



Name of the proposal, project or service
<b>Commissioning Grants Prospectus</b>
<b>De-commissioning Learning Disability and Autism outcomes</b>

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

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

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

### **1.3 The Public Sector Equality Duty (PSED)**

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

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”)

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 is disproportionately low

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

#### **1.6 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 equality 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 through the Commissioning Grants Prospectus:**

Proposal to de-invest in the person centred support for people with learning disabilities and autism. Proposed de-investment in the following Outcome and projects:

Outcome 2 :People with autism and their carers live fulfilling and rewarding lives

#### **On Line & Group Support (Autism Sussex)**

- Support for people with Autism and Families / Carers through on-line methods, group support and 121 mentoring

Outcome 3 & 6 - Person centred support for People with Learning Disabilities and Autism

#### **Nature Corridors for All (Railway Life Trust)**

- Experience and education with local community wildlife trust.

#### **Pathways to Employment (Autism Sussex)**

- Volunteering, training and skills.

#### **Arts Connect 2 (Culture Shift)**

- Creative activities, volunteer training and skills

#### **Provision of Zest Car Valet (Zest)**

- Social enterprise car valet service offering work and training

#### **Quality checking day services (Q-Kit) (Southdown Housing)**

- Service users trained as volunteer quality checkers of day services

#### **STEPS – Training and Development Programme (Pepenbury)**

- Setting up of charity shop with skills/experience opportunities for volunteers with learning disabilities.

#### **Gig Buddies - (Stay Up Late)**

- A project pairing people with and without a learning disability to become friends and attend events together.

#### **Studio Provision (Project Artworks)**

- Artists working with service users with behaviour that challenges and communication difficulties in art activities.

#### **b) What is the main purpose or aims of the 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. We as a service understand that funding being reduced or taken away completely may mean that the projects may have significant impact on the lives of current and potential users. As a service, there is an understanding that this may mean that the projects 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) and section or service responsible for completing the assessment**

Richard Lewis – Strategic Commissioning manager (LD and Autism)

**2.2 Who is affected by the proposals and how?**

The functions within the scope of this EQIA are primarily targeted at people with learning disabilities and Autism (and potentially other disabilities), their families and/or carers.

There is an increased likelihood that a proportion of them will live in the community without the support they need. It is likely that some service users may require statutory care services as a result of these services being de-invested in.

This group may also fall within other protected characteristics: Age, Gender, Gender reassignment, Sexual orientation, Race, Religion or belief Pregnancy and maternity, Marriage and civil partnership.

There will also be an impact on the projects and the project staff themselves.

On their own each project represents a medium to low risk where a reduction in service provision may absorb the loss through other providers or provision. However, collectively all these services being de-invested in at the same time will mean a serious gap in service provision. An alternate provision would need to be considered to avoid increased levels of isolation, reduced levels of well-being and reliance on other service providers and their carers. Without these preventative activities or alternate provision this will result in increased reliance on other services such as mainstream health services such as Primary Care and Mental Health and also impact Adult Social Care. This will also result in increased levels of social isolation, reduction in aspirations to get paid employment, increased used of Short Breaks, increased levels of carers' physical and mental ill health.

These projects are funded through the CGP as a mechanism to release funding previously known as Learning Disability Development Fund (LDDF) – a funding stream from central government to develop innovative provision following the publication of Valuing People.

**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. Concurrent to this they have been rated through the iGrace process. (an internal process to align projects funded through Health and ASC) 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 these services will be decommissioned. A three month notice period will be served on providers.

Providers 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,
- 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 and the well-being principle
- Referral to advocacy.

- For clients of carers who have a current assessment and support plan (which may or may not include the service): 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.
- Where accessing these services has been part of meeting eligible need alternatives will need to be found

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

1. The organisations effected are partners.

2. Some of the projects source alternative funding (ASC in effect part funds some projects) in which case those other funders could be viewed as partners. Joint funding partners are indicated against the projects below

3. Project Artworks, Culture Shift, Gig Buddies and Railway Land Wildlife Trust have worked with many venues across East Sussex to 'open them up' to people with a Learning Disability and/or Autism – these groups could be viewed as partners – frequently they give their time / venues at no cost: 'In kind' funding for these projects. These are listed below the projects.

##### **Nature Corridors for All (Railway Life Trust)**

- Experience and education with local community wildlife trust.

##### **Pathways to Employment (Autism Sussex)**

- Volunteering, training and skills.

##### **On Line & Group Support (Autism Sussex)**

- Support for people with Autism and Families / Carers through on-line methods, group support and 121 mentoring

##### **Arts Connect 2 (Culture Shift)**

- Creative activities, volunteer training and skills

##### **Provision of Zest Car Valet (Zest)**

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##### **STEPS – Training and Development Programme (Pepenbury)**

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##### **Gig Buddies - (Stay Up Late)**

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Other partners include:

- Funding Sources including Big Lottery, Arts Council England, Esme Fairbairn Foundation, Trusts & Grants.
- The De La Warr Pavillion
- The Towner Gallery
- The Birley Centre
- The National Trust – Sheffield Park and Burling Gap
- Hastings Museum
- Crowborough Community Centre

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

The proposals are made as part of ESCC's budget planning process, **Reconciling Policy, Planning and Resources for 2016-17**. The Council and Adult Social Care's statutory duties under the **Care Act 2014** will impact these proposals as well. These duties include:

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.
- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).
- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
- **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.



The guidance on section 2 of the **Care Act 2014** defines the local authorities' responsibilities for prevention and how this applies to adults. This includes three general approaches,

1. Primary prevention/promoting well- being
2. Secondary prevention/early intervention
3. Delay/ tertiary prevention

The services in this proposal are primarily aligned to 1 and 2

Other legislation that is relevant to these proposals is The Human Rights Act (see section 4.10)

Think Autism sets out 15 themes to outline provision for people with autism. The withdrawal of these projects would affect delivery of the following themes: 1,3,10,14 & 15 ( in blue below)

**Think Autism** Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update. April 2014

	<b>An equal part of my local community</b>	8	I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism
1	I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.	9	I want staff in health and social care services to understand that I have autism and how this affects me.
2	I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.	10	I want to know that my family can get help and support when they need it.
3	I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.	11	I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.
4	I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the	12	I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental

	staff who work in them to be aware and accepting of autism.		health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.
5	I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.	13	If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.
6	I want to be seen as me and for my gender, sexual orientation and race to be taken into account.		<b>Developing my skills and independence and working to the best of my ability</b>
	<b>The right support at the right time during my lifetime</b>	14	14. I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.
7	I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.	15	15. I want support to get a job and support from my employer to help me keep it.

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

These services are accessed in several ways:

- directly by clients
- through referral by external agency such as FE colleges, Care Management, Health CLDT
- through existing involvement with the provider
- promotion by other agencies
- family supported referral

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

For all the projects, except those delivered by Autism Sussex, beneficiaries need to be eligible for support from ASC LD services to access these projects. Therefore the personal assessment and support plan for this will already exist.

The projects that Autism Sussex run are available for people with autism therefore they may or may not be eligible for care and support or have an assessment and support plan.

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

The projects deliver services as follows:

Autism Sussex – Pathways to Employment – delivered in Hastings weekly at both the Café Des Artes and the Roebuck Centre. There is also a monthly market in St Leonard's.

Autism Sussex – On line support. This is weekly and accessible for all residents of east Sussex. Group support is provided in Hastings and Uckfield.

Project Artworks – Tuesday Studio: This runs weekly. The main project is at the Project Artworks Studio in Hastings, and includes working at other venues such as the Hastings Pier hub and the De La Warr pavilion.

Day Services Q – Kit – peer lead quality checking: The Q – kit team meet weekly to develop the checking tool either at their office base near Lewes or at the services where the checking has developed and will occur – Lewes, Eastbourne and Bexhill.

Natures Corridors for All: this project runs from its base at the Linklater pavilion in Lewes. It also works in other venues such as Birling gap, Sheffield part and the Towner gallery in Eastbourne.

STEPS – the project operates out of the Charity shop in Uckfield, with additional training opportunities provided in their charity shop in Crowborough.

Zest – the car valet (employment / training) operated by Zest has its main base at County hall in Lewes and also operates at St Marys House in Eastbourne.

Arts Connect 2 – this project runs events and courses across the county.

Gig Buddies – this project matches clients with a ‘buddy’ to access social activities. Therefore it runs wherever the client wants.

**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
x	Service User Surveys		Research Findings
x	Census Data	X	East Sussex Demographics
	Previous Equality Impact Assessments	X	National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

**3.2 Evidence of complaints against the services or proposals on grounds of discrimination.**

**Through the consultation process the following comments have been made:**

- That **Adult Services** are subject to proposals to cut more than other areas funded by the local authority.
- That as **these projects** are, in the main, solely funded by ASC, whereas other projects in the consultation have joint funding with health, that adults with a Learning Disability and/or Autism are subject to greater proposed cuts. The people with a Learning Disability and/or Autism are more disadvantaged through the nature of their disability and their condition permanent, therefore they suffer greater discrimination.

**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.**

There have been no safeguarding alerts raised through these projects. However they do provide an additional protective factor in supporting people and a potential source of referral if required which will not exist if they are removed.

From the safeguarding lead:

The consequences of a decrease in services may be an increase in abuse or neglect of adults. This may be due to reduced opportunities for safeguarding issues (abuse or neglect) to be picked up by workers within those agencies, reduced opportunities for disclosure by adults at risk themselves of abuse and neglect and reduced resilience of adults to protect themselves from factors which may increase the risk of abuse and neglect.

Once safeguarding issues have been identified, there may be an increase in the number of safeguarding concerns and consequent safeguarding enquiries. Issues of abuse and neglect may become apparent at a later stage e.g. abuse may have gone on longer or have become of a more serious nature or have become normalised by adults themselves or staff working with them.

Safeguarding is now on a statutory footing with several duties within the Care Act. Making Safeguarding Personal (MSP) is a thread which runs through the Care and Support Act Statutory Guidance which supports the implementation of the new duties. MSP focuses on individualised responses to safeguarding issues and any reduction in engagement with adults themselves within the context of safeguarding could reduce opportunities to promote personalised responses to safeguarding. Advocacy within safeguarding is now a duty too.

Self-neglect, modern slavery and domestic abuse are included as additional types of abuse of safeguarding. Fewer opportunities to highlight these may exist in reduced or ceased services. These three types of abuse are more likely to occur in the community rather than within institutions and there is a potential risk for opportunities to be missed and abuse to continue or increase.

Additionally services that link with marginalised individuals and groups may pick up safeguarding issues with children as well as adults, adults at risk of and/or being radicalised too.

### **3.4 If you carried out any consultation or research on the proposals explain what has been carried out.**

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.

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

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. An easy read presentation and accompanying literature has been made available about the potential to de-invest. Our methods have included:

1. Learning Disability Partnership Board
2. Involvement Matters Team
3. Locality Network Consultations.
4. Drop in awareness raising events.
5. Meeting with clients and parent carers with Zest.
6. Attending Knowledge Exchange with Artworks.
7. Sent information to providers and clients (Easy Read)
8. Meeting with CLDT's in Health and ASC

9. Inclusion Advisory Group (IAG) consultation meeting ( 3<sup>rd</sup> November 2015) – comments on the proposal are below

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

#### **1. Inclusion Advisory Group (IAG) consultation meeting ( 3<sup>rd</sup> 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 and day support are being removed or reduced and 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 and learning disabled 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.

##### **Identified 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.

#### **IAG 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**

During the consultation period there were a number of comments that were received from a range of stakeholders including service users, carers, families and providers at the events outlined in 3.4 and through ongoing contact within the sector.

The feedback from the engagement has suggested that clients and families feel aggrieved at the proposed withdrawal of these services. There is recognition of the tough economic climate and acceptance that something has to change, but there appears to be a view that this is worse for people with a LD / Autism.

Emerging issues have been the potential impact on health and wellbeing, comments from professionals, parents and clients that these projects give purpose and meaning to peoples' days and that without them people with a LD and or Autism will become depressed and more dependent on other professional involvement. This is anticipated to have an almost immediate effect with professionals identifying clients they believe will be more reliant on their service and primary care.

There was a sense from some people involved in the consultation that the decision has already been made and there may be no point contributing to the debate.

Zest, Project Artworks, Culture Shift have made arguments around the discriminatory nature against people with disabilities of de-investing in all projects. This information has come from on line petitioning (Change.org) and through consultation meetings. Further they have maintained the importance of maximising of people's independence and achieving the best outcomes for adult social care users and their carers continuing to provide quality services and value for money.

### **From the public consultation and survey**

A number of comments said the funding shouldn't be stopped and that services will have to close if funding is removed. Comments raised the issue of people ending up in crisis and the increased risk of social isolation and exclusion. The impact on people of removing services, in terms of being involved in the community and supporting people to be independent was also raised. One comment said that the ASC funding is helpful in raising money from other sources and one person suggested that people could pay towards the services.

"If services were cut our son who has a learning disability would have to spend more time at home not mixing with his friends and not being able to feel worthwhile by doing voluntary he would become depressed and frustrated and lonely."

"Lack of choice of services people can access, people whom use our services will be at home more which may result in social isolation and crisis within families."

Many of the comments talked about the significant impact on clients: being stuck at home, not seeing friends, not being involved in the community and losing opportunities to socialise. People said this will affect people's generally wellbeing, but also could have serious mental health implications for some. All this will lead to additional costs elsewhere in the system and could push people into residential care. One comment also raised the issue of the wider impact on a charity's funding.

"Potentially people's wellbeing could reduce increased need for hospital beds and support from statutory services - social care and NHS"

"I consider that there would be a significant impact on the people who use services, particularly when their mental health or long term / developmental conditions, are preventing them at that point in time from being able to more independent. I have seen the benefits repeatedly, when Service Users, people needing support beyond the capacity of their families or Carers, or for those who have no one to turn to, to feel listened to, to be signposted to agencies who can help and for problems they felt were beyond solution, to be addressed quickly and effectively."

"If either of the services my son receives [are cut] it would provoke an immediate crisis in his life and would then cost you a lot more."

There was also particular concern about the lack of support for people with Autism in general.

"In regard to Autism Sussex - there is already a huge gap in support for people with autism, if this service is cut, I don't know where people with autism are going to get the support they need."

"The services provided by Autism Sussex which may be affected are a vital lifeline for people with autism & their families. They are literally life-changing for many of the service users. How can it be right to remove services that help autistic people to find work & play a part in their community? How would it be right for them to stay at home & do nothing?"



“We would be ISOLATED, ABANDONED, UNABLE TO SOCIALISE, we would GET ILL and be a further cost to Social Services of the NHS”

A number of people commented on the savings and the impact. In terms of helping people to prepare, clear information and support to help clients understand the changes and find alternatives were all mentioned by a number of people. Some comments also said that more notice and phasing of the cuts is needed, with one comment focusing on the impact of removing ASC funding early on wider funding received.

Comments referred to the value a particular service has for clients, in helping them to be more independent and preparing for employment. Comments relating to Zest say the funding shouldn't be cut or at least it should be phased in so the service has time to become self-funding or find alternative funding.

Removing funding would take away people's jobs, which they value greatly. Taking away their opportunity to work would impact on their lives and wellbeing, leaving them isolated and socially excluded. There would also be an impact on carers and it could lead to an increased cost for other services.

“It would be heart breaking if these cuts were made, it would have a dramatic effect on my brother's future as well as now. By making these cut's my brother and many others would be limited on what they can do and this isn't fair. Those with disabilities are entitled to the same opportunities as everyone else, including the opportunity to work.”

“My son is going to be very uncertain and quite possibly become very withdrawn again! It makes for a very worrying future when life is already difficult enough!!!”

A number of people commented on the need to honour a contract. In terms of helping people to prepare, a few people said ESCC need to talk to clients directly and tell them what alternative services there are. Reducing the funding over time to allow for fundraising was also mentioned.

“The only way if it had to go ahead would be to reduce our funding over time so we had at least a small chance of applying for alternative funding. If it gets taken away, we will have no choice but to close.”

A number of other types of response were received including petitions ( Zest); letters and videos or photos giving clients views; a compilation of photos; or data sheets giving clients views.

Culture Shift explained that cutting funding would mean losing a unique county-wide cultural offering and reduce the opportunity to develop transferrable skills. It would affect the health and wellbeing and have a negative impact on carers. There will also be a wider impact on the organisation in terms of funding and its long term viability.

In the video, photos and data sheet, people who use the service wrote their comments down and had their picture taken with their comment. Comments include: “Devastated.” “Sad.” “Arts Connect helps me to build confidence and fit into society.” “Connections and opportunities are so important. “Arts Connect helps to make friends, have fun and socialise. We learn new skills. It gets us out of our homes and helps us feel part of society.” “If taxpayers saw the work going on here, they would never want it cut. Seeing people's faces - the joy and pleasure they get, the feeling of being part of a community, the chance to feel part of things and understood.

The video can be viewed here: <https://vimeo.com/149385325> The video also includes a graphic depicting the disproportionate affect of uk cuts on disabled people in highest need as well as disabled people and people in poverty (4:18).

**The Q Team** collated their feedback in a video expressing the views of people with a learning disability. It can be viewed here: <https://www.youtube.com/watch?v=oaVvmiC9Np8>

Comments include:

'Worried'

'Disappointed'

'People with a Learning Disability don't want these cuts....People with a Learning Disability should be treated the same as everybody else. Don't cut us out'

**Natures Corridors for All / Railway Land Wildlife Trust** posted their collective views on their Facebook page and encouraged people to participate in the consultation with feedback being received highlighting the importance of how the project promotes integration.

<https://www.facebook.com/pages/Nature-Corridors-For-All/342870339186400>

Project Artworks featured an article on their website challenging that the proposed cuts would impact on the ability of ESCC to respond adequately to The Care Act, The Transforming Care Agenda and East Sussex Better together and also a view that adults with a Learning Disability and / or Autism are unfairly disadvantaged:

'I believe that their proposals are not joined up, they are not strategic and they are loaded onto the most vulnerable citizens of East Sussex.'

<http://projectartworks.org/a-response-to-proposed-cuts-to-escc-adult-social-care-kate-adams/>

**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 527,209 (2011 Census data). Adult population within the East Sussex is 434,374. East Sussex has a higher than average older population with around 23% of people aged over 65, compared to the national average of 16%. There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates, based on 2011 Census data).

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

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

*Sussex in Figures 2011*

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

Age group	Number of people	Percentage of total	Percentage of population of that age group
18 – 64	1,256	88%	0.4%
65 – 74	116	8%	0.2%
75+	56	4%	0.1%

The table above shows three age bands of those with a Learning Disability accessing Adult Social Care, which demonstrates how the majority of those people accessing Adult Social Care are between 18-64. The over 65s make up a relatively small proportion of the Adult Social Care and the over 75s even less so. These projects are predominantly working age adults. The table below shows age bands of seven of the projects proposed for cuts where available. They are not complete but indicate the age range

	0-18	19-24	25-34	35-44	45-54	55-64	65-74	Unknown
Steps		1	4	1	1	2	0	0
Natures Corridors for All		0	4	1	3	2	1	0
Q-Kit		1	2	3	0	0	0	0
Gig Buddies	1	9	17	4	7	2	1	5
Project Artworks		16	11	8	9	8	0	1
Autism Sussex		2	3	3	3	0	0	0
Zest		6	4	0	2	0	0	0

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

If these proposals are implemented this may reduce access to these type of services for some people and therefore increase social isolation which may lead to deterioration in their physical and mental well-being and lead to increased health, care and support needs.

**d) What are the proposal's impact on different ages/age groups?**

It will predominately affect working age people in the following ways.

- Social isolation – all projects identified in the EqIA
- Employment – Pathways to Employment, STEPS, ZEST
- Education and training - Pathways to Employment, STEPS, ZEST
- Mental Health– all projects identified in the EqIA
- Loss of capacity of voluntary and social enterprise sector – difficulty to replace– all projects identified in the EqIA

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

1. Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. ( commissioning team)
2. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required. ( providers and commissioning team)

Following the consultation, if these proposals are agreed by the Council:

3. Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)
4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore whether there are alternative services (Providers)
5. Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

**f) Provide details of the mitigation.**

See actions in e) above. If the proposals go ahead:

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.
2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages
3. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (ASC ACM Teams)
4. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

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

**Should the proposals be agreed- monitor progress in the notice period**

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning by providers
- Outcomes of assessments or reviews of support plans: alternative services found.
- Advice and information is given
- Complaints and outcomes

(Commissioning Team, during the notice period)

**Following the reduction or closure of the services:**

- Alert Care Management & Assessment to the lack of community based provision.
- Progress with developing alternative models of delivery. ( 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?**

Adults (of working age) with limiting long-term illness in 2011 by regions.

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

*East Sussex in Figures 2011*

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

All those accessing most of the services have a learning disability. Between 1<sup>st</sup> October 2014 to 30<sup>th</sup> September 2015, 1,428 unique clients received long-term support from Adult Social Care and had a primary support reason of Learning Disability support, this equates to 0.3% of the population of East Sussex. A total of 1480 clients were accessing Adult Social Care.

All of the people accessing these services have a disability – while many have multiple disabilities or a dual diagnosis. Therefore the proposal will have a negative impact all clients are affected because of their disability as outlined in 4.1 b.

Clients with a learning disability may have further complexities such as sensory impairments, physical disabilities, autism and other health problems which may impact them further.

**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?**

People with a Learning Disability and/or Autism are often unable to access the same employment or cultural opportunities as people without these disabilities; therefore they will be disproportionately affected.

**d) What is the proposals impact on people who have a disability?**

The proposed changes, if agreed, will impact people with learning disabilities who are currently using the services. There will be the breakdown of community life that has developed, increasing levels of isolation, loss of sense of belonging, loss of developed or developing skills, loss of promotion of good health, loss of social interactions.

Researchers in the field of learning and educational psychology have discovered a variety of learning outcomes. The following outcomes can be present because of participation in recreation activities: behavior change and skill learning, direct visual memory, information (factual) learning, concept learning, schemata learning, metacognition learning and attitude, and value learning (Roggenbuck, Loomis, & Dagostino, 1991).

Noted psychological benefits of recreation activity (Peniston 1998) are as follows:

- perceived sense of freedom, independence, and autonomy,
- enhanced self-competence through improved sense of self-worth, self-reliance, and self-confidence,
- better ability to socialize with others, including greater tolerance and understanding,
- enriched capabilities for team membership,
- heightened creative ability,
- improved expressions of and reflection on personal spiritual ideals,
- greater adaptability and resiliency,
- better sense of humor,
- enhanced perceived quality of life,
- more balanced competitiveness and a more positive outlook on life (Academy of Leisure Sciences & Driver, 1994).

Disadvantaged group, LD are disproportionately affected by this proposed dis investment because they only have ASC funding as opposed to other projects in scope that have joint funding requirements.

#### Case Study of impact of DG who has profound disabilities in Using Tuesday Studios

*Since joining Tuesday Studios, DG has settled well into the group and the artists have got to know him and vice-versa. His support team had expressed how he important routine is for DG and so we established a clear routine for him in the studio (sitting in the same place, working with the same artist). As the weeks have progressed we have gradually encouraged elements of change and spontaneity and DG has responded well to this.*

*At first it took DG some time to make marks and engage with drawing and there was often a long time between making a mark. Now more familiar with the studio environment he often begins straight away. It is important to give DG time to process any instruction/suggestion and give him time to respond. When given time DG communicates clearly and will choose colours and say 'painting' or 'not painting' to express choice. On occasions he may need a visual prompt like turning the canvas, making a mark for him to echo to encourage him. However, there have been moments when David has worked independently without any prompt from an artist.*

*DG also has revealed a playful side and will wink and smile and he has become increasingly interested in the other members of the group. He likes to sit in a position where he can see everyone, observing what they are doing. He will often look at someone for a long time and say 'hello!' to get a communication going. During the end of day evaluations he always answers Marion's question – 'how way your day D? Often with 'Good day' or 'Well done'. He has also*

*started to join in with clapping for other people in the group.*

*He appears to have a natural mark/shape that he makes and we hope to encourage him to explore this further (perhaps with scale) whilst also introducing new processes. He responds really well to 'conversational drawing' (one artist makes a mark that he follows and responds to). This process has created some very interesting and revealing drawings and we will continue to develop this approach over the forthcoming weeks.*

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

Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. ( commissioning team)

As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required . ( providers and commissioning team)

Following the consultation, if these proposals are agreed by the Council:

Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)

Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (Providers)

Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

**f) Provide details of any mitigation.**

See actions in e) above. If the proposals go ahead:

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.
2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages
3. Some of the people who use these projects may be able to access our DPS Day Services(ASC ACM Teams)
4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services
5. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

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

See actions in e) above. If the proposals go ahead:



- We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.
- Support will be provided to support the individual's communication needs during all the above stages
- Some of the people who use these projects may be able to access our DPS Day Services or other alternative services (ASC ACM Teams)
- Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services
- 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)

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

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

Ethnicity		Number of people	Percentage of total	Percentage of population (18+) of that ethnicity requesting support (2011 census data)
White	British	1,345	94.2%	
	Irish	2	0.1%	
	Gypsy/Romany	1	0.1%	
	Traveller	1	0.1%	
	Any other white background	24	1.7%	
	<b>Total white (incl. white other)</b>	<b>= 1,373</b>	<b>= 96.1%</b>	<b>0.3%</b>
Mixed	White & black Caribbean	4	0.3%	
	White & black African	0	0.0%	
	White & Asian	4	0.3%	
	Any other mixed background	15	1.1%	
	<b>Total mixed</b>	<b>= 23</b>	<b>= 1.6%</b>	<b>0.6%</b>
Asian/Asian British	Bangladeshi	2	0.1%	
	Indian	2	0.1%	
	Pakistani	0	0.0%	
	Chinese	2	0.1%	
	Any other Asian background	1	0.1%	
	<b>Total Asian/Asian British</b>	<b>= 7</b>	<b>= 0.5%</b>	<b>0.1%</b>
Black/black British	African	4	0.3%	
	Caribbean	0	0.0%	
	Any other black background	3	0.2%	
	<b>Total black/black British</b>	<b>= 7</b>	<b>= 0.5%</b>	<b>0.3%</b>
Other	Any other ethnic group	11	0.8%	
	Any other ethnic group – Arab	0	0.0%	
	<b>Total other ethnic group</b>	<b>= 11</b>	<b>= 0.8%</b>	<b>0.8%</b>
Not stated	Ethnicity refused	6	0.4%	
	Information not yet obtained	1	0.1%	
	<b>Total ethnicity not stated (including ethnicity refused)</b>	<b>= 7</b>	<b>= 0.5%</b>	<b>-</b>

Preferred Language	Total
Arabic	1
Bengali	1
Hindi	1
Italian	1
Portuguese	1
Spanish	1
Turkish	1
Other language	3
British Sign Language	5
Unknown	12
No language recorded	90
English	1253
<b>Grand Total</b>	<b>1370</b>

Care First November 2015

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

See table above

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

If these proposals are implemented this may reduce access to these type of services for some people and therefore increase social isolation which may lead to deterioration in their physical and mental well-being and lead to increased health, care and support needs. To mitigate these issues the communication needs to be met and culturally appropriate services will be signposted.

**d) What is the proposals impact 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 is acknowledged. It is understood that some groups and communities may require additional help and support to participate in further such as day services or employment services.

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

1. Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. ( commissioning team)

2. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this took place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required. (Providers and commissioning team)

Following the consultation, if these proposals are agreed by the Council:

3. Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)

4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (Providers)

5. Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

**f) Provide details of any mitigation.**

See actions in e) above. If the proposals go ahead:

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.
2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages
3. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services
4. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

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

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning by providers
- Outcomes of assessments or reviews of support plans: alternative services found.
- Advice and information is given
- Complaints and outcomes  
(Commissioning Team, during the notice period)

**Following the reduction or closure of the services:**

- Alert Care Management & Assessment to the lack of community based provision.
- Progress with developing alternative models of delivery. ( 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 target group reflected in the County/District/Borough?

In regards to Transgender protected characteristic this proposal has no impact on this protected characteristic at present.

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%

Projects	Arts Connect	Zest	Autism Sussex	Gig Buddies	Nature Railway	Q-Kit	Steps	Total number	%
Male	29	10	9	26	6	4	6	90	65%
Female	24	1	3	11	5	2	3	49	35%
<b>Total</b>	53	11	12	37	11	6	9	139	

No equality figures available for Project Artworks (10 individuals) and Autism Sussex Online Support 297

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

There are a disproportionate number of men who will be impacted by this proposal. Is this in line with the number of learning disability men accessing ASC?

##### 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?

If these proposals are implemented this may reduce access to these type of projects that some people can access and therefore increase social isolation which may lead to deterioration in their physical and mental well-being and lead to increased health, care and support needs. For those in employment, work provides has a positive impact on a learning disability person's health, due to increased resiliency, self-esteem, fulfilment and opportunity for social relationships. Increasing risk of unemployment is associated with rising mortality, ill health and employee absence. This is particularly true for mental health, due to stress caused by job insecurity and redundancy.

**d) What is the proposals impact on different genders?**

The proposal will primarily impact those with a learning disability. This proposal has no impact on this protective characteristic at present.

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

1. Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. ( commissioning team)

2. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required. (Providers and commissioning team)

Following the consultation, if these proposals are agreed by the Council:

3. Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)

4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (Providers)

5. Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

**f) Provide details of any mitigation.**

See actions in e) above. If the proposals go ahead:

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages

3. Some of the people who use these projects may be able to access our DPS Day Services(ASC ACM Teams)

4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services

5. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

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

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning by providers

- Outcomes of assessments or reviews of support plans: alternative services found.
- Advice and information is given
- Complaints and outcomes  
(Commissioning Team, during the notice period)

**Following the reduction or closure of the services:**

- Alert Care Management & Assessment to the lack of community based provision.
- Progress with developing alternative models of delivery. ( 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)

**4.5 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.**

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

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

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Religion

Religion	Number of people	Percentage of total
Christian	683	47.8%
No religion	177	12.4%
Muslim	9	0.6%
Jewish	4	0.3%
Any other religion	3	0.2%
Hindu	2	0.1%
Buddhist	1	0.1%
Religion not stated (including refused, information not yet obtained and blanks)	549	38.4%

**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.**

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

**Carers**

The client group generally rely on their parents/carers to provide transport to and from respite services. Due to advanced age some parents and carers suffer health problems and have their own specific needs to be considered.

Population by provision of unpaid care in 2011 in East Sussex and its districts (source: ONS Census 2011) show that there are 59,409 unpaid carers in East Sussex (source: ONS Census 2011) and of these unpaid carers 38,611(65 %) are over 50 of which 16,233 (27%) are over 65.

Two projects (Gig Buddies and Project Artworks) have identified carers benefiting from these projects and of these two 31 carers have benefitted through obtaining a short break from their caring role. These services are primarily aimed at people with learning disabilities. The other projects have a benefit for Carers but have not identified the numbers – e.g. the on line support for Autism provides support for carers, as do the employment projects indirectly.

Provision of unpaid care in 2011 – districts (%)

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	100	89.7	10.3	6.5	1.4	2.4
South East	100	90.2	9.8	6.7	1.1	2
East Sussex	100	88.7	11.3	7.5	1.3	2.5
Eastbourne	100	89.4	10.6	6.7	1.3	2.6
Hastings	100	89.5	10.5	6.3	1.5	2.7
Lewes	100	88.2	11.8	8.2	1.2	2.4
Rother	100	87.6	12.4	8	1.4	3
Wealden	100	88.8	11.2	8	1.2	2.1

*East Sussex in figures*

**No. of LD clients**

Carer support	Number of people	Percentage of total
Carer support	580	41%
No carer support	848	59%

Care First

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

Carers benefit from these projects as they provide respite and improve the well-being of clients, therefore supporting family placements.

These proposals will have a significant impact on people who are unpaid carers as these services are primarily accessed by people with learning disabilities who access Adult Social Care. These services currently support carers in their role and prevent deterioration in their health and well-being by enabling carers to do the following (this is not an exhaustive list):

- Carry out any caring responsibilities the carer has for a child
- For older carers to continue to provide care
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community
- Engage in recreational activities
- Providing respite

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

Yes

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

As most carers are unpaid, losing the respite element these projects provide could impact on their health and well-being resulting in an impact on their mental health

- Carrying out any caring responsibilities the carer has for a child
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships

- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community
- Engage in recreational activities

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

1. Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. ( commissioning team)
2. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required. ( providers and commissioning team)
  - i. Following the consultation, if these proposals are agreed by the Council:
3. Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)

Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (Providers)

Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

**f) Provide details of the mitigation.**

See actions in e) above. If the proposals go ahead:

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.
2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages.
3. Some of the people who use these projects may be able to access our DPS Day Services(ASC ACM Teams)
4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services
5. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

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

- with informing clients and carers

- and numbers of referrals or independent advocacy or assessment and support planning by providers
- Outcomes of assessments or reviews of support plans: alternative services found.
- Advice and information is given
- Complaints and outcomes  
(Commissioning Team, during the notice period)

**Following the reduction or closure of the services:**

- Alert Care Management & Assessment to the lack of community based provision.
- Progress with developing alternative models of delivery. (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)

**People on Low income**

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

The 'Social Determinants' of Health:

People with learning disabilities, especially people with less severe learning disabilities, are more likely to be exposed to common 'social determinants' of (poorer) health such as poverty, poor housing conditions, unemployment, social disconnectedness and overt discrimination.<sup>4</sup> 96-100 The association between exposure to such adversities and health status is at least as strong among people with learning disabilities as it is among the general population.<sup>19</sup> 101 It has been estimated that increased exposure to low socio-economic position/poverty may account for: (1) 20–50% of the increased risk for poorer health and mental health among British children and adolescents with learning disabilities.

References

17. Emerson E, Hatton C. The contribution of socio-economic position to the health inequalities faced by children and adolescents with intellectual disabilities in Britain. *American Journal on Mental Retardation* 2007;112(2):140-50.
18. Emerson E, Hatton C. Poverty, socio-economic position, social capital and the health of children and adolescents with intellectual disabilities in Britain: a replication. *Journal of Intellectual Disability Research* 2007;51(11):866-74.

19. Emerson E, Hatton C. The mental health of children and adolescents with intellectual disabilities in Britain. *British Journal of Psychiatry* 2007;191:493-99.

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

Yes

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

People on low incomes, and this is disproportionately people with a Learning Disability and/or Autism, will not have the resource to access services from their own income, or afford additional transport costs to access alternatives

A video from Culture Shift/Arts Connect submitted in response to the public consultation (as mentioned above) also highlights the disproportionate financial effect of uk cuts on disabled people in highest need as well as disabled people and people in poverty through a graphic used in the video (<https://vimeo.com/149385325> 4:18).

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

1. Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. (commissioning team)

2. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required . ( providers and commissioning team)

Following the consultation, if these proposals are agreed by the Council:

3. Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)

4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (Providers)

5. Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

**f) Provide details of the mitigation.**

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages.

3. Some of the people who use these projects may be able to access our DPS Day Services (ASC ACM Teams)
4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services
5. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

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

- Numbers of referrals or independent advocacy or assessment and support planning by providers
- Outcomes of assessments or reviews of support plans: alternative services found.
- Advice and information is given
- Complaints and outcomes client surveys and feedback  
(Commissioning Team, during the notice period)

Following the reduction or closure of the services:

- Alert Care Management & Assessment to the lack of community based provision.
- Progress with developing alternative models of delivery. (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)

**Rurality**

N/A This proposal has no impact on this protected characteristic at present – the issue effected by rurality is one of transport which is addressed elsewhere

**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.**

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



## Equality Impact Assessment

### 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.
	<b>A No major change</b> – 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 projects in question have consistently advanced equality of opportunity for people with a Learning Disability and / or Autism who are subject to inequality and discrimination as a result of their condition. The removal of the funding for these projects would mean that they would cease, and therefore this progress would at best stop, or at worse the progressive work undertaken would be undone. The projects have also fostered good relations between different groups by opening up access to a range of community venues such as the libraries; the Towner Gallery; The De La Warr Pavilion; Hastings Museum and many social venues. This work would cease.  There is the potential for this to move into <b>serious adverse impact</b> should it disadvantage individual disabled people who are not able to access a suitable alternative such as an existing day service.
X	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
	<b>C Continue the policy/strategy</b> - 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	
	<b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

#### 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 during 2016-17

<b>Date completed:</b>	January 2016	<b>Signed by (person completing)</b>	Richard Lewis
		<b>Role of person completing</b>	Strategic Commissioning Manager
<b>Date:</b>		<b>Signed by (Manager)</b>	

# Equality Impact Assessment

## 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)
Supporting clients and carers to take part in the consultation	Providers to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate and to assist with providing any additional information/support if required e.g. Easy Read	Richard Lewis	October- December 2015	Lead Managers Time	EIA & Cabinet Report

## Equality Impact Assessment

<p>If the decision is to proceed with the proposals, ensuring due regard is paid to the needs of individuals</p> <p>Mitigating negative impacts of change</p>	<p>Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)</p>	<p>Providers/ASC ACM Teams</p>	<p>If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016</p>	<p>Lead Managers Time</p>	<p>EIA &amp; Cabinet Report</p>
	<p>Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. Some individuals may be able to access ASC DPS Day Services</p>	<p>Providers/ASC ACM Teams</p>	<p>If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016</p>	<p>Lead Managers Time</p>	<p>EIA &amp; Cabinet Report</p>
	<p>Individuals will be referred for advocacy support where applicable.</p>	<p>Providers/ASC ACM Teams</p>	<p>If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016</p>	<p>Lead Managers Time</p>	<p>EIA &amp; Cabinet Report</p>

## Equality Impact Assessment

Mitigating negative impacts of change	Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages.	Providers/ASC ACM Teams	In notice period	Lead Managers Time	EIA & Cabinet Report
	Alternative models of delivery will be discussed with providers such as the possibility of a membership model that could be self-financing.	Commissioning Team	If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016	Lead Managers Time	EIA & Cabinet Report
Monitoring progress	<ul style="list-style-type: none"> <li>• Numbers of referrals or independent advocacy or assessment and support planning by providers</li> <li>• Outcomes of assessments or reviews of support plans: alternative services found.</li> <li>• Advice and information is given</li> <li>• Complaints and</li> </ul>	Commissioning Team	If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016	Lead Managers Time	EIA & Cabinet Report

## Equality Impact Assessment

	outcomes client surveys and feedback				
Monitoring progress following the notice period	<p>Monitor and report on:</p> <ul style="list-style-type: none"> <li>• Availability community based provision.</li> <li>• Progress with developing alternative models of delivery.</li> <li>• 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.</li> </ul>	Commissioning Team	If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016	Lead Managers Time	EIA & Cabinet Report

# Equality Impact Assessment

## 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					
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)
<p>The risk is heightened when all projects are viewed as a whole. If single projects were to be cut work could be undertaken to mitigate against the risk. However if all projects for LD and Autism have their funding cut – and they rely on almost entirely on this funding as there is no Health Funding in these projects, then there would be no community based services of this type.</p>					
<p>Community Based support connecting clients with their communities – without this provision there is a risk of increased socialisation. Deterioration in physical and mental health could result with an increased demand on primary health care</p>	Moral	Alternative funding could be sought from the CCG's	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team	Richard Lewis	EIA & Cabinet Report

## Equality Impact Assessment

<p>Employment based services – the withdrawal of these could impact on the employability of people with a LD and Autism.</p> <p>LD supported employment is an Adult Social Care outcomes Indicator.</p> <p>Employment support for people with autism local authorities must 'looks at the ways that any such needs may be met in a way which could support adults with autism to become 'work ready'</p> <p>Research from the NDTI states that</p>	<p>Financial and legal</p>	<p>Alternative funding could be sought from the CCG's</p>	<p>EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team</p>	<p>Richard Lewis</p>	<p>EIA &amp; Cabinet Report</p>
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