

Equality Impact Assessment

Strategy or Policy Template

| |
|---|
| Name of the strategy or policy |
| Capital Funding Adaptation Major Adaptations |

| | | | |
|-----------------------|----------------|---------------------|-----------------|
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How to use this form

Press F11 to jump from field to field in the form.

There are comments on some questions which you can view by pressing the show/hide pilcrow icon in the tool bar of Word. Some of you may use this to show paragraph and other punctuation marks:

You can delete the comments as you would for normal text, but they will not show up if you print out the form.

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 Full guidance notes are included in the EqIA template, but these have been deleted in this version for brevity.

Part 2 – Aims and implementation of the proposal, strategy or policy

2.1 What is being assessed?

a) Proposal or name of the strategy or policy.

Adult Social Care (ASC) Capital Funding contribution towards Major Adaptations

b) What is the main purpose or aims of proposal, strategy or policy?

This proposal would adjust the existing policy on allocating Capital Funding for Major Adaptations to an individual home. The aim is to ensure a fair and equitable allocation and commitment of the Capital Adaptations Budget for Major Adaptations, taking into account some of the additional difficulties experienced by disabled and older people with a physical/functional difficulty living in the community.

Historically there has been an under spend on the East Sussex Capital Programme allocation from the capital budget which is designated for topping up funding on those adaptations that exceed the £30,000 Disabled Facilities Grant (DFG) available funding. There is an opportunity to look at if the budget could be used differently to mitigate some of the difficulties by assisting:

- Disabled individuals who need major adaptations to their property seem on paper to have sufficient funds to cover a loan for costs above £30,000 but in reality have heavy outgoings that will prevent them from taking out such a loan.
- Where individuals are assessed to contribute towards the cost of the adaptation following the grant final assessment who on paper seem to have sufficient income (assessed by the District and Borough using the national financial assessment for Disabled Facilities Grant) but in reality, have heavy outgoings and are unable to get a loan. In these cases ESCC would pay the assessed contribution and require the individual to repay back the amount loan over time based on an amount they could afford.
- Where the disabled person eligible needs exceed the scope for provision by the housing authority i.e. they fall outside the mandatory provisions for a DFG

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

Michelle Crouch, Principal OT, ASCH

2.2 Who is affected by the proposal, strategy or policy? Who is it intended to benefit and how?

Adults with a physical disability, sensory impairment and mental ill-health.

2.3 How is, or will, the proposal, strategy or policy be put into practice and who is, or will be, responsible for it?

Currently the policy is operational within Adult Social Care. Key practitioners responsible for the assessment of need eligible for funding from the capital budget are Occupational Therapy Staff. The professional staff, following an assessment of need differentiate between what is desirable – what may be a perfectly legitimate aspiration on the part of the individual and what is actually needed for which support from the public purse is justified.

When considering whether works are necessary and appropriate the assessment by the therapist must consider whether the proposed adaptation is needed in order for a care plan to be implemented and/or to enable the disabled occupant to remain in their own home, retaining or regaining a greater degree of independence.

The proposed works would be expected to meet the assessed needs of the individual and take into account medical and physical needs as well as the needs owing to mental ill-health and any sensory impairment. There may be also times when the psychological needs of both the disabled person and their carer will need specification consideration, particularly where the proposed works can assist in ensuring the ongoing care being given.

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

District and Borough Housing departments are responsible for the allocation of the Disabled Facilities Budget to which this capital funding relates.

Also, these partners are responsible for funding the Adaptation Support Services that support individuals through the adaptation process.

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

The primary statutory duty in relation to this work are contained within the Care Act 2014.

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 |
| | Service User Data | | Contract/Supplier Monitoring Data |
| | Recent Local Consultations | | Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector |
| | Complaints | | Risk Assessments |
| | Service User Surveys | | Research Findings |
| x | Census Data | | East Sussex Demographics |
| | Previous Equality Impact Assessments | | National Reports |
| | Other organisations' Equality Impact Assessments | x | Any other evidence? Strategic Housing Commissioners |

3.2 Evidence of complaints against the strategy or policy on grounds of discrimination.

None reported or collated by ASC Community Relations Team

3.3 If you carried out any consultation or research on the strategy or policy explain what consultation has been carried out.

No consultation has been carried out

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

None undertaken

Part 4 – Assessment of impact

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

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

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

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

People are living longer and by 2020, it is estimated that around 38% of the UK population will be aged 50 plus and in East Sussex the figure is likely to be as high as 50%.

We know that East Sussex has a higher than average older population with around 23% of people aged over 65, compared to the national average of 16%. There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates, based on 2011 Census data). The highest percentage of people over 65 years of age is in Rother, where the figure is 28.6% of the total East Sussex population.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, strategy or policy?

This policy relates to adults with a physical disability including those of working age as well as older people.

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

1. There is a potential for a positive impact on disabled people of a working age who on paper people seem to have sufficient income (assessed by District and Borough using the national financial assessment for Disabled Facilities Grant) but in reality have heavy outgoings that may mean they are unable to get loans to cover the element of the costs of work they would be responsible for.

The proposal is to waive the necessity for individuals to apply for a loan themselves. ESCC would pay people's assessed contribution upfront; and require weekly re-payments to recoup costs over time based on the amount they can afford to pay.

This is a change since historically the Capital Budget has only been used to fund top-up funding for major adaptations (i.e. those over the £30,000 where the Disabled Facilities Grant does not cover the full cost of works).

d) What is the proposals impact on different ages/age groups?

There will be an overall positive impact helping overcome the barriers to independent living and reduce risks posed by the living environment for older disabled people living in their own home and to support the care provided by paid or unpaid carers.

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

Requests for top-up funding for major adaptations are made by the person who has carried out the assessment with the individual. This is usually an Occupational Therapist. The request is made when it is known that the proposed adaptation to meet the assessed eligible need will exceed the 30K maximum DFG. This is often after an appointed Surveyor, Environmental Health Officer or building contractor has priced the value of the works proposed.

The process to access capital funding where adaptations exceed 30K is clearly outlined in the major Adaptation Policy and Operational Instructions.

Practitioners present their case at Housing Solution Forums, held jointly with District and Boroughs to ensure that fair, consistent and cost effective solutions are considered when major adaptations are being proposed.

Referrals are made through HSCC and NST teams.

Where an individual has been assessed to contribute towards the cost of the adaptation the individual needs to demonstrate that they are unable to afford the contribution. They are asked to provide written evidence e.g. from banks or building societies evidencing that they are unable to raise the capital required to fund their assessed contribution through equity release, re-mortgage or a person loan.

f) Provide details of the mitigation. N/A

g) How will the policy changes be monitored?

The Policy and Operational Instruction are reviewed yearly with yearly update and reminders sent to relevant practitioners.

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

How is this protected characteristic reflected in the County/District/Borough? Residents (working age only) with limiting long-term illness in 2011 by districts (numbers)

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

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

| Type | All people | People with long-term health problem or disability | Day-to-day activities limited a little | Day-to-day activities limited a lot | People without long-term health problem or disability |
|--------------------|------------|--|--|-------------------------------------|---|
| Geography | | | | | |
| England & Wales | 100 | 17.9 | 9.4 | 8.5 | 82.1 |
| South East | 100 | 15.7 | 8.8 | 6.9 | 84.3 |
| East Sussex | 100 | 20.3 | 11.2 | 9.2 | 79.7 |
| Eastbourne | 100 | 21 | 11.3 | 9.7 | 79 |
| Hastings | 100 | 22.1 | 11.5 | 10.6 | 77.9 |
| Lewes | 100 | 19.5 | 10.9 | 8.7 | 80.5 |
| Rother | 100 | 23.4 | 12.8 | 10.7 | 76.6 |
| Wealden | 100 | 17.5 | 10.2 | 7.3 | 82.5 |

Disability Living Allowance claimants by age group in February 2012

| Time period | Feb-12 | | | |
|-------------|--------|-----------------------|--------------------|--------------------------|
| Broad age | Total | Percent aged under 16 | Percent aged 16-59 | Percent aged 60 and over |
| | | | | |

| Geography | | | | |
|---------------|-----------|------|------|------|
| Great Britain | 3,267,910 | 10.5 | 50.1 | 39.4 |
| South East | 331,800 | 14.1 | 53.5 | 32.4 |
| East Sussex | 25,080 | 11.2 | 53.5 | 35.4 |

Source: Department for Work and Pensions, Longitudinal Study, NOMIS

Projected limiting long-term illness by age group, 2010-2026

| Measure | | Number | | | | Percent of total population | | | |
|-------------|------|------------|-------|--------|--------|-----------------------------|------|-------|------|
| Age group | | All people | 0-17 | 18-64 | 65+ | All people | 0-17 | 18-64 | 65+ |
| Geography | Year | | | | | | | | |
| East Sussex | 2010 | 105,047 | 4,755 | 43,646 | 56,647 | 20.4 | 4.6 | 15.0 | 46.8 |
| | 2026 | 124,992 | 4,352 | 42,392 | 78,248 | 23.9 | 4.7 | 15.9 | 47.6 |

Source: ESCC projections, November 2011

Projected disability by age group, 2010-2026

| Measure | | Number | | | | Percent of total population | | | |
|-------------|------|------------|-------|--------|--------|-----------------------------|-------|-------|------|
| Age group | | All people | 10-17 | 18-64 | 65+ | All people | 10-17 | 18-64 | 65+ |
| Geography | Year | | | | | | | | |
| East Sussex | 2010 | 85,428 | 1,952 | 34,041 | 49,435 | 16.6 | 3.9 | 11.7 | 40.9 |

| | | | | | | | | | |
|--|------|---------|-------|--------|--------|------|-----|------|------|
| | 2026 | 103,415 | 1,826 | 33,202 | 68,386 | 19.7 | 3.9 | 12.5 | 41.6 |
|--|------|---------|-------|--------|--------|------|-----|------|------|

Source: ESCC projections, November 2011 Employment and Support Allowance and Incapacity Benefit claimants in February 2011

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

There is a potential for a positive impact on disabled people of a working age who through waiving the financial contribution in circumstances where on paper people have sufficient income (assessed by District and Borough using the national financial assessment for Disabled Facilities Grant) but in reality have heavy outgoings that may mean they are unable to get loans to cover the element of the costs of work they would be responsible for. One proposal is to waiver the necessity for individuals to apply for a loan themselves; ESCC to pay people's assessed contribution upfront; and require weekly re-payments to recoup costs over time based on the amount they can afford to pay.

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

Yes – see above

d) What is the proposal, strategy or policy's impact on people who have a disability?

The proposal will have a positive impact on disabled people helping overcome the barriers to independent living and reduce risks posed by the living environment for disabled people living in their own home.

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

Request for top-up funding for major adaptations are made by the allocated practitioner when it appears that an adaptation will exceed the 30K maximum DFG funding. The process to access capital funding where adaptations exceed 30K is clearly outlined in the major Adaptation Policy and Operational Instructions, Practitioners present their case at Housing Solution Forums, held jointly with District and Boroughs to ensure that fair, consistent and cost effective solutions are considered when major adaptations are being proposed. A subsequent panel is then held with the Head of Service where a discretionary top-up funding is requested.

f) Provide details of any mitigation. N/A

g) How will policy changes be monitored?

The Policy and Operational Instruction are reviewed yearly with yearly update and reminders sent to relevant practitioners & through the panel process

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

Not applicable- Neutral impact

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

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

Not applicable- neutral impact

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

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

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

- **Carers**

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

Carers

Table 2.4: Carers as a percentage of the total caring population by gender, health and Black and Ethnic Minority

| | Total number of carers | total number of carers providing 20-49 hours of caring per week | Number of carers providing 50+ hours of caring per week | % of carers providing 50+ hours of caring | Total number of female carers | Total number of male carers | Total number of carers from black and ethnic minority groups | % of carers in poor health | % of carers providing 50+ hours of caring per week and also in poor health |
|--------------------|------------------------|---|---|---|-------------------------------|-----------------------------|--|----------------------------|--|
| East Sussex County | 50,648 | 4,633 | 9,803 | 19.35% | 29,643 | 21,005 | 2,094 | 10.22% | 18.77% |
| Eastbourne | 8,512 | 911 | 1,837 | 20.95% | 5,143 | 3,514 | 471 | 11.27% | 19.91% |
| Hastings | 8,471 | 896 | 1,987 | 23.01% | 4,991 | 3,635 | 429 | 12.67% | 21.58% |
| Lewes | 9,510 | 862 | 1,682 | 17.34% | 5,607 | 4,053 | 395 | 9.70% | 18.22% |
| Rother | 9,324 | 861 | 1,869 | 19.56% | 5,566 | 3,892 | 393 | 10.62% | 18.18% |
| Wealden | 14,040 | 1,103 | 2,428 | 16.92% | 8,336 | 5,911 | 506 | 8.19% | 16.32% |

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

Need for carers to have support is high.

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

This proposal will help overcome the barriers to independent living and reduce risks posed by the living environment for older and physical disabled people living in their own home. This will support the care provided by paid or unpaid carers and will be likely to contribute to reducing risk and have an overall positive impact on the health of carers in those households.

d) What is the proposal, strategy or policy's impact on the factor or identified group?

There will be a positive impact on carers as above.

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

Request for top-up funding for major adaptations are made by the allocated practitioner when it appears that an adaptation will exceed the 30K maximum DFG

funding. The process to access capital funding where adaptations exceed 30K is clearly outlined in the major Adaptation Policy and Operational Instructions, Practitioners present their case at Housing Solution Forums, held jointly with District and Boroughs to ensure that fair, consistent and cost effective solutions are considered when major adaptations are being proposed. A subsequent panel is then held with the Head of Service where a discretionary top-up funding is requested

f) Provide details of the mitigation.

Not applicable- positive impact

g) How will any mitigation measures be monitored?

The Policy and Operational Instruction are reviewed yearly with yearly update and reminders sent to relevant practitioners

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, policy or strategy 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

The policy changes will support independent living for disabled and older people, helping to prevent delays in necessary adaptations and essential equipment.

- Foster good relations between people from different groups

5.2 Impact assessment outcome Based on the analysis of the impact in part four please 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>The Policy will update to reflect the changes proposed.</p> |
| x | <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>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>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 policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.</p> | |

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

The Policy and Operational Instruction are reviewed yearly with yearly update and reminders sent to relevant practitioners 'About you' information is also recorded on all ASC clients and will be used to identify any trends in allocation of funds by protected characteristics. This will be overseen by the Operational Head of Service Adult Social Care.

5.6 When will the amended proposal, strategy or policy be reviewed?

April 2024

| | | | |
|------------------------|-------------------------------------|--------------------------------------|----------------------------------|
| Date completed: | 3rd February 2021 | Signed by (person completing) | Michelle Crouch |
| | | Role of person completing | Principal Occupational Therapist |
| Date: | 3rd February 2021 | Signed by (Manager) | |

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) |
|---|--------------------------------------|-----------------|--|-----------------------|--|
| Cascade of the revised Major Adaptation Process updating staff on the changes | ASC funding of assessed contribution | Michelle Crouch | April 2024 | None | DMT |
| Monitoring trends in allocation by protected characteristics | Oversight of About You information | Michelle Crouch | Annual with review of policy operation | None | DMT |

Equality Impact Assessment

| | | | | | |
|---|---------------------------------|-----------------|------------|------|-----|
| Update guidance to staff and public on the changes to assessed contribution | Guidance and Public Information | Michelle Crouch | April 2022 | None | DMT |
|---|---------------------------------|-----------------|------------|------|-----|

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) |
|--------------|---|---|---|--------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

