East Sussex
County Council

Appendix 5 Equality Impact Analysis – Supported accommodation people with additional needs

Title of Project/Service/Policy	Supported accommodation-based services for adults with additional support needs* in East Sussex. *The service is often referred to as the Supported Accommodation Service for Vulnerable Adults but Adult Social Care and Health is trying to move away from using the term 'vulnerable' adults.
Team/Department	Housing & Support Solutions
Directorate	Adult Social Care and Health
Provide a comprehensive description of your Project (Service/Policy, etc.) including its Purpose and Scope	**Summary of changes to original proposal and revisions to Equalities Impact Assessment** The consultation process highlighted the significant risk of service closure and resultant risk of people currently living in the supported accommodation being made homeless, if funding for the support services is ceased. As a result of this feedback, whilst the proposal is still for the support services to cease, it is now recommended to delay the implementation of the proposals and to continue the funding for these services for an additional three months until 31 December 2025. It is anticipated that extending the funding for this period may mitigate the impact on some residents and enable some individuals to find alternative suitable accommodation and support. During that period it may also be possible to work with partners to identify alternative arrangements that will mitigate the impacts across sectors. However, at the current time it is not known how/if the three-month extension will materially affect the outcome of withdrawing the funding on 31 December 2025 and the service closure that is expected. This EqIA therefore takes account of the revised proposal to extend the funding for a longer period and how this could mitigate some impacts where appropriate, but focuses on the expected overall impact created by the scheme closing down. **Supported Accommodation for Adults with Mental Health Needs – Description of service and savings proposal** East Sussex County Council Adult Social Care and Health (ASCH) commissions a range of supported accommodation for adults with complex and multiple needs at risk of homelessness. This service supports adults aged 18 and over whose primary need is a risk of harm due to being homeless, people using this service have additional support needs which increase their vulnerability.

It comprises 28 units across two schemes located in Hastings and Eastbourne which support people 24 hours a day, seven days a week.

The proposal is to cease funding the onsite support, which could render the scheme financially unviable and lead to service closure. There is no statutory requirement to provide the services, however, we have historically recognised the value of these services and the potential they have to contribute to the prevention agenda.

The total potential saving is £258,000 with £129,000 delivered in 2025/26 and the remainder in 2026/27, the notice period on the contracts is three months.

Services commissioned as part of these contracts are:

Scheme	Council area	Provider	Number of units	Gross Annual Contract Value
Priory Avenue	Hastings	Sanctuary Supported Living	19	£129,000
St Aubyn's	Eastbourne	Sanctuary Supported Living	9	£129,000

Overview of the service:

The Vulnerable Adults Supported Accommodation service supports the strategic priorities of ASCH, Health, and Housing and provides a flexible, outcome focused on-site housing support service that:

- Prevents a wide range of crisis situations including homelessness.
- Prevents their mental health from deteriorating into crises (this includes support to access and engage with relevant professionals, particularly when presenting a risk to themselves or others).
- Supports to keep them safe.
- Builds resilience.
- Supports healthy living and wellbeing.
- Supports people to engage with education, employment, volunteering, and training.
- Promotes self-care and avoids hospital or accommodation-based care.
- Supports people to gain independence, maximising their capacity to live as independent a life as possible with a view to positive move on.
- Impact on wider family members through knowing the individual is living in a secure environment and the removal of caring responsibilities.

Who uses the services?

People who live in East Sussex who need to access accommodation and support because they either have complex and multiple needs or other vulnerabilities and are homeless or at risk of homelessness.

Demographic information and equalities data about service users is recorded by the service providers and shared with East Sussex County Council on a quarterly basis. These have been analysed to understand more about the people accessing the services and have been used to inform this report. For a full breakdown of this data please see Appendix A .

Many adults referred to the service can be described as having 'Multiple compound needs', or multiple disadvantage/complex needs. These specific needs form part of Section 42 of the Care Act: Safeguarding. Some but not all of the people who use the service are eligible for support from ASCH under the Care Act.

Multiple Compound need is defined as people who experience three or more of the following:

- Homelessness
- Current or historical offending
- Substance misuse
- Domestic abuse
- Mental Health difficulties

This list is not exhaustive. These needs can interact or exacerbate each other, so that a combination of increasing health and social care needs are experienced simultaneously.

How do people access the service?

Referrals into the service are primarily via the District and Borough housing teams. However, people can be referred directly from ASCH.

How are people assessed for the service?

People are assessed against the following eligibility criteria:

- aged 18 and over.
- homeless (this includes insecurely housed with friends and family).
- they require specialist accommodation to minimise the risk to themselves or others.
- they have complex and/or challenging needs and cannot live with their family but do not have the skills to live independently and understand the purpose of the service and are prepared to engage with the housing support.
- are ordinarily resident within the geographical area of East Sussex.

	People do not have to meet Care Act eligibility or receive a Care Act assessment to access the services. From a snapshot from September 2024, only 1 out of the 30 people living in the service within that period was open to ASCH. The aim is for individuals to move out into independent housing within 18 months of moving into the accommodation. People moving on from the service are offered six months move-on support to help them maintain their tenancy and support living independently in the community. This helps to reduce the risk of accommodation break-down. **What are the outcomes of the services?** In 2023/24 39 people accessed the homeless adults' services. A total of 11 people moved on from the services, with all these moves being planned. 100% of people living in the service accepted the offer of 6 months move-on support. The Service Providers interventions are measured against several key performance areas, such as maintaining mental health and wellbeing, and accessing and engaging with paid work, training, education, and volunteering opportunities: - Average of 23% of people were engaged in paid work, training, education or volunteering. - Average of 74% of people remained stable- i.e. who better managed their physical health, mental health and substance misuse needs. Most of the schemes are intended for single adults. However, the scheme in Priory Avenue does have the facility to house homeless couples and families. In the last year, there have been two children living there with their families. District and Borough Council partners, who have the statutory duty of housing and homelessness, use and value these supported accommodation services, as it assists them in preventing and alleviating homelessness for people who meet the priority need definition and those who are vulnerable within their authority area. While homelessness prevention in relation to housing provision is not an ESCC statutory responsibility, improving health and reducing health inequalities is. The cohort of individuals supported by this contract have some of the poorest health and wellbeing within the county. East Sussex County Council have continued to recognise the value of these services and their potential to contribute to the prevention agenda. This is significant given that many local authorities across the country have reduced or withdrawn funding for these services.

Locally the Sussex Health and Care partnership has a five year Sussex Integrated Care Strategy 'Improving Lives Together' which has 4 main goals:

- Improve health and health outcomes for local people and communities, especially those who are most disadvantaged.
- Tackling the health inequalities we have.
- Working better and smarter and getting the most value out of funding we have.
- Doing more to support our communities to develop socially and economically.

And the following additional aims:

- Supporting people to look after their own health and wellbeing.
- Supporting people who have physical disabilities, learning disabilities and mental health conditions, to have good health and joined-up care and support, including access to opportunities such as accommodation, housing, and employment.
- Ensuring more access to services for people who have traditionally been under-served, for example homeless people.

One of East Sussex County Council's broad objectives is to support the prevention of homelessness by appropriate work with its District/Borough Council partners and this funding was a way of achieving that. East Sussex County Council is still committed to that objective but the financial challenge facing the authority leaves East Sussex County Council having to make difficult decisions regarding funding for some services.

Homelessness – What is it?

The terms rough sleeping and homelessness are often used interchangeably but it is important to separate their meanings:

- Rough sleeping includes living out on the streets / in tents.
- Homelessness is a broader term that is defined by not having a fixed / permanent home, and as well as people who are rough sleepers also includes those living in emergency and temporary accommodation, people who are 'sofa surfing,' and those sleeping in their car.

The issue of rough sleeping is largely visible, but homelessness is mostly hidden from the public eye.

Impact on Health: The average life expectancy for a rough sleeper is 44 years for men and 42 years for women. Over 80% of rough sleepers have mental health needs and 75% have physical health needs including long term

	conditions. A total of 75% of rough sleepers have drug and / or alcohol issues and have been in contact with the criminal justice system. Over 53% of rough sleepers have sustained a head injury (usually as the result of being intoxicated) and this can add to problems around communication and understanding. The other common types of physical health issues that rough sleepers present with include leg ulcers (often as a result of injecting drugs), foot infections and dental problems. The annual cost of poor housing has been estimated nationally to be at least £1.4b to the NHS alone and there are far wider economic impacts outside of the NHS. Poor and unsafe housing can occur in all forms of home ownership and occupancy, but in general the private rented sector has the highest rates of poorer housing. Suicide is the second most common cause of death in the homeless population ONS reveals the number of people dying homeless | National Statistical). By providing secure accommodation the services contribute to the East Sussex Suicide Prevention Framework and Action Plan. 3,054 people presented as homeless and were owed a duty in East Sussex in 2023/24. There are currently 1,277 households living in temporary accommodation and 6,476 households on the waiting list for social housing. The office for National Statistics states: • Limited data on some forms of "hidden" homelessness are available but it is not currently possible to estimate the true scale of "hidden" homelessness across the UK because of known complexities in reaching this population group. • The available evidence suggests some population groups, such as women, young people, and ethnic minority groups are more likely to experience "hidden" homelessness than others. • Those are likely to be vulnerable population groups that are particularly difficult to capture in official statistics because of the way they experience homelessness. "Hidden" homelessness in the UK: evidence review - Office for National Statistics (ons.gov.uk) **Intersectionality:** Multiple Exclusion Homelessness: Common explanations for why people experience homelessness includes poverty, substance misuse, mental illness, and lack of affordable housing. These risks intersect with protected characteristics, such as sexual orientation, gender, race, disability, and age, to create unique systems of discrimination.

	From the use of official statistics and people sharing their lived experiences we know people who experience homelessness and rough sleeping are likely to belong to more than one protected group and that it is therefore crucial to assess vulnerability through an intersectional lens to better account for the multiple positions of disadvantage faced by people who experience homelessness. In order to present a clearer picture of the impact to people living in the service, the following statistics have been collated. This is a snapshot from 28 people living in the service on a day in November 2024 and has been taken directly from the staff teams: • 79% are deemed ready to move on • 68% are currently bidding on properties. • 89% are assessed as requiring some form of support once they move on from the services. • 57% have a historical or current issue with alcohol and/or substance misuse. • 21% are deemed to be at risk of physical, emotional or sexual harm. • 32% are deemed as being at risk of financial harm. • 46% are deemed to be at risk of street homelessness. • 54% are deemed to be within the 'multiple & compound needs' client group. • 14% are deemed to be at risk of increased criminal activity. • 18% are deemed to be at increased risk of deliberate self-harm and suicide. The proposal is to cease funding the supported accommodation service for adults with mental health issues on 31 December 2025. At the current time it is understood that ceasing Council funding is likely to make the scheme financially unviable and it will close.

1. Update on previous EqIAs and outcomes of previous actions (if applicable)

What actions did you plan last time? (List them from the previous EqIA)	**What improved as a result?** What outcomes have these actions achieved?	**What <u>further</u> actions do you need to take?** (add these to the Action Plan below)

The previous EqIA was considering a reduction in services and associated impact with a reduced offer of support in relation to a lesser annual budget. This was completed in 2018. It is therefore a different proposition to the contracts being given notice and the services potentially closing.	The proposals were to consider ending the contract for supported accommodation. However, grant funding was found which dramatically reduced the impact of the necessary cuts to council funding.	To draw from the old EqIA in terms of learning opportunities. To review responses from the previous consultation as it is likely that the information will still be relevant.

2. Review of information, equality analysis and potential actions

Consider the actual or potential impact of your project (service, or policy) against each of the equality characteristics.

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age	**0-19** The services only accept adults over 18 years old. There are no people in the service aged 0-19 against the England average of 23%, and East Sussex 21%. There is one child currently living in the accommodation with their family. There are other commissioned services aimed at 16–25-year-olds who are homeless or at risk of homelessness. **20-44** 93% of the people currently accessing the services are aged between 20 and 44. Comparing this with national and local age range data this reflects a significantly higher proportion of people within this age group than the general population (33% in	The majority of people living in the service that engaged in the consultations were of working age. The fear for this group is that the support they receive would not be replicated elsewhere due to them being less likely to have Care Act eligibility. Most of the people living in the service are single, homeless and have a range of disabilities and impairments that may increase their support needs and/or ability to find alternative housing in the event of a service closure. The key themes were that this would result in: • Homelessness and people living in the service ending up on the streets. • Being housed inappropriately in	The proposal would have a negative impact on homeless people of all ages. If this proposal is approved and services close fewer people of working age will be able to access accommodation with housing support with the outcome that homelessness amongst this cohort will potentially increase. Nationally, the ability of young adults to form households of their own continues to fall. homelessness_monitor_england_2018.pdf (crisis.org.uk) Housing Benefit rulings mean people under 35 years old only receive a shared housing benefit rate, unless they have an eligible disability (Personal Independence Payment). These benefit rates are set by central government using Local Housing Allowance rates. Whilst in theory they are based upon the local rental market, recent	If these proposals are agreed there are limited mitigation opportunities available. It is likely the services would close and therefore anyone living in the service at that time would need to find alternative accommodation. The revised proposal to extend funding to 31 December 2025 may enable more people to find suitable alternative accommodation and support. We would offer a social care assessment to all current service users. This will help to ensure that people who are statutorily eligible for support receive it. If services close because of the withdrawal of the funding, we will work with service providers to ensure people who may be at risk of homelessness are identified and appropriate and timely referrals are made to the Local Housing Authorities as per our duties under

	England, and 25% in East Sussex). The high number of people between 20 and 44 is reflective of the national picture of homelessness as shown in the 2021 Census. **45-64** 7% of people currently accessing the services are between 45 and 65 years old, this is significantly lower than the national and local averages. 26% in England, and 28% in East Sussex. **64+** None of the service is made up by adults over 65 against 18% in England, and 26% in East Sussex.	Temporary Accommodation. • Not receiving any support and this leading to poor mental health, alcohol and substance misuse, deliberate self-harm and suicide. Quotes from the engagement sessions: All ages: "People will have nowhere to go and will end up back on the streets". "[The service] Provides safety, stability and security." "I've lived on the streets before but I'm not young, I can't do that anymore. Coming home and having my own little room is mesmerising really". Feedback from one young family living in the accommodation with a two-year-old: "At the moment this is [2-year-old daughter's] main source of stability. We've been here just over a year. It's the longest we've been able to stay put in one place. It's given me, my partner and our daughter the support to	significant increases in the cost of private rental rates means that these options often become unaffordable for people on benefits. This means social housing, where the rental rates are capped, is the only option open to them. Demand for social housing is extremely high in the Southeast and waiting lists are lengthy (with some local authorities advising 6+ years to be allocated). Therefore, transitioning out of the supported accommodation will be more difficult for people with low support needs who are under 35 years of age. It is anticipated that a six-month timeframe to action this will not be enough time for some individuals to find alternative accommodation. The Homelessness (Priority Need for Accommodation) (England) Order 2002 is used by the local housing authorities to identify who they have a duty to provide accommodation to, anyone not covered by the priority need criteria will be deemed as statutory homeless. There is a significant risk the majority of people currently living within the accommodation would fall within the statutory homeless definition. The impact of this is that there is likely to be an increase in the	the Homeles[illegible]ion Act 2017. For people who are under 25 years old and still require support it may be possible for them to transition into one of the Young People's Supported Accommodation Services also commissioned by East Sussex County Council, this will be dependent upon availability of this accommodation at the point it is required. For people who are over 25 years old there are no other services which provide the same or similar level of on-site support and accommodation for people who do not have Care Act eligible needs.

		be able to function on our own. “It’s just really scary. It’s such a scary thing to know that this place isn’t going to stand. We’ve got a young child in here, a couple of us have young children. If this place goes, its worrying.”	number of people sleeping rough in East Sussex. Numbers of people sleeping rough in East Sussex on a single night in Autumn 2023 (snapshot) = 85. Eastbourne (37) and Hastings (31) had the highest numbers with Lewes, Wealden and Rother having the remaining 17 rough sleepers across these large rural areas. The services within the proposals are in Hastings and Eastbourne which would place additional stress on the Districts & Boroughs and homelessness services. Rough sleeping snapshot in England: autumn 2023 - GOV.UK (www.gov.uk) Options for people sleeping rough is limited due to their complex needs and the already overburdened housing rental sector. This is further exacerbated by several grant funding streams supporting services people with multiple compound needs, including the East Sussex Rough Sleeping Initiative and Changing Futures programme, due to end in March 2025. The services offer accommodation to families with young children; having a stable living situation and on-site support from the staff has meant they have been able to remain living together as a family,	

			without this there is a significant risk the family could be separated with children being taken into care. Homelessness during childhood can be a traumatic experience that affects life-long health and wellbeing. In 2019, Information Services Division (ISD) Scotland conducted a mixed method health needs assessment of children experiencing homelessness in the NHS Lanarkshire board area. They concluded that homelessness is a traumatic Adverse Childhood Event (ACE) that can affect a person's health and wellbeing throughout their life, and that homeless children are also more likely to experience other ACEs. They often experience poorer physical and mental health than their housed peers and were significantly more likely to be referred to CAMHS (Children and Adolescent Mental Health Services), although were less likely to attend appointments. Key recommendations arising from this work included the acknowledgement of inequalities in health outcomes faced by children experiencing homelessness, and the need for joint working across homelessness, health, care, schools and other public services that interact with homeless children. Equalities considerations for housing, homelessness, health and care (ihub.scot)	

			If the proposals are agreed, then all the people living within the accommodation will need to be offered an assessment by adult social care to identify if they have Care Act eligible needs and for information and advice or signposting. This will have an impact on the operational teams within adult social care who would need to complete these assessments and may increase other service provision from ASCH were support needs are eligible. Given the short notice period on the contract (3 months) this will allow limited time for these to take place.	
Disability	In the 2021 census, 20.3% of East Sussex residents were living with a long-term physical or mental health condition or impairment that affected their ability to carry out day-to-day activities, the same proportion as in 2011 (compares to 18% for England & Wales). 34.8% of households in East Sussex had at least one member identifying as disabled under the Equality Act in 2021. Data from the adults who used the service in 2023/24 shows: 90% of people living in the services reported having a	From both the group engagement and the 1:1 sessions with people living in the service the majority of people and staff felt that there would be a disproportionate impact to people with mental health conditions. Key themes: • Mental Health services being at capacity. • Not being able to manage crisis. • Increased waiting times at A&E and GP practices.	People who are disabled are likely to be more affected by the proposal, this is because a higher number of people accessing the service identified as being disabled in comparison with number of disabled people in the general population. The current service provides clear pathways of support for those with additional or complex needs and makes sure that all staff have appropriate training in mental health conditions and trauma-informed approaches. Should this service end, these pathways and specialisms will no longer be available unless suitable alternative provision is arranged.	If these proposals are agreed there are limited mitigation opportunities available. It is likely the services would close and therefore anyone living in the service at that time would need to find alternative accommodation. The revised proposal to extend funding to 31 December 2025 may enable more people to find suitable alternative accommodation and support. We would offer a social care assessment to all current people living in the service. This will help to ensure that people who are statutorily eligible for support receive it.

	disability. This is significantly higher than local and national population figures of 20.3% 8% of people living in the service were reported as having a severe and enduring mental health as their primary condition. This is compared to 1.2% in East Sussex and 1% of the population in England who were recorded on GP registers as having schizophrenia, bipolar affective disorder and other psychoses in 2020/21. **National Data: Support Needs and Homelessness:** Of all households owed either a prevention or relief duty, 53.7% identified as having one or more support needs. The most common support need was for those with history of mental health problems, accounting for 26.0% of households owed a homelessness duty. The second most common was for those with physical ill health and disability accounting for 19.2% of households owed a duty. Other notable groups include those at risk of or with experience of domestic abuse (11.1%), those with offending history (7.9%), those with a history of repeat homelessness (6.5%) and those with learning disability (5.9%).	• Temporary Accommodation not being a safe place to live. • Not receiving support from staff will lead to more risk. Comments: "Mental health will worsen". "More strain on the Mental health services, more pressure, which are already struggling. Close Sanctuary down and you will pay for it through the NHS and councils instead". "It's nice to know we will get support with 'accommodation' but everyone's missing the point… it's the 'support'. I was like a scared rabbit when I came to this place, I wouldn't be here today… these guys have worked with me every day and got me to where I am now. If we're rehoused because of the cuts, where's our support?" The secondary impact is the post move on '6-month support offer' which allows people living in the service to contact the team and request additional support for up to 6 months. Our data tells us that	The support provided helps individuals to stabilise their mental health, supporting them to recognise fluctuations, identify techniques to better manage these changes and enable more resilience in the long-term. Many of the people currently living in the service report challenges accessing other forms of support i.e. telephone, community based and ad-hoc and felt that having available on-site support was what had really made a significant difference to them as they had been able to build up a trusting relationship with the support team. Service providers report that they are working with more people with complex and multiple needs. People with complex needs have a combination of mental health and drug and alcohol problems and additional issues such as a learning or physical disability and offending behaviour. The proposed changes to services may mean that this group find it more challenging to access and maintain accommodation. This may result in an increase in homelessness and street homelessness, and associated health problems such as substance misuse and mental health issues. People with learning difficulties and learning disabilities may process information in a different way. 23%	If services cl[illegible] of the withdrawal of [illegible] unding, we will work with service providers to ensure people who may be at risk of homelessness are identified and appropriate and timely referrals are made to the Local Housing Authorities as per our duties under the Homelessness Reduction Act 2017. We will ensure individuals are signposted to specific support services in order to receive advocacy and support if required. We will ensure that all information relating to the proposals is provided in various formats to support a range of additional support needs, working with service providers to identify which people currently using services require adjustments.

	Please see below for a summary of data from 2023/24: **Primary Disability:** Mental Health (54%) Physical Disability (13%) Learning Difficulty (18%) Learning Disability (5%) None (10%) **Number of long-term conditions:** 1 = 15% 2 to 4 = 74% None = 8% *Not recorded = 3%* **Primary and Secondary Mental Health:** **Homelessness- Primary mental health conditions:** Anxiety = 41% Autism = 3% Depression = 33% Personality disorder = 3% Schizophrenia = 5% Other = 8% None = 3% *Not recorded = 4%* **Secondary mental health conditions:** Anxiety = 28% Depression = 31% None = 13% Other = 15% *Not recorded = 13%*	this is well used and is a positive and preventative aspect of the service that both people living in the service and staff felt would be missed. Staff comments: "Housing benefits are set up, utilities are set up, changes of address, rent letters, people have been in so long they are used to the day-to-day support, help to get access to funding. Staff continue to be point of contact after 6mths period. The person is trusted and the value of this offsets people going into crisis. Hard to capture the hidden benefits for residents. Help them to develop their coping skills. Answer the phone to people who left 6 months ago, helping to signpost people to services. Most residents stay local to the area." "We're still there at the end of the phone beyond six months." A concern was raised in the group and 1:1 engagement sessions about people living in the service on benefits	of the adults within the service identify as having either a learning difficulty or a learning disability. Of these, 5% have a learning disability, which is almost double the national figure of 2.6% of the population How Common Is Learning Disability In The UK? How Many People Have A Learning Disability? | Mencap. Within the service, people are supported to manage their mental and physical health, e.g., by helping to keep appointments and referring to additional services if needed. People may experience negative impacts on their health if alternative provision is not in place. People who are homeless experience some of the worst health outcomes in England and die around 30 years earlier than the general population. Primary and secondary health services are difficult for homeless adults to access, and intensive support is often required to enable adults to engage with services to ensure that health needs are met. Health And Care Services For People Sleeping Rough | The King's Fund (kingsfund.org.uk) A reduction in services available for these adults may result in an increase in unmet health and social care needs and due to the complex needs of the people living in the services there is like to be a	

	This information is further evidenced by the number of people within the service claiming disability related benefits (Personal independence payments (PIP)/Employment Support Allowance): 13% PIP helps with some of the extra costs caused by long-term disability, ill-health or where they are approaching the end of their life due to a progressive disease. From 8 April 2013 DWP started to replace Disability Living Allowance (DLA) for working aged people with PIP. In 2024 approximately 5% of the UK population claimed PIP. 13% of adults using the service are entitled to the 'daily living component' of Personal Independence Payments which evidences the fact that people in this group do not have eligibility for disability support benefits. This is also reflected in the disability section that reflects there being a lower number of physical, and severe and enduring mental health needs. However, this figure is still significantly higher than the national average and indicates a disproportionate impact on this group who have a lower income.	being stigmatised and safe and long-term accommodation was more of a challenge than those in employment. The cost-of-living crisis has also had an impact on affordability of housing in the area. "When you bring in external factors of move on, affordability, availability, amount of info needed, guarantors etc for private landlords – and discrimination against those in receipt of benefits in the private sector".	subsequent increase in A&E attendance, suicide, self-harm, hospital admissions, and demand for adult social care services. There is one wheelchair accessible unit within the current provision (St Aubyn's), alternative suitable accommodation may be difficult to source which would have a negative impact on those with a physical disability.	

Gender reassignment	The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+)[1] Comprehensive Needs Assessment estimates that there may be 5,572 Trans and Gender Diverse (TGD) people (1% of the population) living in East Sussex 2021 Census: 1640 residents declared their gender identity was different to that assigned at birth which is 0.4% of the population. No people living in the service during 2023/24 identified as transgender.	There were no specific views regarding this protected characteristic.	Of the current cohort no one has identified as transgender. However, in the UK, one in four transgender people have experienced homelessness, with twenty-five per cent of participants experiencing discrimination when buying or renting accommodation (lgbt_in_britain_-_trans_report_final.pdf (stonewall.org.uk)). This indicates this group of people will be more likely to need to access housing related support services and more likely to struggle to find accommodation. "*Those who were trans, non-binary and/or agender, from a minority ethnic group, and/or disabled were all much more likely to report having been homelessness in the last year, and being from a minority ethnic group, disabled, trans, non-binary and/or agender or under 25 were all associated with increased risk of homelessness in the next year*". How is the LGBTQ+ community impacted by homelessness? – Data Impact blog (ukdataservice.ac.uk)	No mitigation has been identified.
Pregnancy and maternity	According to (NOMIS) data for East Sussex there were 4,411 live births in 2022, a crude birth rate of 8% of the population. Pregnancy is a life changing event known to increase the risk	There were no specific views regarding this protected characteristic.	It is not felt there is a significant impact of the proposals on pregnant women or those with young children due to low numbers of referrals for pregnant women in the last year compared with the	Work will be undertaken with providers to identify anyone within services who is pregnant or living with young children to ensure 'Duty to Refer' protocols are followed.

	of domestic abuse and relationship breakdown which further increases housing insecurity and risk of homelessness. A survey by the Royal College of Midwives and Dispatches in 2019 discovered that more than 99% of midwives had seen a pregnant woman who was homeless in a six-month period. 2023 saw the highest numbers of families experiencing homelessness and living in temporary accommodation since records began. Of the women who used the service in 2023/24 there was 1 (from 22 women) who was pregnant at time of referral. (4.5%)		general population sharing this protected characteristic Women who are pregnant or have young children living with them are classed as priority need under The Homelessness (Priority Need for Accommodation) (England) Order 2002. Several studies have linked housing insecurity and adverse impacts on the health of the child including low birth weight, premature birth, maternal death, and increased need for healthcare of the child post birth (Housing instability and adverse perinatal outcomes: a systematic review - PMC (nih.gov)).	East Sussex [illegible]cil Commission accommodation for young parents (under 25 years old), anyone meeting the criteria to access this accommodation could potentially access this if there is availability
Race (ethnicity) Including migrants, refugees, and asylum seekers	8.0% of the adult population in East Sussex is from an ethnic minority group (including White minority groups). This compares to 18.8% in England. In 2021, 93.9% (512,440) of usual residents in East Sussex identified their ethnic group within the high-level "White" category, a decrease from 96.0% (505,420) in the 2011 Census, but still significantly higher than the English national average (81.0%) and also higher than the average for the Southeast region (86.6%).	There were no specific views regarding this protected characteristic.	The data tells us that the service has a high population of white British people which is in line with East Sussex but is significantly lower than the national average. ethnic minority groups have much lower representation in the service. It is not anticipated that people from different ethnic backgrounds would be disproportionately affected by this proposal, and therefore, the impact is neutral. Evidence suggests that ethnic minority individuals are at a higher	Service providers will identify anyone currently using the services who requires additional support as a result of their race or ethnicity.

	4.6% were of another white background; 1.6% were Asian/ Asian British, 0.5% were Black/ Black British and1.3. % were from other ethnic backgrounds. Those selecting a non-UK identity only accounted for 5.5% of the overall population (29,880 people), which is an increase from 4.3% of the population (23,090 people) in 2011. Data from the people living in the service in 2023/24 shows ethnicity as: Mixed: White & Black African = 3% Other ethnic group: Arab = 3% White**:** English/Welsh/Scottish /Northern Irish/British = 94% In terms of the national picture of homelessness, a higher proportion of people identified as homeless in Census 2021 identified within the "Black, Black British, Black Welsh, Caribbean or African" (15.0%), "Mixed or Multiple ethnic groups" (5.1%), or "Other ethnic group" (6.1%) high-level categories, when compared with the rest of the population of England and Wales (4.0%, 2.9%, and 2.1%, respectively)		risk of experiencing "hidden" homelessness. They were also less likely to perceive themselves as homeless and therefore less likely to access homelessness services, making homelessness in these communities less visible. Common housing problems for ethnic minority people include a lack of information about housing options and rights, difficulties in obtaining information due to language differences, literacy issues, and lack of familiarity with the system, institutional discrimination, difficulties in getting specialised advice and difficulties in getting complaints addressed. Ethnic minority people affected by homelessness tend to rely on a limited number of ethnic minority organisations that provided services targeted to these groups.	

Religion or belief	In 2021, 45.9% (250,330) of usual residents of East Sussex identified as Christian, down from 59.9% (315,650) in 2011. The second most common religion in East Sussex after Christianity is Islam. The proportion of the population stating they were Muslim increased from 0.8% of the usual resident population (4,200) in 2011 to 1.1% (6,190) in 2021. This is low compared to both the Southeast Regional and the English national averages, with 3.3% of residents in the South East specified their religion as Islam, and 6.7% across the whole of England. People in East Sussex with the highest proportion of people with no religious belief is Hastings (37%), and Lewes (32.5%) also having a notably higher proportion of people with no religion than the national average. People living in the service in 2023/24 data shows their religion as: **<u>Service %</u>** Christian (all denominations) = 3% None= 44% Not known= 53%	Comment from the consultation exercise: “it will take her away from her support structure and church which maintains her wellbeing.”	The number of people living in the service where their religion is unknown is high. As all other sections of the data collation is completed thoroughly, we feel that it is safe to assume that this answer was given due to the people in the service not having a religion or belief that is important to them. The equalities information from the online consultation has not given us any further insight into this area. No specific impacts are identified at this time Whilst it may be possible for some individuals to seek additional support via their religious or spiritual groups it is not likely this would represent a mitigation unless they are able to provide accommodation and on-site support. Service Providers will be encouraged to consider if this may be relevant within individual's needs.	No mitigation [illegible] been identified.

Sex	Of the population of East Sussex, 299,064 (52%) are female and 270,788 (48%) are male. Of the people living in the service in 2023/24 their gender was broken down into the following: Female = 26% Male = 74% Homelessness and gender: Women are less likely to experience forms of homelessness that are immediately visible to the public and to services, so it can be assumed that women are less likely to be homeless. However, women make up a greater percentage (60%) of those who are homeless and in temporary accommodation. 32% of homeless women from the general population reported that domestic abuse contributed to their homelessness and 52% of domestic abuse survivors need support to help them stay in their own home or move to new accommodation. (https://safelives.org.uk/spotlight-5-homelessness-and-domestic-abuse) Women in refuges are also not visible to the public and are not included in statutory	From the engagement and 1:1 sessions, women in the service reported having been without a home or experiencing street homelessness due to domestic abuse. Key themes: • Safety and security provided by a staffed environment. • Staff trained in mental health skills and trauma informed support. Comments: “I was beaten, I couldn’t stop or get out of those situations because I was scared to be on my own. Being here has given me hope, a goal to look forward to. I can do this on my own, I have people that matter… the staff and the whole house is family”. “I’ve got more hope, more get up and go every day. Before, you’d only got to look at me. I was thinking about how to end it”. “I’ve got the support worker and a roof over my head. if I didn’t have this, I don’t know if I’d be here today”.	The data of people using the service indicates that men would be disproportionately impacted by this proposal as more men access the service than women. It was also noted that during the consultation there were several reports made by women using the service of their experiences of street homelessness and temporary accommodation and how vulnerable they were to abuse and exploitation in these settings, there is a risk that if individuals currently accessing the service are unable to find suitable alternative accommodation they will return to similar situations. Therefore although fewer women use the service they may experience particularly adverse effects if the service were to cease.	No mitigation [illegible] been identified.

	homelessness statistics. If a woman is homeless but not in temporary accommodation or a refuge, they are less likely to be visibly rough sleeping. Instead, women tend to stay in precarious accommodation, refuges, sleep on trains or other less visible places. In the last 10 years, the number of women in England who are homeless has increased by 88%. Myth Busting Women's Homelessness - Homelessness Link			
Sexual orientation	The 2021 East Sussex LGBTQI+ Comprehensive Needs Assessment estimates that there may be between 17,273 and 39,004 LGB+ people living in East Sussex (between 3.1% and 7% of the population) In adults, the GP patient survey found that mental health condition prevalence was significantly higher in LGB+ people (41%), compared to heterosexual people (11%), especially in bi people (56%). The National Institute of Economic and Social Research found that heteronormative assumptions as well as experiences and/or fears of discrimination prevent LGB&T	There were no specific views regarding this protected characteristic.	The data shows us that the number of LGBTQI+ people currently using the service is in line with the general population however there is a significant number of adults who did not wish to disclose their sexual orientation and therefore it is difficult to fully determine the impact. The service provider can support to ensure any people affected are aware of the specialist LGBTQI+ support services in East Sussex & Brighton who can offer signposting, counselling, and advocacy support however these services will be unable to provide accommodation or onsite support to the individuals living within the service therefore this is not felt to be a mitigation.	No mitigation options have been identified.

	people from accessing mainstream services. For this reason, LGB&T people prefer and are more engaged with specialist LGB&T organisations. According to the 2021 Census 3.3% of East Sussex residents declared themselves as LGB+. Of the people living in the service in 2023/24 the sexual orientation was broken down into the following: Bisexual = 3% Heterosexual = 74% Does not wish to disclose= 23% The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+) Comprehensive Needs Assessment found that homelessness disproportionately impacts LGBTQ+ people - 18% of LGBTQ+ and TGD people surveyed had experienced homelessness at some point in their lives.			
Marriage and civil partnership	Not applicable People who are married or in a civil partnership are protected by the Equality Act and should not face discrimination or victimisation. These protections extend in the provision of housing and accommodation. We do not routinely collect data on the	In 1:1 sessions with people living in the service raised the secondary benefits that partners and family receive with their loved one living somewhere safe and secure. “I’d lose the support; I’d lose my confidence and safety. This is now my home, so I’d be losing my home. My boy	N/a	N/a

	relationship status of users of the services.	and my partner like coming here, so they'd lose a home as well."		
Armed Forces	There are no people who have served in the armed forces in the service. East Sussex had the 4th highest proportion of veterans in the 16 and over population (4.6%) in the Southeast. Across the UK, the majority (93.8%) of veterans said they lived in an owner occupied or shared ownership house, privately rented or socially rented house or flat; a small proportion (2.3%) said they lived long-term with family or friends and 1 in 400 veterans said they were homeless, rough sleeping or living in a refuge for domestic abuse. National and local data suggests that homelessness is increasing for this cohort of people, last year, in spite of the pledges made under Operation Fortitude, there was an increase in homelessness among Armed Forces veterans of 14%, with 2,110 households affected, up from 1,850 the previous year. Veterans' Survey 2022, demographic overview and coverage analysis, UK - Office for National Statistics (ons.gov.uk)	N/a There were no specific views regarding this protected characteristic.	There were/are no people who have served in the armed forces when a snapshot of data was taken in 2023/24 and 2024/25 No specific impacts are identified at this time	No mitigation options have been identified.

Impacts on community cohesion	Due to the complex nature of this group, the likelihood of further need for support to acquire safe, stable and affordable accommodation will be high. Any increase of street homelessness or need for temporary accommodation will have a knock-on impact to the community, both in terms of additional pressure on Housing; with long waiting lists for temporary accommodation and social housing, but also an increase in need for reliance on VCSE services in relation to homelessness prevention and all associated support needs/risks highlighted throughout this document.	Many of the comments in all of the feedback sessions were that the human cost of these decisions would negatively impact the community by causing an increase in homelessness. Key themes: • A reduction of support for those that need it in the community. • Increased burden on the community due to Primary, Secondary and Tertiary support services, which are already at capacity, seeing an increase in referrals. • Increases in street homelessness, criminality and preventable deaths. • The stability and safety of services being lost will ultimately cost more. Comments: "It would cost more if we all went out into the community. "Temporary Accommodation is likely to be more expensive. This will have a knock-on effect on local resources," "I've grown up, I've got friendships with the people who live here."	Potential for increases in rough sleeping and street begging due to inability to manage and maintain employment and accommodation. Wider impacts for consideration would be increased criminality, illicit substance or alcohol misuse and all the associated risks.	No mitigation [redacted] been identified.

		Criminality: A key theme from the views of the people living in the service was, due to the stability and safety of the on-site support improving their lifestyles, this has reduced criminal activity. They point out the cost of not supporting people like them could result in higher crime rates which could lead to harm to the community. Person living in the service quote: “Residents experience genuine problems trying to help themselves and to not give up on life, get into a lot of trouble with police when things are bad. “There will be more strain on police and NHS, possible suicides”.		

Additional categories
(identified locally as potentially causing / worsening inequality)

Characteristic	What do you know?	What do people tell you?	What does this mean?	What can you do?
Rurality	It is not known if current people living in the service previously lived within rural areas. A report completed in 2023 Homelessness in the Countryside identified that rural areas receive 65% less funding per capita than	Key Themes: There was a concern by the majority of people living in the service and staff that we engaged with, that due to the areas where the services are situated, that the lack of move on opportunities due to	Whilst all the services are based within urban areas, referrals are accepted from people across the county including the more rural areas. It can therefore be surmised that the services help to address rural inequalities by providing a supported accommodation offer	The are no identified mitigation actions for this section

	urban areas for homelessness prevention and there is a 24% increase in rural rough sleeping in the past year. 74% of the population in East Sussex lives in an urban area with the remaining 26% living in a rural area (2021 census).	up to 6+ years waiting lists for housing would put inordinate pressure onto an already strained service. Hastings, Bexhill and Eastbourne were particular concerns, and it was felt that if people living in the service were re-housed (which couldn't be guaranteed) that they would have to move out of area away from their support networks.	which if removed further limits the options available to individuals.	
Carers	There are over 10,000 persons claiming Carers Allowance in East Sussex. (Source DWP Feb 2020) Care for the Carers estimates that there are 69,241 unpaid carers in East Sussex. It is difficult to know the actual number of carers because so many carers are hidden. It is not known if any of the current people using the service provide care and support to others.	Comment from consultation exercise: "We don't know where she [daughter] will end up. We cannot look after her with us due to age and infirmity"	Any reduction in direct support to people living in the service may result in an increase of families and friends having to take on more of a carer role. This could be anything from providing a temporary place to sleep (sofa surfing) to an individual receiving regular care and support due to them not coping. It is likely that this proposal would have a negative impact on, or see an increase in, the number of people providing informal care and support. This could particularly impact on the Vulnerable Adults homelessness service due to the individuals being less likely to be eligible for ASCH or Health specialist support. This cohort would need to rely on VCSE support with no eligibility criteria which will reduce support options thereby increasing the likelihood for informal carer roles.	Any carers, family or friends affected by these proposals will be signposted to access VCSE, advocacy or wellbeing support where possible.

			Most of the people who experience homelessness are single adults. Any likelihood of either threat of homelessness or actual homelessness is likely to have a knock-on effect to the person's family or support network who may need to provide informal carer support by either allowing them to sofa surf, or provide emotional, financial and general support during this time. Homelessness and having to rely on family members and/or friends can trigger feelings of hopelessness, helplessness and worthlessness which can increase the likelihood of depression alongside associated risks of maintaining relationships, poor mental health and suicidal ideation.	
Other groups that may be differently affected: (1) **People who use alcohol and substances**	Data from people living in the service showed over a quarter (26%) of people identified they have an issue with substance misuse. This is in comparison with a UK wide figure of 9.5% of the population. (Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) Data shows, those who were single were more likely to have used a drug in the past year (15.4%) compared with those who were married or in a civil partnership (4.2%). For the year ending March 2023, the estimated proportion of	There was a fear from both staff and people living in the service that there was a likelihood of increased substance and alcohol use. Key themes: • A likelihood of increased alcohol and substance misuse. • An increase in criminality. • Preventable deaths. • A reliance on drug & alcohol services that are also within the proposed cuts. Comments:	Over a quarter of people living in the service told us that they have an issue with substance misuse. As this is significantly above the national data it would indicate people with this characteristic are more likely to be negatively impacted by this proposal. People with substance misuse issues are far more likely to be street homeless. This could mean an increased impact for the individuals accommodated within this service who may not have ASCH eligibility but would fall within a high-risk group in terms of substance	People in East Sussex have access to substance misuse services. However, it is worth noting that as part of the RPPR savings proposals changes to funding for substance misuse recovery services are also being proposed. With serious issues, an individual may receive statutory support from ASC alongside, Change, Grow, Live (CGL) who are able to provide support for a variety of substance and alcohol dependency and misuse, such as 1:1 and group counselling support, and/or rehabilitation.

	people reporting any drug use in the last year was higher among younger age groups (17.6% of those aged 16 to 24 years) compared with older age groups (7.7% of those aged 25 to 59 years).	"These [services] are releasing pressure with mental health and drugs. You're going to be pushing people back into the cycle they are trying to escape. You're passing the buck and making more problems which is going to need more money put aside to fix" "You're going to have to work really hard on reassurance… people will be losing sleep, people will be drinking more, there's going to be all sorts of repercussions our end".	misuse and homelessness higher mortality rates. Additionally, illicit substance misuse results in increased likelihood of criminality. £1.4 billion is spent on drug-related police enforcement and criminal justice system costs per year in England. A further £5.5 billion is spent on drug-related crime.	
Other groups that may be differently affected: (2) **People at risk of Suicide and Self Harm**	As mentioned in the introduction, suicide is the second highest cause of death for homeless people. People who fall through the gaps of support services are at a higher risk of suicide. Comparison of Suicide Risk by Mental Illness: a Retrospective Review of 14-Year Electronic Medical Records - PMC (nih.gov) In 2022, there were 5,642 suicides registered in England and Wales (10.7 deaths per 100,000 people); this is consistent with 2021 (5,583 deaths; 10.7 per 100,000). Around three-quarters of suicides registered in 2022 were males	There is a fear from both people living in the service and staff that any fear of closure, or actual closure could lead to deliberate self-harm and suicidal ideation. Many people living in the service spoken to in the engagement events were quoted as saying that they would be dead or at risk of dying without the service. Many people reported having a history of suicide attempts and/or deliberate self-harm. Key themes: • Increased anxiety and low mood due to the proposals. • A likelihood of increases in deliberate self-harm and suicidal ideation.	Any concern in relation to housing is likely to exacerbate wellbeing and may increase the need for specialist support and/or homelessness prevention. People living in the services told us that they would be more likely to attempt suicide or self-harm if they lost their current accommodation, the support they have was removed or they faced returning to temporary accommodation. We therefore conclude there is a potential to see an increase in people ending their lives by suicide. Suicide is a leading cause of death and affects people of all ages. The full impact of suicide can affect families and friends for many	Commissioners will maintain links with service providers who will be monitoring individuals within the services throughout the process to identify those at risk and to refer onto appropriate support agencies where these are required. Noting that if the service ceases this monitoring will cease.

	(4,179 deaths; 74.1%), equivalent to 16.4 deaths per 100,000. The rate for females was 5.4 deaths per 100,000 in 2022, consistent with rates between 2018 and 2021. Among females, the age-specific rate was highest in those aged 50 to 54 years (7.8 deaths per 100,000); in 2021 the highest rate was in those aged 45 to 49 (7.7 deaths per 100,000). Among males, the age-specific rate was highest in those aged 90 years or over (32.1 deaths per 100,000), followed by those aged 45 to 49 (23.0 deaths per 100,000).	• Preventable deaths. • A reliance being pushed to already overburdened mental health services and long waiting list to receive access to psychological therapies. People living in the services and staff comments: "You will have blood on your hands". "People will have nowhere to go and will end up back on the streets". "It is short sighted to look at places like this. You won't save money, there will be more homelessness, drug addiction, crime. This place supports vulnerable people, staff build rapport with us. Saves people from addiction, erratic lifestyles, crime, self-harm. On books saves money but impact is significant. In the MH field, this service specialises. Not enough beds in hospital. People are falling through the cracks, not everyone can access social care. This is a frontline service."	years, leaving feelings of intense guilt and self-blame. Those bereaved by suicide are a high-risk group for adverse health outcomes and suicidal behaviour. In a study involving 7,158 people bereaved by suicide, 77% were negatively impacted. Mental and physical health problems linked to the suicide were reported in half of those who were negatively impacted. Adverse social outcomes and engaging in high-risk behaviours following the suicide were common. Over a third reported suicidal ideation and 8% had attempted suicide as a direct result of the suicide loss. Most had not accessed support services, with the majority viewing provision of local suicide bereavement support as inadequate.	
Other groups that may be differently affected: (3)	In England, data from the Ministry of Housing, Communities and Local Government (MHCLG) showed that 2.7% of single households owed a	Children's Services at ESCC: "A decision to stop funding the on-site support for accommodation services for adults with additional and	16% of the people living in the service in a snapshot of Q1 2024/25 were care leavers.	East Sussex County Council will continue to commission Young People's services in order to meet our statutory requirements to these adults.

Care Leavers	homelessness prevention or relief duty by their local authority in 2023/24 had a support need related to being a care leaver. Statutory homelessness in England: financial year 2023-24 - GOV.UK In 2017, the homeless charity Centrepoint argued care leavers were particularly at risk of homelessness due to: • deficiencies in transitional and practical support (for example, financial support), • a lack of suitable accommodation, • accommodation moves coinciding with critical moments in education, and • greater social isolation. Research published by MHCLG in 2020 identified care leavers as facing barriers to securing and maintaining affordable housing, with a third becoming homeless within two years of leaving care. From a snapshot of Q1 2024/25, there were 5 adults who were Care Leavers in the service.	mental health support needs would lead to a reduction in the number of supported accommodation options for care leavers who are most likely to require support to develop their tenancy sustainment skills before moving on to live independently. A care leaver moved into the service after sofa surfing and being street homeless for a long period said: • "It's difficult being alone, especially from 18. I don't have a lot of contact with my family which is why I need supported accommodation. I can't get a job and wouldn't be able to sustain myself living alone – supported accommodation is really needed." • "Temporary accommodation is horrible. You feel like a prisoner. You can't do anything. You have security searching your things, threatening to kick you out. You have drug dealers, drug users, people stealing your things. I couldn't	There is limited data on the number of people in England who are care leavers in relation to the general population however figures from the office for national statistics show in 2023 there were 83,630 children looked after by the state which equates to approximately 0.12% of the general population. This indicates care leavers would be disproportionately impacted by this proposal. The four different groups (leaving care status) are: 1- "Eligible child" someone who is 16-17 and still in care. 2- "Relevant child" someone who 16-17 and used to be in care. 3- "Former relevant child" someone aged between 18 and up to 25 who used to be an "Eligible Child" or "Relevant Child". 4-"Qualifying care leaver" someone aged between 16 and up to 25 who was in care for less than 13 weeks after their 14th birthday. The service provision is for adults aged 18 and over so only young people who meet the criteria in 3 and 4 above are likely to apply to / use this service. Former relevant children are no longer dependent upon the local authority for income and housing costs. They can obtain benefits in their own right. If they become homeless at the age of 18, 19 or 20, they will automatically be seen	East Sussex [illegible] Council Commissioning will work with the providers, and Children's Services and the Through Care Teams to ensure any people that we have identified having a statutory duty to can be offered this service.

		leave my room. I didn't feel safe". • "There will be lives lost. There will be people that won't make it - either by falling back into drug use or [dying by] suicide".	as being a priority need. If they become homeless at the age of 21 or over, they will need to be assessed to establish whether they are vulnerable. ESCC provides support for Care Leavers in accordance with the Children and Social Work Act 2017. The proposal reduces the available options for Care leavers with ongoing support needs and therefore may impact on Through Care and Children's Services and may result in people accessing higher cost specialist funded placements due to a lack of suitable alternatives.	

Assessment of overall impacts and any further recommendations - include assessment of cumulative impacts (where a change in one service/policy/project may have an impact on another)

Key Impacts:

90% of people living in the adults with additional support needs part of the supported accommodation service reported being disabled. A quarter of people also reported using illicit substances. The proposal to withdraw funding will have a negative impact on working age adults, disabled people , people of all genders and those who have experienced multiple disadvantages. This is likely to have a knock-on effect to other services, many of which are already facing challenging positions.

The Supported Accommodation Services support the County's more disenfranchised residents to access appropriate support to exit homelessness in a rapid and sustainable way. They improve the lives and conditions of those who have experienced multiple disadvantage and inequality who may otherwise not be eligible for supported living options in East Sussex due to not meeting Care Act eligibility.

By withdrawing funding for the support, it is likely the services would no longer be financially sustainable resulting in tenants needing to find alternative accommodation or facing eviction.

Risks:
If the proposals go ahead, we anticipate that they would result in closure of the services and therefore an increase in homelessness, including outcomes that are related to homelessness. This would potentially include an increase in:

- street homelessness
- suicides and death on the streets
- people living in unsafe conditions
- use of health services particularly A&E
- demand for mental health services
- sexual, physical, and emotional exploitation of vulnerable people at risk
- alcohol and illicit substance misuse
- safeguarding
- criminal behaviour

According to the data in section two, there is a high likelihood of people using the adults with additional support needs part of the Supported Accommodation services not having needs that are eligible for ASCH support. These adults may therefore be at a higher risk of harm due to their being fewer options for support.

This is further exacerbated as several grant funding streams supporting services for people with multiple compound needs, including the 'East Sussex Rough Sleeping Initiative' and 'Changing Futures programme', are funded by short term grant allocations leaving uncertainty about the future of the services they fund.

Intersectionality:
If the proposals go ahead, they will impact individuals who have more than one protected characteristic, thereby exacerbating the impact of the decision. Applying a systemic analysis to the impact of the decision ensures protected characteristics are not considered in isolation from the individuals who embody them. People who are homeless are disproportionately disadvantaged across multiple areas and have more than one protected characteristic, in particular in terms of race, socio-economic status, sex and disability.

With the potential for additional reductions in funding to other support services within RPPR scope, the cumulative effect on the availability of support options for people affected by these proposals is significant.

3. List detailed data and/or community feedback that informed your EqIA

Source and type of data (e.g. research, or direct engagement (interviews), responses to questionnaires, etc.)	**Date**	**Gaps in data**	**Actions to fill these gaps: who else do you need to engage with?** (add these to the Action Plan below, with a timeframe)
1. National Housing Federation - Homelessness 2. Sussex-Uncovered-3_2019.pdf (sussexcommunityfoundation.org) 3. Accessible template for reports and policies in Word (green branding) (eastsussex.gov.uk) 4. "Hidden" homelessness in the UK: evidence review - Office for National Statistics (ons.gov.uk) 5. People experiencing homelessness, England and Wales - Office for National Statistics (ons.gov.uk) 6. is-england-fairer-2016-most-disadvantaged-groups-homeless-people.pdf (equalityhumanrights.com) 7. Deaths of homeless people in England and Wales - Office for National Statistics (ons.gov.uk) 8. East Sussex Joint Strategic Needs Assessment | (eastsussexjsna.org.uk) 9. https://www.eastsussexjsna.org.uk/ Health and Housing 10. Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) 11. Deaths of homeless people in England and Wales 2021 registrations .pdf 12. State of the County 2022: Focus on East Sussex 13. English Housing Survey 2021 to 2022: private rented sector - GOV.UK (www.gov.uk) 14. Suicides in England and Wales - Office for National Statistics (ons.gov.uk) 15. Rough sleeping snapshot in England: autumn 2023 - GOV.UK (www.gov.uk) 16. How is the LGBTQ+ community impacted by homelessness? – Data Impact blog (ukdataservice.ac.uk) 17. Homelessness Act 2002 18. Homelessness Reduction Act 2017 19. Housing Act 1996 section 193 20. Homelessness code of guidance for local authorities - Chapter 8: Priority need - Guidance - GOV.UK (www.gov.uk) 21. Section 20 of the Children Act 1989	09/12/2024	N/a	N/a

22. Improving Lives Together 23. ONS reveals the number of people dying homeless | National Statistical 24. East Sussex Suicide Prevention Framework 25. Veterans' Survey 2022, demographic overview and coverage analysis, UK - Office for National Statistics (ons.gov.uk) 26. Homelessness statistics - GOV.UK (www.gov.uk) 27. Understanding the impact of suicide | Research in Practice 28. Children looked after in England 29. Suicide bereavement in the UK: Descriptive findings from a national survey - PMC (nih.gov) 30. Health And Care Services For People Sleeping Rough | The King's Fund (kingsfund.org.uk) 31. Comparison of Suicide Risk by Mental Illness: a Retrospective Review of 14-Year Electronic Medical Records - PMC (nih.gov) 32. Rethinking drugs: criminalisation is causing harm - Revolving Doors			
What information have we used to develop this EQIA? • KPI's and Contract information • Service user information • Consultations • Risk Assessments • Complaints • Surveys/Feedback • Census data • East Sussex Demographics • National Reports • Previous EQIAs **Please note: All of the data used within this document has been drawn from the 2023/24 full financial year as opposed to a 2024 snapshot as it has been deemed that a full year would capture the clearest data on adults who were placed in or been referred into the Supported Accommodation services in RPPR scope.** ***(The only exception to the above is the data on 'client age', and 'care leavers' which has been taken from 2024/25; as this area hadn't been captured within the 2023/24 data).***	**09/12/2024**	**N/a**	**N/a**

We held two separate 'Group Consultation Engagement' sessions for all of the Vulnerable Adults/Additional Needs Supported Accommodation Services. They were held on the following dates: • Monday 4th November 2024- AM session- Priory Avenue. • Friday 8th November 2024- PM session- St. Aubyn's. At these events, we allowed time for any people who live in the service to speak to an Adult Social Care representative. Eight 1:1 sessions took place where people living in the service were given the opportunity to have their views on the impacts of the proposals recorded.	**09/12/2024**	**N/a**	**N/a**
Beneficiaries, dependencies and Stakeholder Consultation meetings: • Heads of Service- Operational Management Team Meeting- 20/09/2024 • Homelessness Health and Support Group- 24/09/2024 • Mental Health and Supported Living Accommodation Board- 26/09/2024 • East Sussex Mental Health Oversight Board- 27/09/2024 • Mini East Sussex Housing Officers Groups- 03/10/2024 • Financial Inclusion Steering Group- 07/10/2024 • Changing Futures- 10/10/2024 • Citizens' Panel- 11/10/2024 • Disability Rights Representation Group- 18/10/2024 • East Sussex Inclusion Advisory Group- 22/10/2024 • Harm to Hope Partnership- 07/11/2024 • East Sussex Seniors Association- 08/11/2024 • East Sussex Housing Partnership Board- 15/11/2024	**09/12/2024**	**N/a**	**N/a**

4. Prioritised Action Plan

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
Age	Arrangements for all to be offered a Social Care needs assessment. Arrangements for all to be offered Local Housing	The majority of people living in the service accepting an assessment from ASC and the Local Housing Authority.	Eligibility criteria to access alternative housing options and/or support services are set via other legislative frameworks. Whilst all attempts will be made to work with these	End of September 2025.

	Authorities assessment of duty to house. Where there are vacancies, and manageable risks, for any people under 25 to be considered for ASC funded Young People services. Signposting to alternative support services.		stakeholders to support people currently living within the service to be referred, there is no guarantee they will meet eligibility criteria to receive housing and/or support. A successful transition would be that there are no people living in the service of any age, disability or need that, due to service closure, results in: • Homelessness and/or living on the streets • Suicide attempts • Death • Increase drug and alcohol use • Physical or Mental Health deterioration • Admission to hospital • Harm from abuse • Increased needs for support services Increased need for support from carers, family and friends.	
Disability	As above	As above	As above.	End of September 2025.
Impacts on community cohesion	As above	There will be an increased impact on a range of support services due to the complex needs of the people placed in services.	As above. Additionally, the knock-on impact to primary, secondary and tertiary services.	End of September 2025.

Other groups that may be differently affected: • **People who use alcohol and substances** • **People at risk of Suicide and Self Harm**	Support staff will be able to look at support options for any people living in the service who require specialist support. Sussex Partnership Foundation Trust Mental Health services may be accessed via Health channels if a person is deemed to have eligibility to access specialist mental health assessment and treatment.	Any people living in the service that require specialist support will be offered support to engage with services. However, there is likely to be a limit as to what can be offered that will replace the support they currently receive, and external services may not be able to offer support within the set timeframes; if at all. Additionally, some alternative support services that may have been considered are also under scope of the current ASC funding proposals.	As above. Additionally, the knock-on impact to primary, secondary and tertiary services.	End of Sept

Appendix A

By Age:

Age range	Priory Ave (SSL)	St. Aubyn's (SSL)
Young Adults- 18-24	**30%**	**50%**
Adults- 25-34	**15%**	**30%**
Adults- 35-44	**50%**	**10%**
Adults- 45-54	**5%**	**10%**
Adults- 55-64		
Older People- 65-74		
Totals	**20**	**10**

By Referral Source:

Eastbourne Borough Council	11	28%
Hastings Borough Council	27	69%
Wealden District Council	1	3%
Grand Total	**39**	

Gender:

Female	10	26%
Male	29	74%
Grand Total	**39**	

By Religion:

Christian (all denominations)	1	2%
None	17	44%
Not known	21	54%
Grand Total	**39**	

By Ethnicity:

Did not wish to disclose	2	5%
Mixed: Other	2	5%
White: British	35	90%

Grand Total	**39**	

By Sexual Orientation:

Bisexual	1	3%
Does not wish to disclose	9	23%
Heterosexual	29	74%
Grand Total	**39**	

By Pregnancy:

No	10	100%
Grand Total	**10**	

Number of children living with the individuals:

1	2	100%
2	0	0%
Grand Total	**2**	

Primary Disability:

Learning Difficulty	7	18%
Learning Disability	2	5%
Mental Health	21	54%
None	4	10%
Physical Disability	5	13%
Grand Total	**39**	

Number of long-term conditions:

Not recorded	1	3%
1	6	15%
2 to 4	29	74%
None	3	8%
Grand Total	**39**	

Primary Mental Health:

Not recorded	2	5%
Anxiety	16	41%

Autism	1	2.5%
Depression	13	33%
None	1	3%
Other	3	8%
Personality disorder	1	2.5%
Schizophrenia	2	5%
Grand Total	**39**	

By Secondary Mental Health:

Not recorded	5	13%
Anxiety	11	28%
Depression	12	31%
None	5	13%
Other	6	15%
Grand Total	**39**	

Physical Health:

Not recorded	2	5%
No	23	59%
Yes	14	36%
Grand Total	**39**	

Substance Misuse:

Not recorded	1	2%
No	28	72%
Yes	10	26%
Grand Total	**39**	

By Economic Status:

None	1	2.5%
Apprentice	1	2.5%
Part Time (>37 hours)	2	5%
Personal Independence Payment (PIP)	5	13%
Universal Credit	30	77%

Grand Total	**39**	