



# 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>Proposal to review Milton Grange and Warwick House Day Services</b></p>

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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+
<b>Geography</b>						
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.

<b>X</b>	<b>Outcome of impact assessment</b>	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.
<b>X</b>	<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
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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)
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

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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.