- a) How are these groups/factors reflected in the County/District/Borough?**

##### *Sexual Identity – South East (Source: ONS data 2016)*

<b>Sexual identity</b>	<b>Number</b>	<b>%</b>
Heterosexual or straight	6,703,000	93.4%
Gay or lesbian	87,000	1.2%
Bisexual	61,000	0.9%
Other	38,000	0.5%
Don't know or refuse	284,000	4.0%

**b) How is this group/factor reflected in the population of those impacted by the proposal?**

Validated data on sexual orientation is not available however the data that is available shows that:

*Service data – sexual orientation in 2016/17*

Sexual orientation	Housing support service	Navigator service
Bi-sexual	0.1%	0.1%
Gay	0.3%	0.2%
Heterosexual	92.7%	94.9%
Lesbian	0.1%	0.0%
Not stated	6.4%	4.4%
Unsure	0.3%	0.5%

**c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

From the data available, it does not appear that people with different sexual orientation are likely to be more affected by the proposal than those in the general population who do not share the protected characteristic.

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**4.9.1 Rural population**

**a) How are these groups/factors reflected in the County/District/Borough?**

*Population by urban and rural areas in 2011*

Urban-Rural		Urban			Rural		
Age group		All people	16-64	65+	All people	16-64	65+
East Sussex	No.	389,946	235177	<b>87,090</b>	136,725	80,575	<b>32,673</b>
	%	74%	74.5%	<b>72.7%</b>	26%	25.5%	<b>27.3%</b>
Eastbourne	No.	99,412	60388	<b>22,303</b>	0	0	<b>0</b>
	%	100%	100%	<b>100%</b>	0%	0%	<b>0%</b>
Hastings	No.	90,254	58087	<b>15,401</b>	0	0	<b>0</b>
	%	100%	100%	<b>100%</b>	0%	0%	<b>0%</b>
Lewes	No.	75,173	45232	<b>16,954</b>	22,329	13,148	<b>5,200</b>
	%	77.1%	77.5%	<b>76.5%</b>	22.9%	22.5%	<b>23.5%</b>
Rother	No.	43,168	22951	<b>13,947</b>	47,420	27,645	<b>11,816</b>
	%	47.7%	45.4%	<b>54.1%</b>	52.3%	54.6%	<b>45.9%</b>
Wealden	No.	81,939	48519	<b>18,485</b>	66,976	39,782	<b>15,657</b>
	%	<b>55%</b>	<b>54.9%</b>	<b>54.1%</b>	<b>45%</b>	<b>45.1%</b>	<b>45.9%</b>

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### b) How is this group/factor reflected in the population of those impacted by the proposal?

*Housing support service data – district/borough in 2016/17*

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Eastbourne	0	0	0	0	0	156	128	137	141	562	562	27.5%
Hastings	74	77	70	125	346	0	0	0	0	0	346	17.0%
Lewes	0	0	0	0	0	73	107	110	81	371	371	18.2%
Rother	49	49	78	148	324	0	0	0	0	0	324	15.9%
Wealden	0	0	0	0	0	117	116	98	106	437	437	21.4%
<b>Total:</b>	123	126	148	273	670	346	351	345	328	1370	2040	

*Navigator service data – district/borough in 2016/17*

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Eastbourne	0	0	0	0	0	104	85	32	56	277	277	23.3%
Hastings	97	58	43	31	229	0	0	0	0	0	229	19.3%
Lewes	0	0	0	0	0	82	67	25	43	217	217	18.3%
Rother	94	42	38	29	203	0	0	0	0	0	203	17.1%
Wealden	0	0	0	0	0	90	87	29	57	263	263	22.1%
<b>Total:</b>	191	100	81	60	432	276	239	86	156	757	1189	

*Service data – STEPS West*

Rural and urban classification		Navigator service
Unclassified	2.4%	1.9%
Rural hamlets and isolated dwellings	2.60%	3.10%
Rural town and fringe	11.60%	10.00%
Rural village	5.70%	4.90%
Urban city and town	80.20%	82.00%

*Data for STEPS East is not available.*

### c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?

Potentially there may be a negative impact for people in rural areas, as they have fewer services to access should the STEPS visiting service be reduced/removed.

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### d) What is the proposal impact on the factor or identified group?

The proposal will have a negative impact on people living in rural and urban areas. This is because STEPS is the only visiting housing support service for older people a reduction will mean it is likely that less older people who need housing support and live in a rural area will receive that support to maintain their independence. Access to any face to face intervention will involve travelling and incurring related costs.

### e) What actions will be taken to avoid any negative impact or to better advance equality?

Once final savings are confirmed the Strategic Commissioning Manager will work with the Provider and strategic partners to develop an implementation plan for achieving savings, minimise the negative impacts on clients and better advance equality.

### f) Provide details of the mitigation.

An implementation plan will set out the details for future clients and this will include referrals to other information and advice sources and navigator type services for people with long term conditions. It will be impossible to mitigate the full impact as there is no other service that provides the STEPs housing support service for older people. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

### g) How will any mitigation measures be monitored?

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

## 4.9.2 Carers

### a) How are these groups/factors reflected in the County/District/Borough?

*Provision of unpaid care 2011 in East Sussex (source: ONS Census 2011)*

	All people	People provide no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
No.	526,671	467,262	59,409	39,537	6,745	13,127
%	100%	88.7%	11.3%	7.5%	1.3%	2.5%

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### b) How is this group/factor reflected in the population of those impacted by the proposal?

*Housing support service data – client has a carer in 2016/17 (source: STEPS end of year report)*

Quarter	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	48	38	21	93	200	114	107	105	78	404	604	29.6%
No	75	88	127	180	470	232	244	240	250	966	1436	70.4%
<b>Total:</b>	<b>123</b>	<b>126</b>	<b>148</b>	<b>273</b>	<b>670</b>	<b>346</b>	<b>351</b>	<b>345</b>	<b>328</b>	<b>1370</b>	<b>2040</b>	

*Housing support service data – client is a carer in 2016/17 (source: STEPS end of year report)*

Quarter	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	15	16	21	35	87	77	66	71	58	272	359	17.6%
No	108	110	127	238	583	269	285	274	270	1098	1681	82.4%
<b>Total:</b>	<b>123</b>	<b>126</b>	<b>148</b>	<b>273</b>	<b>670</b>	<b>346</b>	<b>351</b>	<b>345</b>	<b>328</b>	<b>1370</b>	<b>2040</b>	

*Navigator service data – client has a carer in 2016/17 (source: STEPS end of year report)*

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	91	43	34	19	187	103	94	30	69	296	483	40.6%
No	100	57	47	41	245	173	145	56	87	461	706	59.4%
<b>Total:</b>	<b>191</b>	<b>100</b>	<b>81</b>	<b>60</b>	<b>432</b>	<b>276</b>	<b>239</b>	<b>86</b>	<b>156</b>	<b>757</b>	<b>1189</b>	

*Navigator service data – client is a carer in 2016/17 (source: STEPS end of year report)*

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	28	18	16	7	69	39	47	8	26	120	189	15.9%
No	163	82	65	53	363	237	192	78	130	637	1000	84.1%
<b>Total:</b>	<b>191</b>	<b>100</b>	<b>81</b>	<b>60</b>	<b>432</b>	<b>276</b>	<b>239</b>	<b>86</b>	<b>156</b>	<b>757</b>	<b>1189</b>	

*Summary:*

	Housing support service	Navigator service
Client has a carer	29.6%	40.6%
Client is a carer	17.6%	15.9%
<b>Total</b>	<b>47.2%</b>	<b>56.5%</b>

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- c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

Yes. The data shows that carers are likely to be more affected by the proposals than those in the general population who are not carers.

- d) What is the proposal impact on the factor or identified group?**

The impact is that fewer older carers who need support to maintain or increase their independence or move to a more suitable home are likely to receive this support. In addition it is likely that fewer carers of working age with a long term condition will be able to access the navigator service, potentially increasing isolation. This impact is compounded by proposed reductions to other commissioned services targeted at carers. The cared for person will also be negatively impacted as the individual also benefits from their carer being supported to maintain their independence.

- e) What actions will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed the Strategic Commissioning Manager will work with the Provider and strategic partners to develop an implementation plan for achieving savings, minimise the negative impacts on clients and better advance equality.

- f) Provide details of the mitigation.**

An implementation plan will identify any provision for future clients and this will include referrals to other information and advice sources and navigator type services for people with long term conditions. Mitigation is limited as there is no other service that provides the STEPs housing support service for older people. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

- g) How will any mitigation measures be monitored?**

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

4.9.3 People on low incomes

a) How are these groups/factors reflected in the County/District/Borough?

Households in poverty in 2015 in East Sussex and its districts (source: CACI): number

Measure	Total number of people aged 60 and over	Number of older people affected by income deprivation	Percentage of older people affected by income deprivation
<b>East Sussex</b>	<b>162,420</b>	<b>21,314</b>	<b>13.1%</b>
Eastbourne	29,517	4,426	15%
Hastings	21,805	4,784	21.9%
Lewes	30,094	3,437	11.4%
Rother	34,121	4,141	12.1%
Wealden	46,883	4,526	9.7%

b) How is this group/factor reflected in the population of those impacted by the proposal?

*Housing type data for STEPS clients in 2016/17 gives an indicator of economic status*

Housing type	Housing support service		Navigator service	
	No.	%	No.	%
<b>B&amp;B</b>	6	<b>0.3%</b>	0	<b>0.0%</b>
<b>LA temporary housing</b>	7	<b>0.3%</b>	2	<b>0.2%</b>
<b>Mobile home/caravan</b>	26	<b>1.3%</b>	9	<b>0.8%</b>
<b>No fixed abode</b>	16	<b>0.8%</b>	1	<b>0.1%</b>
<b>Owner occupier</b>	1156	<b>56.7%</b>	706	<b>59.4%</b>
<b>Private landlord</b>	367	<b>18.0%</b>	124	<b>10.4%</b>
<b>Residential/Nursing/Care Home</b>	8	<b>0.4%</b>	1	<b>0.1%</b>
<b>Social landlord</b>	405	<b>19.9%</b>	302	<b>25.4%</b>
<b>Sofa surfing</b>	2	<b>0.1%</b>	2	<b>0.2%</b>
<b>SP specialist service</b>	0	<b>0.0%</b>	2	<b>0.2%</b>
<b>Staying with family members</b>	34	<b>1.7%</b>	33	<b>2.8%</b>
<b>Staying with friends</b>	12	<b>0.6%</b>	7	<b>0.6%</b>
<b>Traveller site</b>	1	<b>0.0%</b>	0	<b>0.0%</b>
<b>Total:</b>	<b>2040</b>		<b>1189</b>	

Outcome required:	Housing support service	Navigator service
Financial gain	79.5%	79.8%
Reduce debt	24.2%	20.0%

**c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

Yes. The outcomes and household type data shows that people on low incomes are likely to be more affected by the proposals than those in the general population.

**d) What is the proposal impact on the factor or identified group?**

A reduction to the service is likely to negatively impact this cohort. This means it is likely that more people will be a risk of scams and financial exploitation; not in receipt of correct benefits e.g. attendance allowance; and experiencing stress related to debt and poverty.

**e) What actions will be taken to avoid any negative impact or to better advance equality?**

Once final savings are confirmed the Strategic Commissioning Manager will work with the Provider and strategic partners to develop an implementation plan for achieving savings, minimise the negative impacts on clients and better advance equality.

**f) Provide details of the mitigation.**

An implementation plan will set out the details for future clients and this will include referrals to other information and advice sources and navigator type services for people with long term conditions. It will be impossible to mitigate the full impact as there is no other service that provides the STEPs housing support service for older people. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

**g) How will any mitigation measures be monitored?**

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

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**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp; 7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<p><b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.</p>	<p>If agreed, the proposals risk the potential for serious adverse impact for vulnerable people including Carers. Many of those who may be impacted have both mental and physical health needs. Some may be eligible in terms of the Care Act. Individual circumstances are detailed in the EqIA and the assessment of impact should be applied to individuals and included in the Action Plan.</p> <p>The proposals are likely to have a negative impact in terms of opportunity that can be offered to older people who need support to maintain and or increase their independence, prevent homelessness or unnecessary moves.</p>
	<p><b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.</p>	<p>The proposals are also likely to have a negative impact on people of working age with a long term condition who need support to improve the quality of their life and inclusivity within their community.</p>
x	<p><b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate.</p>	<p>There is a potential the proposals could risk a negative impact on these cohorts in respect of keeping safe and receiving support to maintain/develop the life skills and improve economic well-being and preventing a hospital admission.</p> <p>There is the potential for a risk of serious adverse impact for certain individuals e.g. if they are disabled people or older people who become more seriously at risk or vulnerable as a result of the proposals.</p>
x	<p><b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the</p>	<p>The current users are more likely to be older people on low incomes with illness and long-term conditions, experiencing anxiety and/or depression at risk of food and fuel poverty,</p>

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	policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	increased ill-health and increased risk of hospitalisation.
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### 5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

This will be confirmed once final decisions on the proposals have been made and the action plan is created.

### 5.4 When will the amended proposal, proposal, project or service be reviewed?

June 2019

<b>Date completed:</b>	June 2018	<b>Signed by (person completing)</b>	Jude Davies
		<b>Role of person completing</b>	RPPR Lead
<b>Date:</b>	June 2018	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

<b>X</b>
----------

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

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## 6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Lack of suitable support to maintain independent living	Vulnerability	No as need will arise as service reduces	EIA Reconciling Policy Performance and Resources DMT	Jude Davies	N/A
Increase harm and abuse from others	Safeguarding	Yes for clients who would not receive a service in the future	EIA Reconciling Policy Performance and Resources DMT	Jude Davies	N/A
Increase in safeguarding alerts	Safeguarding	Yes	EIA Reconciling Policy Performance and Resources DMT	Jude Davies Safeguarding Lead	N/A
Increased use of A and E and hospital admissions	Financial and Vulnerability	Yes – future initiatives need to address this need	EIA Reconciling Policy Performance and Resources DMT	CCGs	N/A
Increased hospital stays	Financial Vulnerability Reputational	As above	EIA Reconciling Policy Performance and Resources DMT	CCGS	N/A
Negative impact on hospital discharge pathway	Reputational	Yes – needs to be decided if reduced service prioritises - to be included in Action Plan	EIA Reconciling Policy Performance and Resources DMT	Jude Davies CCGS	N/A

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Negative impact on poverty, fuel and food poverty, health and well being	Vulnerability	Future initiatives/ other services need to address this need. Future priorities of STEPS needs to address this – include in Action Plan	EIA Reconciling Policy Performance and Resources DMT	Jude Davies	N/A
Increase risk of tenancy breakdown	Homelessness	Ds and Bs need to consider	EIA Reconciling Policy Performance and Resources DMT	Jude Davies ESHOG members	N/A
Increase risk of social isolation and exclusion for adults managing their long term condition	Vulnerability	No – other Navigator type services will need to be aware of the gap and endeavour to address this need	EIA Reconciling Policy Performance and Resources DMT	Jude Davies CCGS	N/A
Increase risk of people from minority religions and beliefs facing difficulties accessing housing support or a Navigator service	Vulnerability	Action Plan needs to consider how this risk is mitigated	EIA	Jude Davies	N/A
Risk of older people prematurely accessing residential care	Financial	No	EIA Reconciling Policy Performance and Resources DMT	Jude Davies Operations Lead ASC	N/A
Risk of an increase in older people facing homelessness	Vulnerability	No	EIA Reconciling Policy Performance and Resources DMT	ESHOG leads	N/A
Risk of staff leaving the service	Business	No, we need to give certainty on the future ASAP	EIA Reconciling Policy Performance and Resources DMT	Jude Davies	N/A

## Appendix 1: Case Studies

### Case study

The following case study provided by STEPS illustrates the needs of the cohort that are likely to be affected by the proposals:

Mr and Mrs L were referred to STEPS by the Adaptations team, as they were having a wet room adaption along with steps built into steep bank outside their home. They were due to contribute approximately £2,000 to the work. The following health conditions were confirmed:

Mr L: Two knee replacements, one hip replacement, Osteoarthritis, back problems, hearing impairment - deaf in both ears.

Mrs L: Heart valve replacement two years ago, Stroke 10 years ago, Diabetes type 2, speech impediment caused by stroke.

Our first assessment concluded that due to the difficulties they experienced with communication, they both felt isolated and very much alone in their lives and what they needed was to make independent life easier for both of them.

They had bought their council house and owned it outright, but it was in need of some updating; for example, the storage heaters which were very old.

It was clear that the only way for support to be given effectively was purely through home visits as Mr L cannot hear on the phone and Mrs L's speech was so badly affected by the stroke she suffered. With time and patience and face-to-face visits, it became easier to understand each other and this gave them encouragement to share the full extent of their support needs.

They were very worried about the money they were expected to contribute towards the wet room and steps being built outside.

Mrs L was very emotional during our assessment and during subsequent visits, and it became apparent that she had taken on the caring role for her husband despite needing care herself.

## Outcomes

### 1. Achieve Economic Wellbeing

- Mrs L applied for attendance allowance and was awarded the high rate from 19.09.16 at £83.10 per week.
- Mr L and Mrs L are now registered carers for each other, and this has given them the underlying entitlement to a carer's premium which has given them guaranteed pension credit and savings credit at £85.86 per week.
- They have also been awarded full council tax reduction equivalent to £1,553.10 per year and were sent a cheque refund of £573.25.
- The wet room adaption and the steps were completed, and as they were now in receipt of pension credit, they did not have to contribute the £2,000 towards the work.
- They have successfully completed an application to go on to the Watersure tariff with Southern Water which will reduce their costs a little.
- Mr and Mrs L were eligible for a winter home check and this had identified that they were going to be recommended for loft insulation and replacement of storage heaters. At time of closure, loft insulation had been done, and still waiting for funding to replace the heaters, but Osborne Energy confirmed they have them on their list.
- Mr and Mrs L had a welfare benefit check early on in their support, and all the recommendations have been actioned.

### 2. Enjoy and Achieve

Mr and Mrs L can now use their bathroom safely as well as when they are leaving the home to use their car. Their worries about both have been reduced, and given them confidence where they were lacking.

### 3. Being Healthy

- Reduced stress and feelings of despair by having the support.
- Mrs L in particular is not crying as much and feels optimistic about the future.

### 4. Staying Safe

- Wet room adaption in place
- Steps leading to car in place
- Financially secure

### Making a positive contribution

Mr and Mrs L have contributed all the way through their support, getting information when needed and positively collecting forms from council and other agencies when needed. This has made a huge difference to their wellbeing

### Other agencies involved in support process

- Welfare benefit project
- Osborne energy – winter home check
- Adaptations service (Mary Elmer and Ray Rowley Surveyor)

## Appendix 2: Care Act Information and Advice

As a local authority, and under the Care Act 2014, East Sussex County Council also has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- **Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories**  
There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – an free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.

## Equality Impact Assessment

- **East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.