



Equality Impact Assessment

Name of the proposal, project or service
Reconciling Policy, Performance and Resources (RPPR) 2018/19: Proposed reduction to Accommodation based services for people with mental health issues and Accommodation based services for homeless people

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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 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.

1.7 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"> • Budgeting • Engaged with Mental Health Services • Claimed all relevant benefits • Re-engaged with family • Learned independent living skills such as cooking, cleaning & self-care • Reduced substance use & engaged with services • Tried voluntary work • Engaged in community boxing club
Sleeping in a van	Cavendish house	CPA	<ul style="list-style-type: none"> • Reduced debts • Claimed relevant benefits • Started employment as a teacher • Re-engaged with Family • Started to budget • Moved on to a RSL tenancy
Family	Cavendish House	CPA	<ul style="list-style-type: none"> • Reduced self-harm • Rebuilt family relationships • Reduced hoarding • Started to budget • Regulated sleep patterns • Boosted self-confidence • Re-engaged with friends • Moved into RSL tenancy

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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

Snap shot of clients - Merrick House			
Living situation on referral	Professionals involved on referral	Under Care Management/CPA	Progress during support
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.

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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 2017¹

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.

¹ 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
Mental Health	9	10	11	0	0	30
Bal Edmund	0	10	0	0	0	10
Hyde Gardens Project	9	0	0	0	0	9
Pathways	0	0	11	0	0	11
Single Homeless	3	36	0	0	0	39
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 X marked against them			
	Employee Monitoring Data		Staff Surveys
x	Service User Data	x	Contract/Supplier Monitoring Data
x	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
x	Complaints	x	Risk Assessments
	Service User Surveys		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.

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 2014² 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 2016³ 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.

² <https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

³ <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 Crisis⁴ 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.

⁴ <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/types-of-homelessness/its-no-life-at-all-2016/>

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- 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 Wellbeing⁵ 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:⁶

- 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 Transhealth⁷ 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

⁶ <https://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>

⁷ <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.

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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+
All people	No.	526,671	84,910	83,732	90,763	147,503	32,496	26,270	22,607	18,524	12,349	7,517
	%	100%	16.1%	15.9%	17.2%	28%	6.2%	5%	4.3%	3.5%	2.3%	1.4%
Females	No.	272,907	41,146	41,052	46,948	76,122	16,840	14,077	12,301	10,956	7,984	5,481
	%	51.8%	7.8%	7.8%	8.9%	14.5%	3.2%	2.7%	2.3%	2.1%	1.5%	1%
Males	No.	253,764	43,764	42,680	43,815	71,381	15,656	12,193	10,306	7,568	4,365	2,036
	%	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
All people	No.	547,797	93,688	77,067	86,210	152,568	138,264
	%	100%	17.1%	14.1%	15.7%	27.9%	25.2%
Females	No.	282,789	45,448	37,524	44,748	78,617	76,452
	% of age group	51.6%	48.5%	48.7%	51.9%	51.5%	55.3%
Males	No.	265,008	48,240	39,543	41,462	73,951	61,812
	% 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
Mental Health	25	5	0	30
	83.3%	16.7%	0.0%	
Bal Edmund	8	2	0	10
Hyde Gardens Project	7	2	0	9
Pathways	10	1	0	11
Single Homeless	32	7	0	39
	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.

Equality Impact Assessment

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	
Mental Health	0	1	4	23	2	0	30
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
Single Homeless	1	5	5	20	8	0	39
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
Mental Health	20	5	0	5	30
Bal Edmund	10	0	0	0	10
Hyde Gardens Project	3	1	0	5	9
Pathways	7	4	0	0	11
Single Homeless	12	10	2	15	39
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
Mental Health	3	2	5	0	10	10	30
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
Single Homeless	2	4	17	10	4	2	39
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	321,998	307,614	291,368	2,315	474	13,457	4,036	6,844	2,171	1,333
		95.5%	90.5%	0.7%	0.1%	4.2%	1.3%	2.1%	0.7%	0.4%

		All people	All White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
East Sussex	No.	526,671	505,422	7,473	9,143	2,912	1,721
	%	100%	96%	1.4%	1.7%	0.6%	0.3%
Eastbourne	No.	99,412	93,508	1,791	2,795	783	535
	%	100%	94.1%	1.8%	2.8%	0.8%	0.5%
Hastings	No.	90,254	84,631	1,948	2,126	1,065	484
	%	100%	93.8%	2.2%	2.4%	1.2%	0.5%
Lewes	No.	97,502	94,159	1,275	1,400	416	252
	%	100%	96.6%	1.3%	1.4%	0.4%	0.3%
Rother	No.	90,588	87,951	1,031	1,103	305	198
	%	100%	97.1%	1.1%	1.2%	0.3%	0.2%
Wealden	No.	148,915	145,173	1,428	1,719	343	252
	%	100%	97.5%	1%	1.2%	0.2%	0.2%

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									
	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
Mental Health	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
Single Homeless	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.

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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
Mental Health	30.0%	66.7%	3.3%
Bal Edmund	30%	60%	10%
Hyde Gardens Project	0	100%	0
Pathways	54.6%	45.4%	0
Single Homeless	35.9%	64.1%	0%
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.

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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.

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- 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
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%

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- 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

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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						
	Bisexual	Does not wish to disclose	Gay man	Heterosexual	Lesbian	Other	Total
Mental Health	2	2	0	24	2	0	30
	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
Single Homeless	2	0	1	35	0	1	39
	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
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?

	Has a carer
Mental Health	
Bal Edmund	0
Hyde Gardens Project	0
Pathways	2
Single Homeless	
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
All people	547,797	93,688	77,067	86,210	152,568	138,264
%	100%	17.1%	14.1%	15.7%	27.9%	25.2%
Females	282,789	45,448	37,524	44,748	78,617	76,452
%	51.6%	48.5%	48.7%	51.9%	51.5%	55.3%
Males	265,008	48,240	39,543	41,462	73,951	61,812
%	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
Mental Health	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.

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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.**

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

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>A No major change – 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 Adjust the policy/strategy – 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>C Continue the policy/strategy - 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>D Stop and remove the policy/strategy – 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>

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	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

Date completed:	June 2018	Signed by (person completing)	Jude Davies
		Role of person completing	RPPR Lead
Date:	June 2018	Signed by (Manager)	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

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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:

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)
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"> • Budgeting • Engaged with Mental Health Services • Claimed all relevant benefits • Re-engaged with Family • Learned independent living skills such as cooking, cleaning & self-care • Reduced substance use & engaged with services • Tried voluntary work • Engaged in community boxing club
Sleeping in a van	Cavendish house	CPA	<ul style="list-style-type: none"> • Reduced debts • Claimed relevant benefits • Started employment as a teacher • Re-engaged with Family • Started to budget • Moved on to a RSL tenancy
Family	Sussex Partnership Early Intervention Service	CPA	<ul style="list-style-type: none"> • Reduced risk • Re-engaged with Family • Re-engaged with mental health team • Claimed relevant benefits • Returned to live with family
Rough Sleeping	Cavendish House	CPA	<ul style="list-style-type: none"> • Reduced risk of financial abuse • Claimed relevant benefits • Referred to Mental Health services
Sofa Surfing	Cavendish House	CPA	<ul style="list-style-type: none"> • Reduced debt • Claimed relevant benefits • Reduced offending • Learnt independent living skills • Re-engaged with mental health services • Reduced substance use • Reduced gambling • Moved in RSL tenancy

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Sofa Surfing	Cavendish House	CPA	<ul style="list-style-type: none"> • Reduced risk • Reduced alcohol use • Started to engage with alcohol services • Rebuilt family relationships • Started to engage with mental health services • Reduced debt • Reduced self-harm
Family	Cavendish House	CPA	<ul style="list-style-type: none"> • Reduced self-harm • Rebuilt family relationships • Reduced hoarding • Started to budget • Regulated sleep patterns • Boosted self-confidence • Re-engaged with friends • Moved into RSL tenancy
Private Tenancy	Cavendish House, Star	CPA	<ul style="list-style-type: none"> • Reduced substance use • Re-built family relationships • Started to budget • Learnt self-care • Learnt to cook • Reduced debt • Reduced self-harm
Family	Cavendish House	CPA	<ul style="list-style-type: none"> • Reduced risk of domestic abuse • Claimed relevant benefits • Engaged with mental health team • Reduced self-harm • Improved family relationships • Reduced debt • Attended recovery college • Learnt independent living skills • Moved into RSL tenancy
NFA	Cavendish House	No	<ul style="list-style-type: none"> • Reduced risk • Safeguarding plans put in place • Reduced substance use • Re-engaged with Family • Reduced debt • Improved parenting skills • Reduced risk of domestic abuse • Applied for all relevant benefits • Reduced self-harm • Moving into RSL tenancy

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B&B	Cavendish House	CPA	<ul style="list-style-type: none">• Referred for bereavement counselling• Improved family relationships• Applied for relevant benefits• Safeguard alert raised to reduce risk from ex-partner• Supported to pass motorbike test• Supported to make a complaint after disclosure of confidential information• Reduced debts• Improved self-care• Referred for RSL tenancy & will soon be ready to move on
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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.

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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.