Equality Impact Assessment

Name of the proposal, project or service
Decommissioning of Commissioning Grants Prospectus Advocacy Outcome

File ref:		Issue No:	
Date of Issue:	January 2016	Review date:	January 2017

Contents

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

1.3 The Public Sector Equality Duty (PSED)

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

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

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

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

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

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

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

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

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

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

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

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

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

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

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision,this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.

- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

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

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

2.1 What is being assessed?

a) Proposals to reduce funding for Advocacy Support Services:

Proposal is to de-invest in POhWER, a community advocacy charity. POhWER provide a variety of advocacy support and interventions to enable people with a learning disability and those people with PDSI (Physical Disability and Sensory Impairment) to make informed choices, express their views and exercise full rights as citizens. The appropriate advocacy support required will depend on the individual/s and the support required in each case. An individual may access different types of advocacy support for different reasons or at different times. Types of advocacy support will include:

- Short term case work advocacy (around 70% of direct advocacy hours)
- Citizen advocacy (around 20% of direct advocacy hours)
- Drop-in advocacy (around 10% of direct advocacy hours)

b) What is the main purpose of these proposals?

Due to spending reviews, Adult Social Care had to reduce budgets allocated to projects and services. Within this context Adult Social Care has sought to protect, as far as possible, statutory services for vulnerable adults. However, withdrawal of funding from services may have significant impact on the lives of current and potential users. It is understood that funding being reduced or taken away completely may have significant impact on the lives of current and potential users. This may mean that advocacy services may be delivered in a different way or not at all. Adult Social Care has to consider the impact of potential loss of funding.

c) Manager(s) responsible for completing the assessment

Richard Lewis, Strategic Commissioning Manager

2.2 Who is affected by the proposals? Who is it intended to benefit and how?

This proposal affects those who are using POhWER, who are commissioned to provide a number of advocacy services for adults over 18, including those who are receiving Adult Social Care including:

- People with physical disabilities
- People with autism
- People with a sensory impairment
- Older people
- Peoples whose first language is not English
- People who have experienced discrimination or exclusion

From April 1 2015, the Care Act extended the right for eligible people to have independent advocacy to help them be actively involved in their care and support process, including their:

- Care assessments
- Care and support planning
- Care and support reviews
- Safeguarding enquiries

- Safeguarding adult reviews (previously known as serious case reviews).

This provision is for people who have substantial difficulty in being involved with the assessment of their needs or with their care planning or care reviews, if they have nobody appropriate to help them be engaged. ESCC Adult Social Care needs to be able to make referrals to an advocacy service. Advocacy supports individuals to understand the 'system', understand the consequences of their decisions and make informed decisions. Advocacy under the Care Act will apply from the point of first contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review. If the person does not have an "appropriate adult" to support them, then an independent advocate will be appointed to support and represent them in the following:

- A needs assessment
- A carer's assessment
- The preparation of a care and support or support plan
- A review of a care and support or support plan
- A safeguarding enquiry
- A safeguarding adult review
- An appeal against a local authority decision under Part 1 of the Care Act (subject to further consultation).

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

The proposal of de-investment has gone through a process of consultation and iGrace process. There will also be consultation with providers in partnership with Richard Lewis to agree a plan. If the Council decide to go ahead with these budget proposals this service could be decommissioned. A three month notice period will be served on this provider. The provider will be asked to communicate this to people using the service at that time and work to identify action for them, where appropriate.

Options may include information and advice about alternative services where available, or referral to ASC for assessment and support planning where it seems that the client or their carer may have eligible needs in terms of the Care Act 2014 and the well-being principle or require advocacy. For clients of carers who have a current assessment and support plan (which may or may not include the service): an action will be provided to advise them to contact their social worker for review if they are concerned that their eligible needs may no longer be manageable and they require advice and guidance, advocacy or further support planning.

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

Adult Social Care has been working in partnership with POhWER since 2010. Last year POhWER supported 835 people in the County. POhWER support 247 people with PDSI and 116 people with LD. POhWER provides an independent advocacy service across a number of services:

- People with physical disabilities
- People with autism
- People with mental health issues
- People with a sensory impairment

- Older people
- Peoples whose first language is not English
- People who have experienced discrimination or exclusion

POhWER also sub-contract with VANDU for provision of a service where the client requires additional support with a spoken language other than English.

Although people accessing ASC may use it for multiple reasons, for the purposes of this EqIA the primary reason for our service users using advocacy service will be because they are people with a disability. POhWER will deal with issues about adult social care services provided by the council. POhWER provides a free service and independent service to support adults who have physical or sensory disabilities and/or have difficulties expressing their needs.

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

This proposal is affected by the Care Act 2014, which has a new advocacy provision. The Care Act introduces new statutory advocacy from April 2015. This is for people who have substantial difficulty in being involved with the assessment of their needs or with their care planning or care reviews, if they have nobody appropriate to help them be engaged.

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

People can either self-refer or be referred to by professionals to POhWER. There is a form that can be downloaded on the website, which is then sent onto the contact centre. Once a referral is made to the contact centre it is assessed by staff and allocated if they are deemed eligible to use the services.

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

Once a referral is made the service will access qualification of services if they are in receipt of East Sussex Adult Social Care Learning Disability Services. For those who do not meet the criteria for accessing POhWER services individuals will be signposted to other agencies.

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

Provider will ensure a range of support and service is available to people with a learning disability across East Sussex. The service will provide a network of advocacy support for adults with learning disabilities who are eligible for East Sussex Adult Social Care Learning Disability Services and provide effective signposting to other agencies for those individuals that do not meet eligibility.

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

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

Types of evidence identified as relevant have **X** marked against them			
	Employee Monitoring Data		Staff Surveys
x	Service User Data	x	Contract/Supplier Monitoring Data
x	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
x	Complaints		Risk Assessments
	Service User Surveys	x	Research Findings
x	Census Data	x	East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence

3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

None.

3.3 Are there any potential impacts concerning safeguarding that this assessment should take account of? Please consider any past evidence of safeguarding events or potential risks that could arise.

From April 1 2015, the Care Act extended the right for eligible people to have independent advocacy to help them be actively involved in their care and support process, including their:

- Care assessments
- Care and support planning
- Care and support reviews
- Safeguarding enquiries
- Safeguarding adult reviews (previously known as serious case reviews).

This provision is for people who have substantial difficulty in being involved with the assessment of their needs or with their care planning or care reviews, if they have nobody appropriate to help them be engaged. ESCC Adult Social Care needs to be able to make referrals to an advocacy service. Advocacy supports individuals to navigate the 'system', understand the consequences of their decisions and make informed decisions. Advocacy under the Care Act will apply from the point of first contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review. If the person does not have an "appropriate adult" to support them, then an independent advocate will be appointed to support and represent them in the following:

- A needs assessment
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- A review of a care and support or support plan
- A safeguarding enquiry
- A safeguarding adult review
- An appeal against a local authority decision under Part 1 of the Care Act (subject to further consultation).

ASC has adopted a policy to refer individuals to independent advocacy where they lack capacity in a safeguarding context but do not require the in-put of an IMCA. This helps deliver Making Safeguarding Personal by ensuring a focus on the individual's desired outcomes when they need support to have a voice.

3.4 If you carried out any consultation or research explain what consultation has been carried out.

East Sussex County Council engaged, communicated and informed service users, carers, their families, representatives from the services and other key stakeholders openly transparently and appropriately. There was a comprehensive number of engagement activities, consisting of an 8-week consultation period from the 23 October until the 18 December 2015.

Full consultation results relating to these proposals can be found in 'Consultation Results: ASC Savings Proposals 2015' Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request. .

We have tried to ensure that messages about potential changes have been repeated regularly so that information is shared in an accessible way and any concerns can be raised. There was an easy read presentation and accompanying literature to the presentation to communicate the potential to de-invest. Our methods included:

1. Learning Disability Partnership Board
2. Involvement Matters team
3. Locality Network Consultations.
4. Drop in awareness raising events.
5. Sent information to providers and clients (Easy Read)
6. Meeting with CLDT's in Health and ASC
7. POhWER have been consulting with their users
8. Inclusion Advisory Group (this took place on 3rd November 2015. Comments on the proposals are below).

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

This consultation is wide ranging. The feedback is that advocacy is an invaluable and already limited resource that should not be cut. There is also a view that, as other services are vulnerable to cuts, advocacy will be ever more important.

There is also recognition of the obligations of East Sussex County Council under the Care Act.

Inclusion Advisory Group 3rd November 2015

Key points of the discussion:

Concern was expressed about the hardship that will be caused for individuals and their families by these proposals overall especially where services are likely to be removed: sense of being abandoned. There will be a high impact on informal carers and volunteers and some voluntary organisations may not survive.

The loss of informal support networks and the workforce, skills and premises and other resources in the voluntary and social enterprise sectors will be hard to replace.

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options are being removed or reduced where there is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

Social isolation is a concern for older people where capacity is being taken out of supported housing and day support services. Likelihood of people needing more hospital care, safeguarding issues and this impact more on people in rural areas.

People on low incomes will also struggle to pay for services or manage to reach services if they live in rural areas.

Intervening when people are in crisis will be distressing for them and their families and costly for ASC and Health services. There will be an increase in people who need social care services and who are eligible for them. It is important not assume that people have family networks who can step in.

Risks

- Risk of removing services that offer early intervention and support choice and control for individuals
- Pushing people into crisis and then needing to meet their needs: this makes a crisis hard to recover from.
- Higher residential, hospital and crisis intervention costs than support in the community.
- Risk about social isolation in sheltered housing and escalating need.
- Risk about carers – not being able to meet the requirements of the Care Act about health and wellbeing
- Compromises people choice and control.
- Loss of voluntary sector capacity and services
- Big impact on mental health clients -loss of community based services now helping people learn independence and recovery skills
- Loss of buildings and staff- hard to replace once gone
- Hard to source other funds- loss of smaller more vulnerable organisations
- Increased homelessness and mental health issues- particular concerns about young people in need and risk of homelessness from SP reductions.
- Increase in hardship and poverty in rural areas, loss of support, increased social isolation. Increasing cost of living in ES.

- Multiple impact on people with mental health issues.
- Risk of loss of peer support networks and skills.
- Potential increase in suicide and complex problems
- Increase in substance misuse
- Risk about more people being on streets, risk around gender, mental health, mothers and children, rural areas, things that will combine e.g. people on low incomes in rural areas.
- Risk of assumptions about families stepping in and the impact this might have, e.g. on LGBT people and older people.
- Risk to volunteering -volunteers may be impacted by cuts and less able to carry out voluntary work
- Increased charges for voluntary organisations services.- risk to people on low incomes.

Recommendations

1. Organise drop in consultation events for full-time workers. Need to arrange evening sessions.
2. Communicate the changes carefully, precisely and clearly to clients and carers.
3. Inform and advise smaller organisations on how they can access alternative funding to maintain their service, even if not in the same way to help them survive.
4. Advise about becoming social enterprises.
5. Support the capacity of small organisations to draw on funding by encouraging organisations to work together to apply for funding as a larger organisation.
6. Monitor the delivery of the savings and the ESBT programme progress carefully.
7. Monitor the impact of the changes on existing clients and people whose needs escalate.

Public consultation results

People raised the fact that advocacy is an essential service helping people to be independent and is needed by the most vulnerable. Some people won't be able to speak up for themselves without this service. Social workers don't provide the same level of 1-2-1 support and BME people's ability to access support and services would be affected.

"Advocacy is an essential service…to help people understand their rights and choices in sometimes very difficult and delicate situations can be paramount to their wellbeing."

"Concerned about large amount of cuts in this area, for older people particularly. Don't feel social workers or other staff provide the same level of 1-1 service. I may not get the support I need in future, no one to talk to about my concerns or help me get the services I need in future'

'I do not know what I would have done without an advocate to help me through the process and support me when I thought everyone else was against me. It's the help in getting what I feel onto paper so that it makes sense and is not a jumble and also to sit beside me at meetings so that it is not just me and two or three others against me. Without your help in the future I may as well give up'

IT – Client – carer for mother – support given to support him through Financial Assessment and Appeals, Safeguarding, change of care home for mother and support to get her back home

Advocacy has a vital role to play in giving people and their families a voice in their own care, particularly at times when people might need independent support to make choices about their health and wellbeing.

"I think that giving people a voice is extremely important and one of their most basic human rights, therefore if you take funding away from an advocacy service and support away from them at home or from a day service, some will not be able to speak up for themselves"

'It was obvious when the man from Adult Social Care arrived that he was only interested in cutting the money I receive. He would not listen to me and kept saying that cuts had to be made. This made me feel so anxious and I couldn't cope. My breathing became so bad I couldn't speak to him. I am so thankful an advocate came to my aid. He was able to explain that it was not about saving money or cuttings costs it was about meeting my needs. Helped take the pressure off me, spoke to me about what I wanted and we put everything down in writing explaining what kind of care I needed and how I spent my money. I am not able to function if I am pressured and I needed the help of an advocate to get my point across' EA – client – supported at care review following the end of the Independent Living Fund

Concerns were raised about the importance of advocacy when looking at financial matters and the negative impact if Advocacy were not available

'I was shocked to hear that they were thinking of making cuts to advocacy! How can they? My care package was cut by two thirds by someone who did not understand my condition and appeared only to care about saving money. I would have been left in a very vulnerable position, losing my PA who helps me prepare healthy meals and do things I cannot do because of my illness. It was only when I instructed an advocate did it seem as if people listened. The advocate helped me write an excellent appeal letter that explained why I needed the help I was getting. He supported me during meetings and helped me when I had forgotten things I wanted to say. This help and support enabled me to get back most of my care package, keep my PA and continue to access the community. I could not have managed this without the support of an advocate.' GV – client – supported at Care review meeting and financial assessment

'I was told that I owed East Sussex over £1,200 and I knew that I always paid my debts and could not owe them anything. I explained and asked them to check but they said I owed the money and had to pay. I complained and still they insisted I had to pay. In the end someone suggested I get an advocate from Pohwer to help me and I am so glad I did. He was able to go through my paperwork with me and he too could not see where I owed money. He said he would speak to East Sussex and almost immediately they found they had made a mistake. I think without an advocate they would not have looked more closely and I could have ended up in Court as I did not have the money to pay.' PT – client – supported to challenge an outstanding debt with ESCC

Professionals have described the value of advocacy both in supporting peoples rights and that their independence can make the process easier and save time:

I have now reviewed and ended my involvement with MB as she appears happier and there are no further actions to consider. Obviously we will be reviewing residents on a regular basis and checking the incident reports received. We have an incident tracker and we will keep a close eye on this until all issues resolved in home. I don't know how clients will manage without the support of advocacy.

Thank you for all your help. (Social Worker)

I have mentioned it to professionals at various units and pointed them towards the online form. They have all expressed that they would not want the service to be changed or affected as they are grateful to have advocates visiting the units and saying we provide a much needed service to the patients. – Reported by Advocacy provider

Today a professional told me that now the patients on her ward all seem keen to hear from or speak to the advocate about any issues they may have when previously they have been ambivalent and it is good to see them making use of the service. It would not be good for them if it were to stop being available. – reported by Advocacy provider

The Advocacy provider also offered an organisational response which includes the following section:

There can also be no further reduction in funding for statutory advocacy services, such as IMHA and Care Act advocacy. As statutory services Local authorities have to make available the necessary resources to meet demand.

Given significant reductions being planned in other areas of support, there is again a significant risk that there will be increased demand on these services. For example, we know that during times of austerity incidences of mental ill health increase. If there is not sufficient community support available, people can fall into crisis, losing their job or even their home. This places a significantly increased pressure on already stretched mental health services and well as local authority resources for re-homing etc.

The Care Act also places the responsibility on local authorities to ensure people are able to fully understand and participate in decisions being made about their care and treatment. With an ageing population, more people will require statutory advocacy support to engage in and navigate the assessment process. Therefore sufficient resources for the advocacy service to support this must be protected.

Please also refer to our community impact report. Hard copies have been sent.

Roan Dyson – Director, POhWER

If the service wasn't available people wouldn't get the support they need to access services and support, particularly mental health services and BME clients.

Comments were also made on how removing advocacy services could lead to reduced quality of life, increased social isolation, deterioration in mental health.

As well as not making the savings, suggestions included: giving plenty of notice, working with partners through any changes and talking honestly with people about what it means.

Full consultation results relating to these proposals can be found in ‘Consultation Results: ASC Savings Proposals 2015’ Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request. .

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 539,766. East Sussex has a higher than average older population with around 24.7% of people aged over 65, compared to the national average of 17.7%. There are 282,320 people aged 45+ (52.4%) (*ONS Mid-Year Population Estimates in June 2014)*. 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 tables below shows projected figures in 2014 and how there is a growing older population.

	All people	0-15	16-29	30-44	45-64	65+
East Sussex	539,766	92,380	77,698	87,338	149,255	133,095
Eastbourne	101,547	17,282	16,542	17,931	25,409	24,383
Hastings	91,093	17,022	15,526	16,851	24,558	17,136
Lewes	100,229	17,380	13,822	16,344	28,231	24,452
Rother	92,130	13,943	11,493	12,045	26,248	28,401
Wealden	154,767	26,753	20,315	24,167	44,809	38,723

Population estimates by age groups as in June 2014 in East Sussex and its districts

(source: ONS Mid-Year Population Estimates)

Age group Geography	All people	0-15	16-29	30-44	45-64	65+
England and Wales	100.0	18.9	18.3	19.8	25.3	17.7
South East	100.0	19.0	17.0	19.4	26.0	18.6
East Sussex	100.0	17.1	14.4	16.2	27.7	24.7
Eastbourne	100.0	17.0	16.3	17.7	25.0	24.0
Hastings	100.0	18.7	17.0	18.5	27.0	18.8
Lewes	100.0	17.3	13.8	16.3	28.2	24.4
Rother	100.0	15.1	12.5	13.1	28.5	30.8
Wealden	100.0	17.3	13.1	15.6	29.0	25.0

Percentage of population estimates by age groups as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates)

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

Table 4a - Age of clients with new cases (Physical Disability and Sensory Impairment)

Age Range	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
16 - 24	4	5%	3	6%	4	5%	0	0%	7	3%
25 - 29	3	4%	3	6%	3	4%	0	0%	8	4%
30 - 34	0	0%	3	6%	0	0%	1	2%	7	3%
35 - 39	2	3%	0	0%	2	3%	4	7%	8	4%
40 - 44	4	5%	4	8%	4	5%	6	11%	17	8%
45 - 49	2	3%	6	12%	2	3%	3	6%	13	6%
50 - 54	7	9%	3	6%	7	9%	8	15%	21	10%
55 - 59	7	9%	7	14%	7	9%	4	7%	20	9%
60 - 64	10	13%	6	12%	10	13%	5	9%	25	11%
65 - 69	3	4%	4	8%	3	4%	5	9%	13	6%
70 - 74	5	6%	3	6%	5	6%	3	6%	12	5%
75+	33	41%	9	18%	33	41%	15	28%	68	31%
Prefer not to say	5		11		5		7		28	
Total By Quarter	**39**		**62**		**85**		**61**		**247**	

POhWER Community Advocacy Report (For the period of Q4 - 1 October, 2014 - 30 September, 2015)

Table 4a - Age of clients with new cases (Learning Disability)

Age Range	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
16 - 24	1	6%	4	15%	1	4%	7	22%	13	13%
25 - 29	3	17%	3	12%	2	8%	4	13%	12	12%
30 - 34	2	11%	1	4%	3	13%	1	3%	7	7%
35 - 39	1	6%	2	8%	0	0%	1	3%	4	4%
40 - 44	3	17%	6	23%	4	17%	2	6%	15	15%
45 - 49	4	22%	5	19%	0	0%	1	3%	10	10%
50 - 54	1	6%	1	4%	3	13%	2	6%	7	7%
55 - 59	1	6%	1	4%	5	21%	4	13%	11	11%
60 - 64	0	0%	1	4%	3	13%	3	9%	7	7%
65 – 69	1	6%	1	4%	3	13%	1	3%	6	6%
70 – 74	1	6%	1	4%	0	0%	3	9%	5	5%
75+	0	0%	0	0%	0	0%	2	6%	2	2%
Prefer not to say	2		4		6		5		17	
Total By Quarter	**20**		**30**		**30**		**36**		**116**	

POhWER Community Advocacy Report (For the period of Q4 - 1 October, 2014 - 30 September, 2015)

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

Yes.

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

The two ASC groups that access POhWER – PDSI and LD are showing different usage across the age demographics. Whilst for people accessing advocacy because of PDSI they are more likely to be in the older age groups with 31% of clients being over 75 years old and 30% of new cases within the year were for those using POhWER between the ages of 50-65.

For those people with a PDSI another significantly large age group using their services are those clients between the ages of 50-65 who are 30% of new cases within the year, which suggests a larger cohort of PDSI clients being older.

There is a much lower percentage of older people over the age of 75 accessing advocacy amongst those people with LD, only 2% of those people with LD accessed advocacy services. For those with LD the clients groups are much more spread out, by far the largest group is from the 40-44 group which is 15% of all new cases over the year, the 16-24 and 25-29 have a share of 13% and 12% respectively. 73% of all the people with Learning Disabilities who used advocacy were between the ages of 25-64. Of those people with LD over 65 only 13 percent use it in comparison to 42% of over 65s of those people with PDSI.

The likely age profiles for these groups are different depending on whether the person is accessing advocacy as a PDSI or LD client. A person with a PDSI is more likely to be older than a person with LD. A person with a LD is more likely to be of working age, going through transition into adult services, or if they have parent carers who are themselves becoming older are most likely to be accessing these services. So by de-investing in these services, different groups will be impacted. As these clients will already be accessing support from ASC because of their disability this will, for the most part, be their primary impacted protected characteristic. However, there are issues of double or even triple barriers to accessing services, within the age characteristic the prevalence of disability rises with age: in 2012/13, 7% of children were disabled (0.9 million), compared to 16% of adults of working age (6.1 million), and 43% of adults over state pension age (5.1 million) (source: Department for Work and Pensions, July 2014, Family Resources Survey 2012/2013). Disability increases the risk of need for support within the home (Linden et al. 1997, Avlund et al. 2001), hospitalisation (Wolinsky et al. 1994, Avlund et al. 2001), nursing home admission (Sonn et al. 1996, Laukkanen et al. 2000) and premature death (Jagger et al.1993, Sonn et al. 1996, Avlund et al. 1998). Older people with difficulties in carrying out daily activities are in a danger of losing independence when placement in a nursing home becomes a realistic alternative (Laukkanen et al. 2000). Such individuals need help to be able to remain community-dwelling. According to self-reports by elderly people, disabilities feature among the most important determinants of diminution in quality of life. Thus, not having advocacy can restrict the quality of life of individuals with PDSI and can be amplified further in older age.

Likewise, the importance of working aged people with learning disabilities not having advocates can impact on their life chances of finding employment, being represented in adult services and their being able to access everyday services. Poverty.org stated that: disabled adults were twice as likely to live in low-income households as non-disabled adults, and this has been the case throughout the last decade. For all family types, a disabled adult's risk of being in low income is much greater than that for a non-disabled adult.

For both groups there is a need for East Sussex County Council, as a local authority, to meet its obligation under the Care Act 2014 to provide access to an independent advocate to support the person's involvement in the assessment if required.

Case Study

E is a young man with sensory impairments and severe physical disabilities. He has extremely challenging behaviour and is unable to communicate verbally. He left mainstream school at 16 but was not placed anywhere as social services were unable to find him suitable care in the area – they wanted to send him out of the county into residential care, contrary to his parents' wishes.

So E stayed at home and his parents received little support from social services. As a result, E's behaviour worsened and he became even more challenging for his parents to look after. His parents were at their wits end and contracted POhWER for help and support.

After spending time with Eric and his family, getting to know what E wanted through the use of different communication techniques, the advocate was able to find Ea specialist day centre within the area. They took time to get to know him and as a result his behaviour has improved. His parents describe him as 'a different person' and both he and they are able to take far greater control of his health and well-being. The change in Eis not only benefitting him and his family but it will also mean less demand on social services in the future.

NB Removing advocacy is about not enabling people of working age – ASC need to ensure advocacy is maintained and in place for people of all ages.

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

To ensure we maintain an advocacy service which will meet our statutory duty under the Care Act 2014.

f) Provide details of the mitigation.

Ensure an accessible service is provided to people of all ages, impairments/disabilities and backgrounds through comprehensive equalities monitoring including wider data trends and service-user feedback.

g) How will any mitigation measures be monitored?

- Examine provider data, trends and service-user feedback in regular contract monitoring meetings (Strategic Commissioning Team)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

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

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

Residents with limiting long-term illness in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

	All people	People with long term health problem and disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
East Sussex	526,671	107,145	58,902	48,243	419,526
Eastbourne	99,412	20,831	11,209	9,622	78,581
Hastings	90,254	19,956	10,375	9,581	70,298
Lewes	97,502	19,054	10,583	8,471	78,448
Rother	90,588	21,242	11,591	9,651	69,346
Wealden	148,915	26,062	15,144	10,918	122,853

Residents with limiting long-term illness in 2011 - super output areas

(source: ONS Mid-Year Population Estimates)

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

Table 4e - Disability of clients with new cases (Physical Disability and Sensory Impairment)

Client Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Acquired brain injury	1	2	2	1	**6**
Autism/ Asperger's Syndrome	1	1	2	0	**4**
Learning disabilities/difficulty	2	5	10	7	**24**
Long term illness/condition	6	17	16	8	**47**
Mental health	10	14	26	13	**63**
Mental Health - Dementia	3	1	12	3	**19**
Mental Health - Older Peoples'	0	0	2	1	**3**
Physical Disabilities	6	15	12	11	**44**
Sensory disabilities - blind - severe visual impairment	1	1	1	1	**4**
Sensory disabilities - deaf - severe hearing impairment	3	2	1	2	**8**
Stroke	3	2	0	6	**11**
Substance misuse	2	1	0	0	**3**
Total By Quarter	**38**	**61**	**84**	**53**	**236**

Table 4e - Disability of clients with new cases (Learning Disability)

Client Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Acquired brain injury	0	0	0	1	1
Autism/ Aspergers Syndrome	1	2	0	3	6
Learning disabilities/difficulty	26	26	20	28	100
Long term illness/condition	5	4	1	6	16
Mental health	4	5	7	6	22
Mental Health - Dementia	0	1	1	0	2
Physical Disabilities	4	4	2	2	12
Sensory Impairment – Hearing	0	0	1	0	1
Sensory Impairment – Vision	0	1	0	0	1
Stroke	2	1	0	0	3
Substance misuse	0	0	1	0	1
Total By Quarter	**42**	**44**	**33**	**46**	**165**

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

Yes.

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

For those people who have a LD or PDSI, if they are unable to access advocacy they will not be able to have access to many services as advocacy aims to enable people to access services. Advocacy supports people with a learning disability to speak up and have their views heard by the right people. Without advocacy people will not be supported to understand their rights, have more choice and control over their life, enable them to make choices about their support and have access to high quality information and advice. This service also has a number of self-advocacy groups in East Sussex that support people to speak up for themselves, to have a voice at meetings with the Council and local healthcare organisations and to look at issues which affect people with a disability in the whole County.

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

To ensure we maintain an advocacy service which will meet our statutory duty under the Care Act 2014.

Additional communication support needs will continue to be met as detailed in the specification.

f) Provide details of the mitigation.

Ensure an accessible service is provided to people of all ages, impairments/disabilities and backgrounds through comprehensive equalities monitoring including wider data trends and service-user feedback .

g) How will any mitigation measures be monitored?

- Examine provider data, trends and service-user feedback in regular contract monitoring meetings (Strategic Commissioning Team)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

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

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

Population estimates by ethnic groups in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

Population estimates by ethnic groups and gender in 2011 in East Sussex and its districts (source: ONS Census 2011): number

Language Service suppliers report the following languages to be commonly in use in the county (June 2015):

British Sign Language, Mandarin, Czech, Polish, Portuguese, Russian, Bengali, Arabic, Albanian, Lithuanian, Turkish

Ethnicity Geography	All White	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
England and Wales	86.0	80.5	0.9	0.1	4.4	2.2	7.5	3.3	1.0
South East	90.7	85.2	0.9	0.2	4.4	1.9	5.2	1.6	0.6
East Sussex	96.0	91.7	0.8	0.2	3.4	1.4	1.7	0.6	0.3
Eastbourne	94.1	87.4	1.0	0.1	5.6	1.8	2.8	0.8	0.5
Hastings	93.8	89.3	0.8	0.2	3.5	2.2	2.4	1.2	0.5
Lewes	96.6	92.5	0.8	0.1	3.2	1.3	1.4	0.4	0.3
Rother	97.1	94.1	0.7	0.1	2.1	1.1	1.2	0.3	0.2
Wealden	97.5	93.8	0.6	0.2	2.8	1.0	1.2	0.2	0.2

Population estimates by **ethnicity** as in June 2014 in East Sussex and its districts

(source: ONS Mid-Year Population Estimates)

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

Table 4f - Ethnicity of clients with new cases (Physical Disability and Sensory Impairment)

		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
White	British	26	90%	37	82%	49	79%	30	79%	142	82%
	English	1	3%	1	2%	2	3%	2	5%	6	3%
	Irish	0	0%	0	0%	1	2%	1	3%	2	1%
	Other White	0	0%	2	4%	4	6%	0	0%	6	3%
Mixed	White / Asian	0	0%	0	0%	0	0%	1	3%	1	1%
	White / Black Caribbean	0	0%	0	0%	1	2%	1	3%	2	1%
	Other Mixed Background	0	0%	2	4%	0	0%	0	0%	2	1%
Asian / Asian British	Other Asian / Asian British	0	0%	0	0%	1	2%	0	0%	1	1%
Black / Black British	African	1	3%	0	0%	0	0%	1	3%	2	1%
	Other Black / Black British	0	0%	1	2%	3	5%	0	0%	4	2%
Chinese / Other Ethnic Groups	Chinese	1	3%	0	0%	1	2%	1	3%	3	2%
	Other Ethnic Group	0	0%	2	4%	0	0%	1	3%	3	2%
Other	Prefer not to say	10		17		23		23		73	
	Total by Quarter	**39**		**62**		**85**		**61**		**247**	

Table 4f - Ethnicity of clients with new cases (Learning Disability)

		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
White	British	16	89%	23	92%	22	88%	17	22	78	89%
	English	0	0%	0	0%	1	4%	1	1	2	2%
	Scottish	0	0%	1	4%	0	0%	0	0	1	1%
	Other White	1	6%	0	0%	0	0%	0	0	1	1%
Mixed	White / Black Caribbean	1	6%	0	0%	0	0%	0	0	1	1%
	Other Mixed Background	0	0%	1	4%	1	4%	1	1	3	3%
Asian / Asian British	Indian	0	0%	0	0%	0	0%	1	0	1	1%
Chinese / Other Ethnic Groups	Other Ethnic Group	0	0%	0	0%	1	4%	0	1	1	1%
Other	Prefer not to say	2		5		5		16	5	28	
	Total by Quarter	**20**		**30**		**30**		**36**		**116**	

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

There is not a strong over or under-representation of ethnic groups over and above population in East Sussex. People with this protected characteristic will not be disproportionately affected than the general population.

d) What are the proposals' impacts on those who are from different ethnic backgrounds?

The impact will primarily impact those with a learning disability. Issues of double or even triple barriers to accessing services such as those with language barriers is something that the strategy acknowledges that some groups and communities may require additional help and support to participate.

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

Ensure that if required that there is accessible communication and language support where required and realistic. Also to mitigate negative impact, better

advance equality and to meet our statutory duty under the Care Act 2014 we need to have an advocacy service.

f) Provide details of the mitigation.

Ensure an accessible service is provided to people of all ages, impairments/disabilities and backgrounds through comprehensive equalities monitoring including wider data trends and service-user feedback .

g) How will any mitigation measures be monitored?

- Examine provider data, trends and service-user feedback in regular contract monitoring meetings (Strategic Commissioning Team)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

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

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

Gender Geography	All people	Males	Females
East Sussex	539,766	260,638	279,128
Eastbourne	101,547	48,918	52,629
Hastings	91,093	44,470	46,623
Lewes	100,229	48,701	51,528
Rother	92,130	43,976	48,154
Wealden	154,767	74,573	80,194

Population estimates by **gender** as in June 2014 in East Sussex and its districts

(source: ONS Mid-Year Population Estimates)

Gender	Number of people	Percentage of total	Percentage of East Sussex population of that gender
Female	600	42%	0.3%
Male	828	58%	0.4%

Population estimates by **disability and gender** of people with Learning as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates)

Gender Identity: There is no impact evidenced for gender re-assignment

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

Table 4b - Gender of clients with new cases (Physical Disability and Sensory Impairment)

Gender	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Female	25	64%	42	68%	45	54%	27	49%	139	58%
Intersex	0	0%	0	0%	0	0%	1	2%	1	0%
Male	14	36%	20	32%	38	46%	27	49%	99	41%
Prefer not to say	0		0		2		6		8	
Total By Quarter	**39**		**62**		**85**		**61**		**247**	

Table 4b - Gender of clients with new cases (Learning Disability)

Gender	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Female	8	40%	19	63%	17	59%	16	50%	60	54%
Male	12	60%	11	37%	12	41%	16	50%	51	46%
Prefer not to say	0		0		1		4		5	
Total By Quarter	**20**		**30**		**30**		**36**		**116**	

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

Yes.

d) What is the proposal, project or service's impact on different genders?

De-investment will primarily impact those with a disability. The tables show that although women make up 52% of the population that they make up 42% of all people with LD who are accessing East Sussex ASC. What is pertinent is that women with LD are more likely to access POhWER then men with LD. Women accessing POhWER were 54% of all new cases for the year compared to 46% of men accessing POhWER services. This is more pronounced in men with PDSI who were only 41% of all new cases compared with 58% of women who were new POhWER

cases. There is an under-representation of men with LD and PDSI using advocacy services. Research suggests that because men are often conditioned by social norms they may refrain from showing vulnerability or dependence (Iriss: 2013) by using services like advocacy, this may be reflected in the relatively lower uptake of advocacy by men. Women with LD and PDSI are more likely to be using advocacy services. If advocacy services were to be de-invested in women who access the service or potentially were accessing the services would be unable to gain support in their needs and supports. However, the overriding impact will be to people with disabilities and this would also mean that ASC were not complying with its statutory duty.

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

To ensure we maintain an advocacy service which will meet our statutory duty under the Care Act 2014.

f) Provide details of the mitigation.

Ensure an accessible service is provided to people of all ages, impairments/disabilities and backgrounds through comprehensive equalities monitoring including wider data trends and service-user feedback.

g) How will any mitigation measures be monitored?

- Examine provider data, trends and service-user feedback in regular contract monitoring meetings (Strategic Commissioning Team)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

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

N/A This proposal has no impact on this protected characteristic at present

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

N/A This proposal has no impact on this protected characteristic at present

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

N/A This proposal has no impact on this protected characteristic at present

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

N/A This proposal has no impact on this protected characteristic at present

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

4.9.1 Rural population

N/A This proposal has no impact on this protected characteristic at present

4.9.2 Carers

N/A This proposal has no impact on this protected characteristic at present

4.9.3 People on low incomes

N/A This proposal has no impact on this protected characteristic at present

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

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

Part 5 – Conclusions and recommendations for decision makers

5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	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.	The proposals risks adverse impact for disabled people as individuals. Disabled and older people who lack the communication skills, alternative personal support; or personal capacity will be disadvantaged as a result of their impairments in obtaining advocacy to enable fair access to services. Other disabled clients without these needs who are not disadvantaged in this way will be more able to ensure that their eligible care and support needs are met. Provision of advocacy support to disabled and older people who need care and support services is a requirement of the Care Act 2014. There is also a duty to refer individual people for independent advocacy who lack capacity within a safeguarding context when they don't require the specific in-put of an Independent Mental Capacity Advocate (IMCA). Making Safeguarding Personal requires a focus on individuals desired outcomes during safeguarding processes. Access to advocacy services must be monitored And kept under review in case of a failure to advance equality of opportunity.
	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.	
X	**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	
	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 *must* be removed or changed.	

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

See Action Plan.

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

Regularly

Date completed:	**January 2016**	**Signed by (person completing)**	**Richard Lewis**
		Role of person completing	**Strategic Commissioning Manager**
Date:		**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)
The provision of a variety of advocacy support and interventions to enable people with a learning disability and those people with PDSI (Physical Disability and Sensory Impairment) to make informed choices, express their views and exercise full rights as citizens.	Advocacy will need to remain.	Richard Lewis	Ongoing	Lead Officer time	EIA/Cabinet report

Working aged people with learning disabilities not having advocates can impact on their life chances of finding employment, being represented in adult services and their being able to access everyday services.	To ensure we maintain an advocacy service which will meet our statutory duty under the Care Act 2014. Removing advocacy is about not enabling people of working age – ASC need to ensure advocacy is maintained and in place. Ensure comprehensive equalities monitoring is put in place and wider data trends and service-user feedback is examined.	Richard Lewis	Ongoing	Lead Officer time	EIA/Cabinet report
This service also has a number of self-advocacy groups in East Sussex that support people to speak up for themselves, to have a voice at meetings with the Council and local healthcare organisations and to look at issues which affect people with a disability in the whole	To ensure we maintain an advocacy service which will meet our statutory duty under the Care Act 2014. Additional communication support needs should continue to be met as detailed in the specification. Ensure comprehensive equalities monitoring is put in place and wider data trends and service-	Richard Lewis	Ongoing	Lead Officer time	EIA/Cabinet report

County.	user feedback is examined. Care Act Advocacy will continue to be provided and would mitigate against any change in advocacy provision.				
Issues of double or even triple barriers to accessing services such as those with language barriers	Make sure that if required that there is accessible communication and possible interpreting and interpreting support where required and realistic. Also to mitigate negative impact, better advance equality and to meet our statutory duty under the Care Act 2014 we need to have an advocacy service. Ensure comprehensive equalities monitoring is put in place and wider data trends and service-user feedback is examined. Ensure that the provider enables and supports clients to access their service	Richard Lewis	Ongoing	Lead Officer time	EIA/Cabinet report

6.1 Accepted Risk

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Provision of a variety of advocacy support and interventions to enable people with a learning disability and those people with PDSI (Physical Disability and Sensory Impairment) to make informed choices, express their views and exercise full rights as citizens.	Legal / Financial	no	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team	Richard Lewis	EIA/Cabinet report
East Sussex County Council, as a local authority, to meet its obligation under the Care Act 2014 to provide access to an independent advocate to support the person's involvement in the assessment	Legal	No	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team	Richard Lewis	EIA/Cabinet report

Advocacy supports people with a learning disability to speak up and have their views heard by the right people. Without advocacy people will not be supported to understand their rights, have more choice and control over their life, enable them to make choices about their support and have access to high quality information and advice.		If this service were withdrawn there would be a period of readjustment – if gaps were not filled by other supports / Care Act Advocacy then this position could be reviewed.	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team	Richard Lewis	EIA/Cabinet report
If advocacy services were to be de-invested in women who access the service or potentially were accessing the services would be unable to gain support in their needs and supports.		Yes	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team	Richard Lewis	EIA/Cabinet report