

Equality Impact Assessment

Name of the proposal, project or service
Reconciling Policy, Performance and Resources (RPPR) 2018/19:
Proposed reductions to Supporting People STEPS service

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

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

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

1.3 The Public Sector Equality Duty (PSED)

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

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,
- advance equality of opportunity and foster good relations between those who share a “protected characteristic” and those who do not share that protected characteristic (see below for “protected characteristics”),
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

These are sometimes called equality aims.

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

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

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

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

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

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

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

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

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

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

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

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

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1.7.3 *Some key points to note :*

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

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

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

2.1 What is being assessed?

a) Proposal or name of the project or service.

Proposal is to reduce Supporting People community-based service funding by £2,500,000. The savings proposal for STEPS is £1,650,000.

b) What is the main purpose of these proposals?

The purpose of the proposal is to reduce funding to the STEPS service to achieve savings as part of the overall budget for Adult Social Care.

c) Manager(s) responsible for completing the assessment

Jude Davies, Strategic Commissioning Manager
Candice Miller, Policy Development Manager

2.2 Who is affected by the proposals and how?

The people affected by the proposal are likely to be mainly older people experiencing challenges to their ability to remain living independently, and who also have a range of multiple and often complex personal, health and care needs including:

- poor mental health
- poor physical health
- long term conditions
- Adult Safeguarding issues

STEPS provides housing support and a gateway service (advice) to people **aged 65 and over** and a navigator service to people aged 18 and over with long-term conditions who need support to:

- remain living independently;
- maintain their accommodation;
- move to a more suitable home;
- achieve economic wellbeing;
- become socially included;
- obtain aids and adaptations;
- better manage their health;
- avoid harm from others; and
- be happy and healthy.

In 2016/17:

- 269 people received a gateway service;
- 2040 people received a housing support service; and
- 1189 people received a navigator service.

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The service is countywide and delivered by two providers:

- STEPS East (Hastings and Rother) is provided by Family Mosaic
- STEPS West (Eastbourne, Lewes and Wealden) is provided by South East Independent Living Ltd

The tables below show the range of needs presented by the eligible cohort:

	Housing		Navigator		Total	
Total number of people	811		434		1,245	
Support to maximise income	629	77.5%	305	70%	934	75%
Support to reduce overall debt	277	34%	126	29%	403	32%
Support to participate in training and/or education	811	100%	433	99.7%	1244	99.9%
support with leisure/cultural/faith	332	41%	143	33%	475	38%
support to participate in unpaid work/work experience/voluntary work	23	3%	16	4%	39	3%
Support to contact external services or groups	803	99%	428	99%	1231	99%
Support to contact friends or family/neighbours	206	25%	60	14%	266	21%
Support to better manage physical health	649	80%	306	70%	955	77%
Support to better manage mental health	736	91%	384	88%	1120	90%
Support to better manage substance misuse	16	2%	8	2%	24	2%
Support with assistive technology/aids adaptations to maintain independence	345	42.5%	126	29%	471	39%
Support to maintain accommodation and avoid eviction	764	94%	40	9%	804	64.5%
Support to secure/ obtained settled accommodation	219	27%	0	0	219	17.5%
Support with statutory orders & processes; offending behaviour	4	0.50%	2	0.50%	6	0.5%
Support to better manage self-harm	428	53%	170	39%	598	48%
Support to avoid causing harm to others	36	4%	11	2.50%	47	3.8%
Support to minimise harm/ risk of harm from others	62	8%	15	3%	77	6%
Support in developing confidence & ability to have greater choice and/or control and/or involvement	809	99%	432	99.5%	1241	99.5%

In addition, 10% of clients were ex armed forces.

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Most clients have a long term condition (LTC) and many have two or more. The table below is a snapshot of the range of LTCs presented by clients within STEPs East:

Long term conditions	Number of people
Acquired Brain injury (ABI)	2
Asthma	20
Atrial Fibrillation	4
Cancer	66
Chronic Kidney Disease (CKD) including ESKD End Stage Kidney Disease/Renal failure	13
Chronic Obstructive Pulmonary Disease(COPD)	97
Colitis	1
Coronary Heart Disease (CHD) including Heart Failure (HF)	87
Dementia	87
Depression	4
Diabetes	85
Epilepsy	8
Hearing Impairment	22
High blood pressure (Hypertension)	26
Hypothyroidism	9
Long term neurological conditions	7
Mobility issues	115
MS	2
Myalgic Encephalopathy (ME)	2
None	42
Osteoporosis	12
Other	26
Parkinson's	31
Rheumatoid / Osteoarthritis (RA / OA)	162
Schizophrenia	9
Sight Impairment	28
Stroke & TIAs	50
Total	1,017

A case study provided by STEPS can be seen at Appendix A, and illustrates the needs of the cohort that are likely to be affected by the proposals.

2.3 How will the proposals be put into practice and who is responsible for carrying these out?

All providers have been made aware of the budget proposals by the Supporting People Strategic Commissioning Manager. The proposals were discussed at Cabinet on 23 January 2018 and are now out to public consultation which began on 15 February 2018 and ended on the 25 April 2018. The process involves reviewing the consultation findings, following which recommendations will be made to members with a final decision being made by Cabinet on the 26 June 2018.

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East Sussex County Council's Adult Social Care (ASC) Department is responsible for the Supporting People budget. If the proposals are approved, then negotiations with providers and discussions with partners will start to agree how to manage the budget reduction.

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

STEPS is commissioned as part of the Supporting People programme and is governed as a partnership across Adult Social Care, Children's Services, Health, Probation and all five of the District and Boroughs in East Sussex.

STEPS underpins the work of partners and partners work with the service to support the achievement of positive outcomes for clients in respect of health, wellbeing, resilience, safety and social inclusion. The services affected also work in partnership with a range of voluntary and statutory organisations in order to support clients to achieve agreed outcomes.

STEPS has developed a pathway with Health and Social Care Connect. Over 45% of clients are adult social care clients and approximately 10% are from health services.

STEPS works in partnership with the members of East Sussex Advice Partnership. A paper from members of this group which includes Brighton Housing Trust, Hastings Advice Centre, Wealden Citizens Advice Bureau and Sussex Community Development Association stating their concerns about the savings can be read at 3.4.

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2.5 Are these proposals, affected by legislation, legislative change, service review or strategic planning activity?

Homelessness Reduction Act 2017: Under this new Act ASC have a duty to refer people who are at risk of or presenting as homeless to their local housing authority, and STEPS currently fulfil this function. Government has not allocated any funding to ASC to support this activity.

Domestic Abuse and Sexual violence legislation and guidance is becoming much more robust and the definition has broadened e.g. the inclusion of coercion.

Safeguarding: between February 2017 and January 2018 STEPS made 22 safeguarding reports to statutory agencies. These agencies include ASC Safeguarding Unit.

Care Act 2014: This service successfully prevents, reduces and delays the need for care and support in line with the Care Act 2014. Any reduction in funding will impact on the services' ability to do this. An appendix at the end of this document shows how we are also meeting our Care Act duties for information and advice.

2.6 How do people access or how are people referred to the services? Please explain fully.

The referral policy includes arrangements for:

- providing a gateway for processing referrals which includes self-referrals, and referrals from ASC, GPs, the Fire Service, family/friend/carers, and external and inter-agency referrals;
- management of procedures and processes, including forms used, data collected and reporting arrangements;
- referrals to be made via text, telephone, email, in person or via post;
- ensuring seldom heard voices including people from black and minority ethnic communities and people living in rural areas can access the service;
- referrals to be responded to by the end of the following working day and receive an initial assessment completed by the Gateway;
- triaging referrals to floating support teams for further assessment;
- triaged referrals to receive a face to face assessment within five working days of receipt of the referral unless this is inconvenient for the client. The referral policy will address circumstances when referrals will need a speedier response;
- implementing an assessment framework that embeds outcomes;
- conducting assessments over the phone and at the initial interview;
- referring an individual to other agencies;
- providing feedback to referring organisations as required;
- accepting people referred from any de-commissioned service; and
- a prioritisation system in the event that need overtakes provision.

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Housing support service data - referrals received in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Adult Social Care	57	37	54	116	264	156	130	172	104	562	826	40.5%
Carer	0	1	1	1	3	1	0	1	0	2	5	0.2%
Community Health	2	3	2	2	9	5	4	6	7	22	31	1.5%
Community Mental Health Team	0	0	4	7	11	0	4	3	5	12	23	1.1%
Community Nurse	0	0	2	0	2	6	3	2	2	13	15	0.7%
Family	8	14	7	22	51	21	15	11	14	61	112	5.5%
Fire Service	1	0	0	1	2	0	0	0	4	4	6	0.3%
Friend	1	3	4	11	19	1	1	0	1	3	22	1.1%
G.P Practice	0	1	0	2	3	0	3	2	4	9	12	0.6%
Home Works/Hospital Discharge Team	0	0	0	1	1	0	0	0	1	1	2	0.1%
Hospital	2	3	6	3	14	11	7	5	8	31	45	2.2%
LA housing department (referral)	1	4	4	9	18	19	13	9	11	52	70	3.4%
Neighbour	1	0	0	0	1	0	0	0	0	0	1	0.0%
Other	1	2	6	14	23	10	16	21	7	54	77	3.8%
Other Community Health	0	0	0	0	0	0	0	1	0	1	1	0.0%
Probation service	0	0	0	0	0	0	1	0	1	2	2	0.1%
Police	0	0	1	0	1	0	0	0	0	0	1	0.0%
Registered Provider	0	0	1	2	3	0	0	0	1	1	4	0.2%
Relocated through a recognised national, regional or sub-regional housing mobility scheme	0	0	0	0	0	0	0	0	2	2	2	0.1%
Self-referral/direct application	38	55	43	35	171	101	131	88	121	441	612	30.0%
Voluntary agency	11	3	13	47	74	15	23	24	35	97	171	8.4%
Total:	123	126	148	273	670	346	351	345	328	1370	2040	

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Navigator service data - referrals received in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Adult Social Care	111	48	32	29	220	147	127	41	68	383	603	50.7%
Carer	0	0	0	0	0	2	0	0	0	2	2	0.2%
Community Health	0	0	0	0	0	6	5	1	2	14	14	1.2%
Community Mental Health Team	0	3	2	1	6	0	0	1	2	3	9	0.8%
Community Nurse	0	0	0	0	0	2	0	0	1	3	3	0.3%
Family	7	8	0	3	18	24	7	4	8	43	61	5.1%
Fire Service	1	1	0	2	4	0	0	0	0	0	4	0.3%
Friend	3	1	4	3	11	0	2	0	1	3	14	1.2%
GP Practice	3	1	1	1	6	2	1	0	3	6	12	1.0%
Hospital	2	1	4	1	8	5	2	1	2	10	18	1.5%
LA housing department (referral)	0	0	3	1	4	1	4	3	0	8	12	1.0%
Neighbour	0	0	0	0	0	1	0	0	0	1	1	0.1%
Other	6	3	4	1	14	13	11	6	11	41	55	4.6%
Police	0	0	0	0	0	0	1	0	1	2	2	0.2%
Registered Provider	0	1	1	2	4	0	0	0	1	1	5	0.4%
Relocated through a recognised national, regional or sub-regional housing mobility scheme	0	0	0	0	0	0	1	0	0	1	1	0.1%
Self-referral/direct application	44	33	28	9	114	52	55	24	46	177	290	24.5%
Voluntary agency	14	0	3	7	24	21	23	5	10	59	83	7.0%
Total:	191	100	82	60	433	276	239	86	156	757	1189	

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2.7 If there is a referral method how are people assessed to use services? Please explain fully.

A person can receive a service from STEPS regardless of tenure and financial circumstances providing they are either:

aged 65 or over when the service commences; and reside within the geographical area of East Sussex; and fulfil one or more of the following criteria:

- at risk of losing their home;
- experiencing difficulties with maintaining their tenancy;
- need support to move to a more suitable home;
- homeless and/or in temporary accommodation;
- living on a site/pitch for Gypsies or Travellers;

or

aged 18 or over when the service commences; and reside within the geographical area of East Sussex; and have a long term condition and the service has the capacity to meet their needs.

2.8 How, when and where are the services provided? Please explain fully.

The service is provided flexibly and tailored to clients' requirements: It is expected the service will be available daytime Monday to Friday. In exceptional circumstances the provider can make the service available in the evening or on Saturdays, Sundays and Bank holidays. Staff:

- visit people at home and conduct a more detailed assessment of need;
- co-produce support plans with timetabled achievable outcomes;
- provide an at home navigator service to support the management of long term conditions; and
- provide a housing support service to ensure an individual is able to live independently in their home or move to a new one.

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

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

Types of evidence identified as relevant have 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.

Providers were initially advised of proposed savings in January 2018 and formally advised of the imminent consultation on 12 February 2018 by the SP Strategic Commissioner.

All providers were sent a copy of the consultation web link and this included:

- A letter to explain the consultation process
- A draft letter for clients

Where requested providers were provided with printed copies.

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The formal consultation from ASC started on 15 February 2018 and completed on 25 April 2018. Consultation meetings held:

- All Supporting People providers: 8 March 2018
- Inclusion Advisory Group gave feedback on all the RPPR proposals: 14 March 2018
- Accommodation Planning & Design Group: 15 March 2018
- Public Health: 15 March 2018
- Financial Inclusion Steering Group: 22 March 2018
- Hastings and Rother/Eastbourne, Hailsham and Seaford CCGs: 23 March 2018
- Domestic Abuse Management Group 12 March 2018

3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposals?

Research indicates that the following negative impacts are likely:

- More older people will find it difficult to maintain their independence
- Fewer older people will receive support to find a more appropriate housing solution and may therefore end up prematurely accessing residential care
- More older people may end up accessing health solutions and an increase in hospital stays
- An increase in social exclusion for older people and people of all ages who have a long term condition
- More vulnerable people not achieving economic wellbeing
- An increase in older people living in an unsuitable housing and becoming homeless

A study by the Joseph Rowntree Foundation on **low-income retirees, financial capability and pension choices**¹ found that:

- Across different types of financial capability, a clear life-stage pattern of levels of financial engagement was observable.
- Financial capability was usually lower among low-income retirees.
- Use of saving and investment products among low-income retirees with a defined contribution pension is limited.
- There is substantial financial disengagement among low-income retirees.

The Council of Europe's report, **Human rights of older persons and their comprehensive care**, in 2017 was produced by the Committee on Social Affairs, Health and Sustainable Development, aiming to promote human rights of older persons².

The report highlights that "*older people continue to suffer from negative stereotypes that lead to discrimination, isolation and exclusion.*" It also notes "*abuse remains a major problem and should be efficiently tackled*".

¹ <https://www.jrf.org.uk/report/low-income-retirees-financial-capability-and-pension-choices>

² See the Age UK briefing: <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/equality-and-human-rights/age-uk---human-rights-of-older-persons-and-their-comprehensive-care---july-2017.pdf>

Centre for Policy on Ageing – Diversity in older age rapid reviews 2016³ found that:

- The likelihood of disability is inversely related to wealth and educational achievement.
- Women are more likely to be disabled than men at all ages above age 25 with the difference being most noticeable at ages 45-55 and age 75 and above.
- A major problem associated with disability in older age is the greater difficulty in maintaining social networks and carrying out day to day tasks such as shopping, because of the inadequate availability of accessible transport.
- An older household with a disabled person is twice as likely as an older household without a disabled person to live in social rented accommodation.
- There are indications that older LGB individuals experience significantly poorer health outcomes than the heterosexual population.
- Homeless people generally have poorer health and worse mortality than the population as a whole and it is therefore commonly accepted by researchers that ‘older’, in the context of homeless people means those who are aged 50/55 and over.
- Older homeless people face particular problems with respect to social isolation, personal safety and security, access to health and social care services and in claiming pensions and other benefits.

Age UK **Housing in Later Life** (2015)⁴ report recommends that:

- “The Government and local authorities should do more to help housing support services achieve financial sustainability, including backing and investment for social enterprise.”
- “Funding for housing support services that reduce demand on health and social care are essential. The Government should continue to allocate funding for these services under its Supporting People (SP) programme beyond 2014/15.”

Age UK report Improving later life: Vulnerability and resilience in older people⁵ focuses on the key aspects of vulnerability in later life. It found that unsuitability of the home and environment is one of the key factors leading to vulnerability in later life.

Views of the East Sussex Advice Partnership (ESAP)

Contributors include: Brighton Housing Trust, Hastings Advice and Representation Centre, Wealden Citizens Advice, Sussex Community Development Association.

East Sussex Advice Partnership has expressed concerned that the impact of the proposed saving will be felt disproportionately by the most vulnerable residents in East Sussex. (Those affected by mental or physical health issues, learning disabilities, younger people, people suffering violence, people who have been trafficked, single parents with young children, people with addiction issues).

³ <http://www.cpa.org.uk/>

⁴ <https://www.ageuk.org.uk/Documents/EN-GB/Political/Age%20UK%20ID201813%20Housing%20Later%20Life%20Report%20-%20final.pdf?dtrk=true>

⁵ https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_april15_vulnerability_resilience_improving_later_life.pdf

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This is because:

- Home Works and STEPS support workers are able to support clients to progress an advice case to a conclusion, for instance; supporting a person to bring in all of their paperwork for an appointment, working with the people to engage with the mental health services.
- Home Works and STEPS are able to work with people in the community and in their homes. This also enables the support workers to pick up on other issues that could be impacting on the person's ability to manage their housing as well as other issues of safety e.g. safeguarding issues in relation to children or other household members.
- There will be increased costs to the health services, e.g. increased admissions to hospital, increased A&E presentations, bed blocking if clients have no suitable home to return to, people waiting for operations because they have no suitable home and their health deteriorates, increased presentations at GP surgeries.
- The impact on the advice services will be an increase in the number of people coming into the advice services to try and find help and support, as well as advice. Advice Services are already working at capacity (and beyond) and will not be able to address the need. It will be difficult for the advice services to work with some people to resolve their presenting issues if there is not the support service via Home Works/STEPS to refer people to.
- The introduction of the Homelessness Reduction Act on the 3 April 2018 and the introduction of the duty for referrals to be made to the Local Housing Authority by statutory partners in October 2018 means there will be an increase in the numbers of people accessing local housing authority homelessness services at a much earlier stage. A high proportion of these clients will require support to alleviate their housing situation, either with support to maintain their current accommodation or by assisting them to access alternative accommodation. Home Works and STEPS would be able to work with this group of people if the funding was available.
- If the criteria becomes more stringent and the length of time a person has to wait for a service increases there will be some people who if not able to access Home Works/STEPS, will try and access support elsewhere, such as from Food Banks (who themselves may not be able to deal with the increase). There will also be some people who will just not do anything and their situation will not end happily, with them becoming further disadvantaged by being homeless.

An unabbreviated copy of the response received from the ESAP is included within the consultation responses pack.

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Summary of public consultation responses

- The budget shouldn't be reduced because this is a vital service and cutting it would negatively impact on older people.
- Organisations disagree with the proposals to cut this essential service.
- STEPS helps people to access benefits and move to more suitable accommodation.
- Individuals and families would end up in temporary accommodation and it would put people at higher risk of homelessness.
- It would create additional demand and costs for statutory services, including social care, the Police and health services including hospitals and GP surgeries.
- Cutting STEPS would lead to the use of more expensive services and an increase in hospital stays.
- Advice services don't have the capacity to support people in the same practical way as STEPS.
- If STEPS wasn't available they don't know where would have gone, as nowhere else offers this sort of support. The fact they come to your home is important to people.
- The top three choices people said they find most helpful about the service are: 1) Meeting them at home; 2) Liaising with other professionals/services; and 3) giving them phone support between meetings.
- The top three choices people said they find make the biggest difference to living independently were: 1) Support to increase their income; 2) Support to stay in their existing accommodation; and 3) Support to better manage their physical health.
- People would be most likely to try and get help from the Citizens Advice Bureau if the service wasn't available.

Most helpful about the service

- Over two thirds of respondents chose the following options: meeting you at home; liaising with other professionals/services; giving you phone support between meetings; and helping you by doing things when you feel overwhelmed.
- **Biggest difference to living independently**
- Over two thirds of respondents chose the following options: support to increase their income. The next most popular option was support to stay in their existing accommodation (chosen by over half).

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- **If STEPS hadn't been available where would you have gone:** People said they don't know where they would have gone. Nowhere else offers this sort of support. They would have tried the Citizens Advice Bureau, social care or their family.
- **Other comments:** People said the budget shouldn't be reduced and this is a vital service. People are worried about the negative impact on who need support in the future. They praised the service and said cutting it would negatively impact on older people.

Sample quotes:

"Nowhere, tried CAB and they were useless. Had nowhere else to go and then my doctor got me in touch with STEPS they're the only ones who helped. They should get more money not less."

"Social workers used to do this work for people with mental health issues. No one else does. Without it (targeted work for those that need it the most) people don't act for their basic needs and then need higher input. "

Part 4 – Assessment of impact

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

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

Population by age and gender in 2011 (source: ONS Census 2011)

		All people	0-14	15-29	30-44	45-64	65-69	70-74	75-79	80-84	85-89	90+
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%	1.45%
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%

22.7% of the population are aged 65 and older.

Population estimates 2016 (ONS mid-year estimates)

		All people	0-15	16-29	30-44	45-64	65 and over
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?

Housing support service data – age breakdown in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Under 65	0	0	1	0	1	0	4	4	9	17	18	0.9%
65-74	58	46	67	99	270	114	118	93	94	419	689	33.8%
75-84	43	48	50	118	259	126	132	135	133	526	785	38.5%
85+	22	32	30	56	140	106	97	113	92	408	548	26.9%
Total:	123	126	148	273	670	346	351	345	328	1370	2040	

Equality Impact Assessment

Navigator service data – age breakdown in 2016/17 (source: STEPS end of year report)

	STEPS East					STEPS West					Total	% of Total
Quarter:	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
18-44	12	2	16	4	34	12	17	8	15	52	86	7.2%
45-64	43	29	31	29	132	68	40	41	45	194	326	27.4%
65-74	40	20	9	8	77	38	46	12	23	119	196	16.5%
75-84	44	28	16	7	95	72	78	14	39	203	298	25.1%
85+	52	21	9	12	94	86	58	11	34	189	283	23.8%
Total:	191	100	81	60	432	276	239	86	156	757	1189	

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Yes. People aged 65 and over would be more affected by the proposals than people aged 64 and younger.

In 2016/17:

- 99.1% of the housing support clients were aged 65 and over.
- 65.3% of the navigator service clients were aged 65 and over even though the service is for people aged 18 and over.

d) What are the proposals' impacts on different ages/age groups?

The proposal is likely to have a negative impact on:

- older people who need housing support to prevent homelessness and maintain or increase their independence; and
- people aged 18 and older who would benefit from a navigator service to help them manage their long-term conditions.

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

Once final savings are confirmed the Strategic Commissioning Manager will work with the Provider and strategic partners to develop an implementation plan for achieving savings, minimise the negative impacts on clients and better advance equality.

f) Provide details of the mitigation.

An implementation plan will identify the provision for future clients and this will include referrals to other information and advice sources and navigator type services for people with long term conditions.

Equality Impact Assessment

Mitigations are limited as there is no other service that provides housing support for older people. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

g) How will any mitigation measures be monitored?

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

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

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

Residents with limiting long-term illness in 2011 (source: ONS Census 2011)

	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
All ages	526,671	107,145	58,902	48,243	419,526
All ages	100%	20.3%	11.2%	9.2%	79.7%

Data is from Census table DC3302EW - Long term health problem or disability by health by sex by age (source: Nomis)⁶

	All people in households	Day-to-day activities limited a little	Day-to-day activities limited a lot	Day-to-day activities not limited
Aged 65+	113,810	30,544	23,611	59,655
All ages	515,598	57,087	42,661	415,850
Percentage of all aged 65+	100%	26.8%	20.7%	52.4%
Percentage of all ages	100%	11.1%	8.3%	80.7%
Percentage of all people in the age group	22.1%	53.5%	55.3%	14.3%

⁶ It is not possible to calculate the proportion of all people in the county aged 65+ precisely as the health/disability Census data on residents of communal establishments (DC3304EW1a - Long-term health problem or disability by general health by age - Communal establishment residents) does not separate out those people who are staff or family members of staff who are aged 65 or over.

Equality Impact Assessment

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Housing support service data – clients with a disability in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	112	121	124	229	586	259	263	295	292	1109	1695	83.1%
No	11	5	24	44	84	87	88	50	36	261	345	16.9%
Total:	123	126	148	273	670	346	351	345	328	1370	2040	

1695 clients have a disability

Housing support service data – number of long-term health conditions in 2016/17 (source: STEPS end of year report)

Quarter	STEPS East					STEPS West					Total	%
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
None	3	0	6	13	22	48	62	111	44	265	287	14%
1	24	33	37	87	181	129	123	86	94	432	613	30%
2	35	44	45	72	196	79	81	59	87	306	502	25%
3	32	29	26	43	130	61	43	48	56	208	338	17%
4+	29	20	34	58	141	29	42	41	47	159	300	15%
Total:	123	126	148	273	670	346	351	345	328	1370	2040	

1753 clients have one or more long-term health conditions

Navigator service data – clients with a disability in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	180	99	76	56	411	237	216	81	151	685	1096	92.2%
No	11	1	5	4	21	39	23	5	5	72	93	7.8%
Total:	191	100	81	60	432	276	239	86	156	757	1189	

1096 have a disability

Navigator service data – number of long-term health conditions in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
None	0	0	0	0	0	6	4	0	0	10	10	0.8%
1	38	28	23	12	101	108	82	28	55	273	374	31.5%
2	65	34	18	16	133	90	81	29	45	245	378	31.8%
3	51	19	14	9	93	42	46	18	37	143	236	19.8%
4+	37	19	26	23	105	30	26	11	19	86	191	16.1%
Total:	191	100	81	60	432	276	239	86	156	757	1189	

1179 have one or more long-term health condition

Equality Impact Assessment

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Yes. People who have a disability are likely to be more affected by the proposal than those in the general population who do not share that protected characteristic. 20.3% of the East Sussex population has a long-term health problem or disability.

Of the people who used the **housing support** service in 2016/17:

- 83.1% had a disability; and
- 86% had a long-term condition.

Of the people who used the **navigator** service in 2016/17:

- 53.7% had a disability; and
- 99.2% had a long-term condition.

d) What are the proposals' impacts on people who have a disability?

It is likely that the impact will be fewer older person households with a disability able to maintain their independence, because there will be reduced capacity for visiting support to help them to remain living in their home or move to a more suitable one.

It is also likely to mean that fewer people with a long term condition will receive support through the navigator service to help them access services and support networks to maintain their independence.

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

Once final savings are confirmed the Strategic Commissioning Manager will work with the Provider and strategic partners to develop an implementation plan for achieving savings, minimise the negative impacts on clients and better advance equality.

f) Provide details of the mitigation.

An implementation plan will set out the details for future clients and this will include referrals to other information and advice sources and navigator type services for people with long term conditions. It will be impossible to mitigate the full impact as there is no other service that provides a housing support service for older people. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

g) How will any mitigation measures be monitored?

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

Once any savings are confirmed the Supporting People Strategic Commissioner will work with the Provider to develop an implementation/action plan.

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

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

Census data demonstrates ethnic diversity across the area as 6 % overall.

Population estimates by ethnic groups in 2011 (source: ONS Census 2011)

Ethnic group	All people	All White	White British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
East Sussex	526,671	505,422	482,769	3,966	815	17,872	7,473	9143	2912	1721
Eastbourne	99,412	93,508	86,903	978	66	5,561	1,791	2795	783	535
Hastings	90,254	84,631	80,624	702	150	3,155	1,948	2126	1065	484
Lewes	97,502	94,159	90,218	757	97	3,087	1,275	1400	416	252
Rother	90,588	87,951	85,279	596	134	1,942	1,031	1103	305	198
Wealden	148,915	145,173	139,745	933	368	4,127	1,428	1719	343	252

91.7% of the population are White British.

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Housing support service data – ethnicity in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Any other background	0	0	0	1	1	0	0	0	0	0	1	0.0%
Arab	0	0	0	1	1	0	0	0	0	0	1	0.0%
Asian/Asian British: Indian	1	0	1	0	2	3	2	2	0	7	9	0.4%
Asian/Asian British: Other	1	0	1	2	4	1	2	2	2	7	11	0.5%
Black/Black British: African	0	1	0	0	1	1	2	0	0	3	4	0.2%
Black/Black British: Caribbean	0	0	1	2	3	2	0	3	0	5	8	0.4%
Black/Black British: Other	0	0	0	0	0	0	1	0	0	1	1	0.0%
Chinese/ Other	0	0	0	0	0	0	0	1	1	2	2	0.1%

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	STEPS East					STEPS West					Total	% of Total
Quarter:	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
ethnic group: Other												
Gypsy	0	1	0	0	1	0	1	0	0	1	2	0.1%
Mixed: Other	0	0	0	0	0	1	0	0	0	1	1	0.0%
Mixed: White & Asian	0	0	0	1	1	1	1	2	0	4	5	0.2%
Mixed: White & Black Caribbean	0	0	0	0	0	0	0	1	0	1	1	0.0%
Refused	0	1	0	0	1	8	10	3	6	27	28	1.4%
Romany	0	1	1	0	2	0	0	0	0	0	2	0.1%
White: British	115	113	140	258	626	315	325	313	315	1268	1894	92.8%
White: Irish	3	2	0	3	8	2	1	6	1	10	18	0.9%
White: Other	3	7	4	5	19	12	6	12	3	33	52	2.5%
Total:	123	126	148	273	670	346	351	345	328	1370	2040	

Navigator service data – ethnicity in 2016/17 (source: STEPS end of year report)

	STEPS East					STEPS West					Total	% of Total
Quarter:	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Asian/Asian British: Bangladeshi	0	0	1	0	1	0	0	0	0	0	1	0.1%
Asian/Asian British: Indian	0	3	0	0	3	0	0	1	1	2	5	0.4%
Asian/Asian British: Other	0	0	0	0	0	2	1	0	1	4	4	0.3%
Black/Black British: African	0	0	0	0	0	1	0	1	0	2	2	0.2%
Black/Black British: Caribbean	0	1	0	0	1	0	0	0	0	0	1	0.1%
Black/Black British: Other	1	0	0	0	1	0	0	0	0	0	1	0.1%
Chinese/Other ethnic group: Other	0	0	0	0	0	0	0	0	1	1	1	0.1%

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Gypsy	0	0	0	0	0	0	0	0	2	2	2	0.2%
Mixed: Other	0	0	0	0	0	0	1	0	0	1	1	0.1%
Mixed: White & Asian	0	1	0	0	1	0	0	2	0	2	3	0.3%
Mixed: White & Black Caribbean	0	0	0	0	0	1	0	1	0	2	2	0.2%
Refused	0	0	0	0	0	3	11	3	5	22	22	1.9%
Romany	0	0	0	1	1	0	0	0	0	0	1	0.1%
White: British	18 4	92	78	58	412	25 9	219	76	141	695	1107	93.1%
White: Irish	1	1	2	0	4	2	2	0	2	6	10	0.8%
White: Other	5	2	0	1	8	8	5	2	3	18	26	2.2%
Total:	191	100	81	60	432	276	239	86	156	757	1189	

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

No. It is not anticipated that people from different ethnic backgrounds will be more affected by the proposals than those in the general population who do not share that protected characteristic. The data shows that in 2016/17, fewer people from different ethnic backgrounds used the services than in the general population. It is acknowledged, however, that services may have less of a connection with people from BAME communities.

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

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

Population by age and gender in 2011 (source: ONS Census 2011)

	All people	0-14	15-29	30-44	45-64	Total 15-64	65+
All people	526,671	84,910	83,732	90,763	147,503	406,908	119,763
		16.1%	15.9%	17.2%	28.0%	77.3%	22.7%
Females	272,907	41,146	41,052	46,948	76,122	205,268	67,639
	51.8%	48.5%	49.0%	51.7%	51.6%	50.4%	56.5%
Males	253,764	43,764	42,680	43,815	71,381	201,640	52,124
	48.2%	51.5%	51.0%	48.3%	48.4%	49.6%	43.5%

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- b) How is this protected characteristic reflected in the population of those impacted by the proposals?**

Housing support service data – gender in 2016/17 (source: STEPS end of year report)

	STEPS East					STEPS West					Total	% of Total
Quarter:	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Female	65	71	86	152	374	200	205	205	198	808	1182	57.9%
Male	58	54	62	121	295	144	141	138	127	550	845	41.4%
Transgender	0	1	0	0	1	2	5	2	3	12	13	0.6%
Total:	123	126	148	273	670	346	351	345	328	1370	2040	

Navigator service data – gender in 2016/17 (source: STEPS end of year report)

	STEPS East					STEPS West					Total	% of Total
Quarter:	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Female	105	55	50	36	246	166	148	50	98	462	708	59.5%
Male	86	45	31	24	186	109	90	36	58	293	479	40.3%
Transgender	0	0	0	0	0	1	1	0	0	2	2	0.2%
Total:	191	100	81	60	432	276	239	86	156	757	1189	

Countywide data around transgender is not currently collected.

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

It appears that females using the navigator service are likely to be more affected by the proposals than males. A greater proportion of females used the STEPS housing support service in 2016/17 than males, however this reflects the population aged 65 and over. That said, a neutral impact is expected as both services are available to all genders.

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

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

Marital status by age and gender in 2011 (source: ONS Census 2011)

	All people aged 16 and over	Single	Married	In a registered same-sex civil partnership	Separated	Divorced	Widowed
No.	435,515	126,922	210,786	1,471	11,954	46,470	37,912
%	100	29.1%	48.4%	0.3%	2.7%	10.7%	8.7%

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b) How is this protected characteristic reflected in the population of those impacted by the proposals?

The marital status of clients using both STEPS services is not recorded. No disproportionate impact is anticipated for this group.

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

A disproportionate impact is not anticipated for this group.

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

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

Religion in 2011 (source: ONS Census 2011)

Religions		All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Religion not stated
East Sussex	No.	526,671	315,659	2190	1501	1074	4201	178	3508	155723	42637
	%	100%	59.9%	0.4%	0.3%	0.2%	0.8%	0%	0.7%	29.6%	8.1%
Eastbourne	No.	99,412	59,232	482	429	211	1458	53	586	28995	7966
	%	100%	59.6%	0.5%	0.4%	0.2%	1.5%	0.1%	0.6%	29.2%	8%
Hastings	No.	90,254	46,832	475	423	142	1159	38	668	33066	7451
	%	100%	51.9%	0.5%	0.5%	0.2%	1.3%	0%	0.7%	36.6%	8.3%
Lewes	No.	97,502	55,572	489	257	320	558	42	603	31641	8020
	%	100%	57%	0.5%	0.3%	0.3%	0.6%	0%	0.6%	32.5%	8.2%
Rother	No.	90,588	58,706	290	171	170	460	12	525	22864	7390
	%	100%	64.8%	0.3%	0.2%	0.2%	0.5%	0%	0.6%	25.2%	8.2%
Wealden	No.	148915	95317	454	221	231	566	33	1126	39157	11810
	%	100%	64%	0.3%	0.1%	0.2%	0.4%	0%	0.8%	26.3%	7.9%

b) How is this group/factor reflected in the population of those impacted by the proposal?

Validated data on religion is not available however the data that is available shows that:

Housing support service data – religion in 2016/17

Religion	%
Buddhist	0.1%
Christian	46.7%
Do not want to disclose	10.8%
Hindu	0.2%

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Jewish	0.3%
Muslim	0.3%
None	39.2%
Other	2.2%
Sikh	0.1%
Total	100.0%

Navigator service data – religion in 2016/17

Religion	%
Buddhist	0.3%
Christian	41.4%
Do not want to disclose	7.3%
Hindu	0.2%
Jewish	0.6%
Muslim	0.4%
None	46.9%
Other	2.8%
Total	100.0%

- 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?**

From the data available, it appears that people with minority religions and beliefs may be more affected than those in the general population: 2.4% of people in the general population had minority religions compared to 3.2% of clients who used the housing support service and 4.3% who used the navigator service. That said, a disproportionate impact is not anticipated as the service is open to eligible people of all faiths or no faith.

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

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

Sexual Identity – South East (Source: ONS data 2016)

Sexual identity	Number	%
Heterosexual or straight	6,703,000	93.4%
Gay or lesbian	87,000	1.2%
Bisexual	61,000	0.9%
Other	38,000	0.5%
Don't know or refuse	284,000	4.0%

b) How is this group/factor reflected in the population of those impacted by the proposal?

Validated data on sexual orientation is not available however the data that is available shows that:

Service data – sexual orientation in 2016/17

Sexual orientation	Housing support service	Navigator service
Bi-sexual	0.1%	0.1%
Gay	0.3%	0.2%
Heterosexual	92.7%	94.9%
Lesbian	0.1%	0.0%
Not stated	6.4%	4.4%
Unsure	0.3%	0.5%

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

From the data available, it does not appear that people with different sexual orientation are likely to be more affected by the proposal than those in the general population who do not share the protected characteristic.

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

4.9.1 Rural population

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

Population by urban and rural areas in 2011

Urban-Rural		Urban			Rural		
Age group		All people	16-64	65+	All people	16-64	65+
East Sussex	No.	389,946	235177	87,090	136,725	80,575	32,673
	%	74%	74.5%	72.7%	26%	25.5%	27.3%
Eastbourne	No.	99,412	60388	22,303	0	0	0
	%	100%	100%	100%	0%	0%	0%
Hastings	No.	90,254	58087	15,401	0	0	0
	%	100%	100%	100%	0%	0%	0%
Lewes	No.	75,173	45232	16,954	22,329	13,148	5,200
	%	77.1%	77.5%	76.5%	22.9%	22.5%	23.5%
Rother	No.	43,168	22951	13,947	47,420	27,645	11,816
	%	47.7%	45.4%	54.1%	52.3%	54.6%	45.9%
Wealden	No.	81,939	48519	18,485	66,976	39,782	15,657
	%	55%	54.9%	54.1%	45%	45.1%	45.9%

Equality Impact Assessment

b) How is this group/factor reflected in the population of those impacted by the proposal?

Housing support service data – district/borough in 2016/17

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Eastbourne	0	0	0	0	0	156	128	137	141	562	562	27.5%
Hastings	74	77	70	125	346	0	0	0	0	0	346	17.0%
Lewes	0	0	0	0	0	73	107	110	81	371	371	18.2%
Rother	49	49	78	148	324	0	0	0	0	0	324	15.9%
Wealden	0	0	0	0	0	117	116	98	106	437	437	21.4%
Total:	123	126	148	273	670	346	351	345	328	1370	2040	

Navigator service data – district/borough in 2016/17

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Eastbourne	0	0	0	0	0	104	85	32	56	277	277	23.3%
Hastings	97	58	43	31	229	0	0	0	0	0	229	19.3%
Lewes	0	0	0	0	0	82	67	25	43	217	217	18.3%
Rother	94	42	38	29	203	0	0	0	0	0	203	17.1%
Wealden	0	0	0	0	0	90	87	29	57	263	263	22.1%
Total:	191	100	81	60	432	276	239	86	156	757	1189	

Service data – STEPS West

Rural and urban classification		Navigator service
Unclassified	2.4%	1.9%
Rural hamlets and isolated dwellings	2.60%	3.10%
Rural town and fringe	11.60%	10.00%
Rural village	5.70%	4.90%
Urban city and town	80.20%	82.00%

Data for STEPS East is not available.

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

Potentially there may be a negative impact for people in rural areas, as they have fewer services to access should the STEPS visiting service be reduced/removed.

Equality Impact Assessment

d) What is the proposal impact on the factor or identified group?

The proposal will have a negative impact on people living in rural and urban areas. This is because STEPS is the only visiting housing support service for older people a reduction will mean it is likely that less older people who need housing support and live in a rural area will receive that support to maintain their independence. Access to any face to face intervention will involve travelling and incurring related costs.

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

Once final savings are confirmed the Strategic Commissioning Manager will work with the Provider and strategic partners to develop an implementation plan for achieving savings, minimise the negative impacts on clients and better advance equality.

f) Provide details of the mitigation.

An implementation plan will set out the details for future clients and this will include referrals to other information and advice sources and navigator type services for people with long term conditions. It will be impossible to mitigate the full impact as there is no other service that provides the STEPs housing support service for older people. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

g) How will any mitigation measures be monitored?

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

4.9.2 Carers

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

Provision of unpaid care 2011 in East Sussex (source: ONS Census 2011)

	All people	People provide no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
No.	526,671	467,262	59,409	39,537	6,745	13,127
%	100%	88.7%	11.3%	7.5%	1.3%	2.5%

Equality Impact Assessment

b) How is this group/factor reflected in the population of those impacted by the proposal?

Housing support service data – client has a carer in 2016/17 (source: STEPS end of year report)

Quarter	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	48	38	21	93	200	114	107	105	78	404	604	29.6%
No	75	88	127	180	470	232	244	240	250	966	1436	70.4%
Total:	123	126	148	273	670	346	351	345	328	1370	2040	

Housing support service data – client is a carer in 2016/17 (source: STEPS end of year report)

Quarter	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	15	16	21	35	87	77	66	71	58	272	359	17.6%
No	108	110	127	238	583	269	285	274	270	1098	1681	82.4%
Total:	123	126	148	273	670	346	351	345	328	1370	2040	

Navigator service data – client has a carer in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	91	43	34	19	187	103	94	30	69	296	483	40.6%
No	100	57	47	41	245	173	145	56	87	461	706	59.4%
Total:	191	100	81	60	432	276	239	86	156	757	1189	

Navigator service data – client is a carer in 2016/17 (source: STEPS end of year report)

Quarter:	STEPS East					STEPS West					Total	% of Total
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
Yes	28	18	16	7	69	39	47	8	26	120	189	15.9%
No	163	82	65	53	363	237	192	78	130	637	1000	84.1%
Total:	191	100	81	60	432	276	239	86	156	757	1189	

Summary:

	Housing support service	Navigator service
Client has a carer	29.6%	40.6%
Client is a carer	17.6%	15.9%
Total	47.2%	56.5%

Equality Impact Assessment

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

Yes. The data shows that carers are likely to be more affected by the proposals than those in the general population who are not carers.

- d) What is the proposal impact on the factor or identified group?**

The impact is that fewer older carers who need support to maintain or increase their independence or move to a more suitable home are likely to receive this support. In addition it is likely that fewer carers of working age with a long term condition will be able to access the navigator service, potentially increasing isolation. This impact is compounded by proposed reductions to other commissioned services targeted at carers. The cared for person will also be negatively impacted as the individual also benefits from their carer being supported to maintain their independence.

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

Once final savings are confirmed the Strategic Commissioning Manager will work with the Provider and strategic partners to develop an implementation plan for achieving savings, minimise the negative impacts on clients and better advance equality.

- f) Provide details of the mitigation.**

An implementation plan will identify any provision for future clients and this will include referrals to other information and advice sources and navigator type services for people with long term conditions. Mitigation is limited as there is no other service that provides the STEPs housing support service for older people. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

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

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

4.9.3 People on low incomes

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

Households in poverty in 2015 in East Sussex and its districts (source: CACI): number

Measure	Total number of people aged 60 and over	Number of older people affected by income deprivation	Percentage of older people affected by income deprivation
East Sussex	162,420	21,314	13.1%
Eastbourne	29,517	4,426	15%
Hastings	21,805	4,784	21.9%
Lewes	30,094	3,437	11.4%
Rother	34,121	4,141	12.1%
Wealden	46,883	4,526	9.7%

b) How is this group/factor reflected in the population of those impacted by the proposal?

Housing type data for STEPS clients in 2016/17 gives an indicator of economic status

Housing type	Housing support service		Navigator service	
	No.	%	No.	%
B&B	6	0.3%	0	0.0%
LA temporary housing	7	0.3%	2	0.2%
Mobile home/caravan	26	1.3%	9	0.8%
No fixed abode	16	0.8%	1	0.1%
Owner occupier	1156	56.7%	706	59.4%
Private landlord	367	18.0%	124	10.4%
Residential/Nursing/Care Home	8	0.4%	1	0.1%
Social landlord	405	19.9%	302	25.4%
Sofa surfing	2	0.1%	2	0.2%
SP specialist service	0	0.0%	2	0.2%
Staying with family members	34	1.7%	33	2.8%
Staying with friends	12	0.6%	7	0.6%
Traveller site	1	0.0%	0	0.0%
Total:	2040		1189	

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STEPS client data

Outcome required:	Housing support service	Navigator service
Financial gain	79.5%	79.8%
Reduce debt	24.2%	20.0%

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

Yes. The outcomes and household type data shows that people on low incomes are likely to be more affected by the proposals than those in the general population.

d) What is the proposal impact on the factor or identified group?

A reduction to the service is likely to negatively impact this cohort. This means it is likely that more people will be a risk of scams and financial exploitation; not in receipt of correct benefits e.g. attendance allowance; and experiencing stress related to debt and poverty.

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

Once final savings are confirmed the Strategic Commissioning Manager will work with the Provider and strategic partners to develop an implementation plan for achieving savings, minimise the negative impacts on clients and better advance equality.

f) Provide details of the mitigation.

An implementation plan will set out the details for future clients and this will include referrals to other information and advice sources and navigator type services for people with long term conditions. It will be impossible to mitigate the full impact as there is no other service that provides the STEPs housing support service for older people. Any mitigation for current clients will include supporting them to obtain appropriate assessments.

g) How will any mitigation measures be monitored?

To be completed once an implementation plan is agreed and dependent on resources allocated for this purpose. Any monitoring measures put in place will include this cohort.

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

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 the potential for serious adverse impact for vulnerable people including Carers. Many of those who may be impacted have both mental and physical health needs. Some may be eligible in terms of the Care Act. Individual circumstances are detailed in the EqIA and the assessment of impact should be applied to individuals and included in the Action Plan.</p> <p>The proposals are likely to have a negative impact in terms of opportunity that can be offered to older people who need support to maintain and or increase their independence, prevent homelessness or unnecessary moves.</p>
	<p>B 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 also likely to have a negative impact on people of working age with a long term condition who need support to improve the quality of their life and inclusivity within their community.</p>
x	<p>C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate.</p>	<p>There is a potential the proposals could risk a negative impact on these cohorts in respect of keeping safe and receiving support to maintain/develop the life skills and improve economic well-being and preventing a hospital admission.</p> <p>There is the potential for a risk of serious adverse impact for certain individuals e.g. if they are disabled people or older people who become more seriously at risk or vulnerable as a result of the proposals.</p>
x	<p>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</p>	<p>The current users are more likely to be older people on low incomes with illness and long-term conditions, experiencing anxiety and/or depression at risk of food and fuel poverty,</p>

Equality Impact Assessment


	policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	increased ill-health and increased risk of hospitalisation.
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5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

This will be confirmed once final decisions on the proposals have been made and the action plan is created.

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

June 2019

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

Part 6 – Equality impact assessment action plan

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

X

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

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

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

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

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6.1 Accepted Risk

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Lack of suitable support to maintain independent living	Vulnerability	No as need will arise as service reduces	EIA Reconciling Policy Performance and Resources DMT	Jude Davies	N/A
Increase harm and abuse from others	Safeguarding	Yes for clients who would not receive a service in the future	EIA Reconciling Policy Performance and Resources DMT	Jude Davies	N/A
Increase in safeguarding alerts	Safeguarding	Yes	EIA Reconciling Policy Performance and Resources DMT	Jude Davies Safeguarding Lead	N/A
Increased use of A and E and hospital admissions	Financial and Vulnerability	Yes – future initiatives need to address this need	EIA Reconciling Policy Performance and Resources DMT	CCGs	N/A
Increased hospital stays	Financial Vulnerability Reputational	As above	EIA Reconciling Policy Performance and Resources DMT	CCGS	N/A
Negative impact on hospital discharge pathway	Reputational	Yes – needs to be decided if reduced service prioritises - to be included in Action Plan	EIA Reconciling Policy Performance and Resources DMT	Jude Davies CCGS	N/A

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Negative impact on poverty, fuel and food poverty, health and well being	Vulnerability	Future initiatives/ other services need to address this need. Future priorities of STEPS needs to address this – include in Action Plan	EIA Reconciling Policy Performance and Resources DMT	Jude Davies	N/A
Increase risk of tenancy breakdown	Homelessness	Ds and Bs need to consider	EIA Reconciling Policy Performance and Resources DMT	Jude Davies ESHOG members	N/A
Increase risk of social isolation and exclusion for adults managing their long term condition	Vulnerability	No – other Navigator type services will need to be aware of the gap and endeavour to address this need	EIA Reconciling Policy Performance and Resources DMT	Jude Davies CCGS	N/A
Increase risk of people from minority religions and beliefs facing difficulties accessing housing support or a Navigator service	Vulnerability	Action Plan needs to consider how this risk is mitigated	EIA	Jude Davies	N/A
Risk of older people prematurely accessing residential care	Financial	No	EIA Reconciling Policy Performance and Resources DMT	Jude Davies Operations Lead ASC	N/A
Risk of an increase in older people facing homelessness	Vulnerability	No	EIA Reconciling Policy Performance and Resources DMT	ESHOG leads	N/A
Risk of staff leaving the service	Business	No, we need to give certainty on the future ASAP	EIA Reconciling Policy Performance and Resources DMT	Jude Davies	N/A

Appendix 1: Case Studies

Case study

The following case study provided by STEPS illustrates the needs of the cohort that are likely to be affected by the proposals:

Mr and Mrs L were referred to STEPS by the Adaptations team, as they were having a wet room adaption along with steps built into steep bank outside their home. They were due to contribute approximately £2,000 to the work. The following health conditions were confirmed:

Mr L: Two knee replacements, one hip replacement, Osteoarthritis, back problems, hearing impairment - deaf in both ears.

Mrs L: Heart valve replacement two years ago, Stroke 10 years ago, Diabetes type 2, speech impediment caused by stroke.

Our first assessment concluded that due to the difficulties they experienced with communication, they both felt isolated and very much alone in their lives and what they needed was to make independent life easier for both of them.

They had bought their council house and owned it outright, but it was in need of some updating; for example, the storage heaters which were very old.

It was clear that the only way for support to be given effectively was purely through home visits as Mr L cannot hear on the phone and Mrs L's speech was so badly affected by the stroke she suffered. With time and patience and face-to-face visits, it became easier to understand each other and this gave them encouragement to share the full extent of their support needs.

They were very worried about the money they were expected to contribute towards the wet room and steps being built outside.

Mrs L was very emotional during our assessment and during subsequent visits, and it became apparent that she had taken on the caring role for her husband despite needing care herself.

Outcomes

1. Achieve Economic Wellbeing

- Mrs L applied for attendance allowance and was awarded the high rate from 19.09.16 at £83.10 per week.
- Mr L and Mrs L are now registered carers for each other, and this has given them the underlying entitlement to a carer's premium which has given them guaranteed pension credit and savings credit at £85.86 per week.
- They have also been awarded full council tax reduction equivalent to £1,553.10 per year and were sent a cheque refund of £573.25.
- The wet room adaption and the steps were completed, and as they were now in receipt of pension credit, they did not have to contribute the £2,000 towards the work.
- They have successfully completed an application to go on to the Watersure tariff with Southern Water which will reduce their costs a little.
- Mr and Mrs L were eligible for a winter home check and this had identified that they were going to be recommended for loft insulation and replacement of storage heaters. At time of closure, loft insulation had been done, and still waiting for funding to replace the heaters, but Osborne Energy confirmed they have them on their list.
- Mr and Mrs L had a welfare benefit check early on in their support, and all the recommendations have been actioned.

2. Enjoy and Achieve

Mr and Mrs L can now use their bathroom safely as well as when they are leaving the home to use their car. Their worries about both have been reduced, and given them confidence where they were lacking.

3. Being Healthy

- Reduced stress and feelings of despair by having the support.
- Mrs L in particular is not crying as much and feels optimistic about the future.

4. Staying Safe

- Wet room adaption in place
- Steps leading to car in place
- Financially secure

Making a positive contribution

Mr and Mrs L have contributed all the way through their support, getting information when needed and positively collecting forms from council and other agencies when needed. This has made a huge difference to their wellbeing

Other agencies involved in support process

- Welfare benefit project
- Osborne energy – winter home check
- Adaptations service (Mary Elmer and Ray Rowley Surveyor)

Appendix 2: Care Act Information and Advice

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

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

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

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