

## Equality Impact Assessment

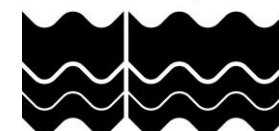
Equality Impact Assessment (EqIA) makes services better for everyone. It supports value for money by getting council services right the first time. It helps us make good decisions and evidence how we have met our legal duties<sup>1</sup>.

EqIAs need to be done whenever a service, project, policy, strategy, activity or proposal is being started, needs to change, or is being reviewed. If there is potential for an impact on people, then do an EqIA. We use EqIAs to review information, consider possible disproportionate or specific impacts on different people, and then plan actions to reduce or avoid negative impacts and create positive outcomes<sup>2</sup>. Embed any actions you identify into the relevant action plan to get the best outcomes for the Council, people who access services and our staff<sup>3</sup>.

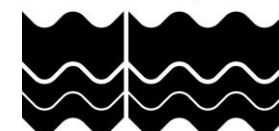
Our legal duties to identify equality impacts don't stop us taking decisions or introducing changes that are needed. They do require us to take decisions and make changes conscientiously, and to deliberately confront the anticipated impacts on people.

This template sets out how to complete an EqIA. Guidance for sections is in *italics* in each section and in the end-notes. If you have any questions about your EqIA and/or how to complete this form, please use the contact details at the end of this form.

<b>Title of Project/Service/Policy</b>	Implementation of administrative charges for adults who fully fund care arranged by ESCC.
<b>Team/Department</b>	Financial Services
<b>Department</b>	Adult Social Care and Health
<b>Provide a comprehensive description of your project (or service/policy, etc.) including its purpose and scope</b>	<p>For this project, 'Fully funding' or "Self-funding" refers to adults accessing care and support under the Care Act 2014 who have been financially assessed as able to afford the full cost of their care, i.e. with capital above £23,250. They are not eligible for any financial help towards the cost of their care and support arrangements from ESCC and therefore would be expected to pay the full cost themselves.</p> <p>Section 8.15 of the <a href="#">Care and Support Statutory guidance</a> (CASS) allows Local Authorities (LAs) to "apply an administration fee to cover its costs" in the case "of a person with eligible needs and assets above the upper capital limit (£23,250) who has asked the local authority to arrange their care and support on their behalf".</p> <p>Currently ESCC does not charge an administration fee for costs incurred when arranging care and support for fully funding adults in this way. This means ESCC are effectively subsidising this service for</p>



	<p>fully funding adults, as ESCC incurs related costs on behalf of the adult, whereas the adult would incur these fees if arranging their own care.</p> <p>Whilst any administration fees “must cover only the costs local authorities actually incur in arranging care” (CASS Guidance section 8.59), this presents an opportunity to generate income to support wider service delivery, and has therefore been identified through the Reconciling Policy, Performance and Resources (RPPR) process. Many LAs who did not previously charge in this way have also recently chosen to adopt charges considering the current financial pressures LAs are facing.</p> <p>This is already an approach used by most other local authorities, including many of our geographical neighbours such as West Sussex, Brighton &amp; Hove, Surrey and Kent. The National Association of Financial Assessment Officers (NAFAO) have also surveyed member LAs recently (October 2024) to compare admin fees for arranging care and their findings show that charges of this type are now common.</p> <p>Although ESCC does not currently charge a fee for arranging fully-funded non-residential care, there is already a comparable process in place at ESCC for Deferred Payment Agreements, with individuals charged a set-up fee and an ongoing admin charge.</p> <p>The proposal is to introduce a combination of two charges. This will ensure that ESCC can recover both the costs incurred in setting up care for those assessed as fully funding, and the ongoing costs for invoicing them.</p> <ul style="list-style-type: none"> <li>• Initial set-up fee of £118 to cover internal costs when brokering care. This will apply to an estimated 200 new fully-funded adults each year who ask ESCC to set up a package of care on their behalf (excluding those who only access Technology Enable Care and Support (TECS) services).</li> <li>• Ongoing admin fee of £11/invoice. This will apply to all fully-funding adults for whom ESCC arranges and invoices care and support (applied every 4 weeks), including those who access TEC-only care (applied quarterly).</li> </ul> <p>The aim of the proposal is to offset costs incurred by the council when arranging care and invoicing people who fully fund their own care; while ensuring we offer individuals the best quality of care possible regardless of their contribution towards it. There is an increased demand for care and support services and financial pressures on the council to manage public funds. To make sure that services are available to those who need them, the council must make the very best use of the resources it holds and consider every option to bring in more income. If the proposals were introduced as outlined above, the potential cost recovery could be around £160,000/year.</p> <p>To gain a better understanding of the impact the proposals may have on people, a public consultation was undertaken. This ran between May and July 2025 for 11 weeks. The opportunity to engage with</p>
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	<p>this consultation was shared directly with individuals who fully fund their care, by email, post, and through in-person engagement meetings. The consultation was also made available to the public online. This was also promoted through the council's website, social media, local newsletters, partner agencies and press releases. Responses could also be submitted in writing, over the phone or through in-person engagement events. As well as feedback from 5 stakeholder engagement groups, 162 consultation responses were received, and more than 100 direct contacts were received by phone by the Project team about the proposal. This EqlA has been revised through the course of the consultation period to ensure that it reflects the feedback received.</p> <p>In addition to external consultation, internal stakeholders from across ESCC have been involved in developing these proposals and this EqlA, including:</p> <ul style="list-style-type: none"> <li>- Financial Assessment and Benefits Team</li> <li>- Service Agreement Team</li> <li>- Technology Enabled Care and Support Team</li> <li>- Commissioning - Supported Housing Team</li> <li>- Consultation and Insight Team</li> <li>- Equality and Inclusion Team</li> <li>- Policy Unit</li> <li>- Operational teams within ASCH</li> <li>- Brokerage and Supply Management</li> <li>- Legal Services</li> <li>- Accounts Receivable</li> <li>- Business Services</li> <li>- Shared Care Information Systems (SCIS)</li> </ul>
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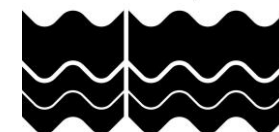
## 1. Update on previous EqlAs and outcomes of previous actions (if applicable)

What actions did you plan last time? (List them from the previous EqlA)	What improved as a result? What outcomes have these actions achieved?	What <u>further</u> actions do you need to take? (add these to the Action Plan below)
N/A as no previous EqlA has been completed for this project and the proposed fees are not currently used.		

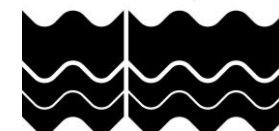
## 2. Review of information, equality assessment and potential actions

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

Age - people of all ages are protected under the Equality Act. Consider: older adults, under 5s, transition-aged young people (16-24), working age adults etc.																														
Age	<b>What do you know?</b> Summary of recent data, census information, research and insight about people who use your services and/or staff	According to the 2021 Census, the proportion of the population of East Sussex aged 65 and over now stands at 26.1%, up from 22.7% in 2011.This means that older adults represent a larger proportion of those who draw upon care and support from East Sussex and therefore could be disproportionately impacted by any changes.																												
		Additionally, as people get older, they are increasingly likely to need to draw upon support from Adult Social Care. This means that any changes to the way care is funded/accessed may disproportionately impact this group of older adults. For younger adults who have a disability or long-term condition, they may be in receipt of care and support from ESCC for a longer period and therefore be subject to charges for a longer period too.																												
		As of October 2024, there are 2369 fully funding adults accessing services arranged by East Sussex Adult Social Care and Health (ASCH). Their ages range from 33 to 104. The breakdown of the ages is shown below. 93% are aged over 70 and 73% are aged over 80.																												
		<table><tr><th>Age range</th><th># of adults</th><th>% of total</th></tr><tr><td>31-40</td><td>6</td><td>0.25%</td></tr><tr><td>41-50</td><td>9</td><td>0.38%</td></tr><tr><td>51-60</td><td>29</td><td>1.22%</td></tr><tr><td>61-70</td><td>115</td><td>4.85%</td></tr><tr><td>71-80</td><td>471</td><td>19.88%</td></tr><tr><td>81-90</td><td>1158</td><td>48.88%</td></tr><tr><td>91-100</td><td>572</td><td>24.15%</td></tr><tr><td>101-110</td><td>9</td><td>0.38%</td></tr><tr><td colspan="2">Total:</td><td>2369</td></tr></table>	Age range	# of adults	% of total	31-40	6	0.25%	41-50	9	0.38%	51-60	29	1.22%	61-70	115	4.85%	71-80	471	19.88%	81-90	1158	48.88%	91-100	572	24.15%	101-110	9	0.38%	Total:
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		The Office of National Statistics (ONS) records the proportion of non-internet users as halving between 2011 and 2018, down from 20% of adults to 10%. of those who are classed as non-internet users, 55%																												

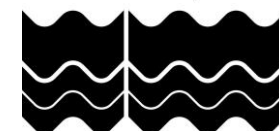


		come from adults aged over 75, and 24% of those aged 65 to 74. This needs to be considered when planning engagement and consultation related to this project, as relying upon digital methods could exclude a large proportion of the group most likely to be impacted by the proposed changes. Digital exclusion also increases the risk that this group may need support from ESCC to set up their care and support, as they may lack the digital skills to source and broker this on their own.						
	<p><b>What do people tell you?</b> Summary of service-user and/or staff feedback</p>	<ul style="list-style-type: none"> <li>• It is important that adults are seen as individuals and do not feel stereotyped and/or discriminated against.</li> <li>• All adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group and mitigate risks posed by digital exclusion.</li> <li>• Of the 88 consultation respondents who provided data on their age, 49 were over 65. One of the themes identified in consultation responses was that respondents felt this proposal would have a greater impact on older adults as the majority of those who receive support from ASCH are in this age group, see examples comments below: <ul style="list-style-type: none"> <li>○ <i>“We are OAP's and have a very limited budget. Everything is going up or taken away from us, e.g.no winter fuel help, prescription blister packs now cost £200 pa, food costs more etc”</i></li> <li>○ <i>“I feel that this proposal will cause even more worry to many older people who are just above the various thresholds for state assistance.”</i></li> <li>○ <i>“The costs could be high for people with limited incomes but are just over thresholds, e.g. receiving a fixed state pension. This could reduce their living levels or their savings and may 'push' them under the thresholds/ minimum income levels faster.”</i></li> </ul> </li> <li>• Additionally, the proposals were discussed with and shared by partner organisations who support or have links to older adults, for example through the East Sussex Senior's Association and Inclusion Advisory Group, to ensure that this is reflective of the needs of those with this protected characteristic.</li> </ul> <p>88 respondents to the consultation provided their age (54% of the total number of responses), see breakdown below.</p> <p>Whilst the majority of those who disclosed their age were aged 65+, all age ranges supported by ASCH were represented in the data and the distribution broadly mirrors the breakdown of ages within the cohort that would be affected by the proposal.</p> <table border="1"> <thead> <tr> <th>Age</th><th>Total</th><th>Percentage of all 162 respondents</th></tr> </thead> <tbody> <tr> <td>Under 18</td><td>0</td><td>0%</td></tr> </tbody> </table>	Age	Total	Percentage of all 162 respondents	Under 18	0	0%
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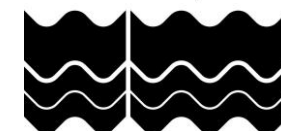
			18-24	1	1%	
			25-34	3	2%	
			35-44	8	5%	
			45-54	12	7%	
			55-59	8	5%	
			60-64	7	4%	
			65+	49	30%	
			Not answered	74	46%	
	<b>What does this mean?</b> Impacts identified from data and feedback (actual and potential)	<ul style="list-style-type: none"><li>• It is important that a range of communication methods were used to inform adults and their carers of potential changes to the service. For example, providing individuals with online, over the phone, written and in person opportunities to contribute to the consultation.</li><li>• Benefits are age-related which has an impact on charges for care. The Minimum Income Guarantee that ESCC applies is age-related (18 to 24; 25 to state pension age; state pension age and over). This means older people receive a higher allowance within the financial assessment to cover standard living costs. Some benefits are only available to working-age people but not to those who are older and of pension age, these extra benefits or circumstances can increase allowances applied to assessments. This means that applying a fixed fee for set-up and/or invoicing of care could disproportionately impact those of different ages as it would represent a differing proportion of their overall income.</li><li>• Statistically, those in older age groups are more likely to be on a fixed income, so changes to charges, contributions or fees could have a disproportionate impact on them. This is reflected in concerns raised in the consultation, with comments such as “As a pensioner I do not have unlimited funds for the increase” and “I have saved my money and put it into a pension but now all I see is the government taking it away”. This could, in some cases, led to adults not engaging with care if they do not wish to pay the set-up or invoicing fees or feel they are unable to afford this out of their fixed income. This could then also have an impact on carers/family members if, for example, an adult chooses not to ask ESCC to set up care on their behalf owing to the cost involved and then family or friends must act as support instead.</li></ul>				
	<b>What can you do?</b> All potential actions to remove or reduce barriers and increase equality.	<ul style="list-style-type: none"><li>• Individuals who may be impacted by the new charges will also be signposted to wider financial support information, e.g. through the ESCC website for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members with caring responsibilities. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives.</li></ul>				

		<ul style="list-style-type: none"> <li>Data will also be collected and reviewed on an ongoing basis on the reasons for adults cancelling care, including views that charging is unaffordable, to see if there are any links with individual's ages. If the data suggests that a particular age group is being disproportionately impacted the application of the charges will be reviewed.</li> <li>Future project communications will be tested with members of the People Bank to ensure that they are clear and do not cause confusion, i.e. so that adults receive individualised letters outlining the charges that apply to them.</li> </ul>
	<p><b>Disability</b> - A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Consider: sensory and mobility impairments; fluctuating, recurring or developmental conditions; learning difficulties; mental health; and people with cancer, multiple sclerosis or HIV. Neurodivergence and effects of menopause can also apply.</p>	
Disability	<p><b>What do you know?</b> Summary of data</p>	<p>In the 2021 census, 20.3% of East Sussex residents were living with a long-term physical or mental health condition or impairment that affected their ability to carry out day-to-day activities, the same proportion as in 2011 (compared to 18% for England &amp; Wales).</p> <p>34.8% of households in East Sussex had at least one member identifying as disabled under the Equality Act in 2021.</p> <p>Individuals with disabilities and/or chronic health conditions are also disproportionately represented in the group who draw upon Adult Social Care, as they are more likely to need care or additional support in their day-to-day lives. It is not possible to identify specific number of adults with disabilities within the cohort who would be impacted by this proposal from the existing reports showing self-funders on ContrOCC.</p> <p>The proposed changes will apply equally to all adults who have been assessed as eligible to fully fund their care. External legal counsel's view was that "The charges may well be applied to people who are disabled under the Equality Act 2010. They will have been assessed as being able to afford such charges. The charges will apply equally to disabled and non-disabled so there will be no different treatment and that will feed into the relevant considerations under section 149 Equality Act 2010 ('the Public Sector Equality Duty'); there are no obvious steps ESCC needs to take when having due regard to the elimination of discrimination as the Options have a neutral effect."</p> <p>Note, other LA's approaches to supporting those without capacity in this context have also been collated to inform the ESCC decision making process. Other LAs exempting those who have been deemed to lack capacity from the set-up fee for their care, even if financially assessed to be able to pay the full cost. This aligns with the exemptions to these charges that are planned for those who lack capacity or are unable to arrange their own care, outlined in the "What Can You Do" section below.</p>

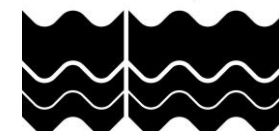




	<p><b>What do people tell you?</b> Summary of feedback</p>	<p>Feedback from stakeholder groups, e.g. the Disability Rights Reference Group and Citizen’s Panel, have identified that the proposed charge could have a disproportionate impact on those with certain protected characteristics. For example, some people may be unable to arrange their own care as easily as others owing to a disability or another protected characteristic.</p> <ul style="list-style-type: none"> <li>• If they are visually impaired, they may be unable to access online resources and support.</li> <li>• If they are without hearing, they may find it more difficult to contact providers by phone or in person to discuss and arrange care.</li> <li>• If they have been deemed to lack capacity for decisions relating to their finances or care needs, they would be unable to arrange their own care.</li> <li>• A learning need or disability may also mean an individual is not able to arrange their own care without ESCC support.</li> </ul> <p>As such, it is important that mitigating actions are planned to help minimise any disproportionate impact on these groups.</p> <ul style="list-style-type: none"> <li>• The concern that this could impact those with disabilities or other conditions more significantly was also mirrored in consultation feedback. For example, one respondent stated <i>“I think that the setup fee proposed is reasonable, given that people can opt in or out of using you to arrange their self-funded care or not. However, where individuals who are self-funders and have nobody involved in their lives who can help them or have medical conditions that mean they cannot arrange their own care effectively, I don't think that you should charge the full set up fee. Instead, you should consider waiving it or reducing it. To not do so, could be discriminatory in my view, as some people in such a situation may not have a viable choice, other than asking you [ESCC] to arrange care at home”</i>.</li> <li>• It’s important that adults feel their views are heard. All adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group. Additionally, the proposals were shared with and distributed by partner organisations, for example through the Disability Rights Reference Group and Inclusion Advisory Group, to ensure that those with protected characteristics were aware of the proposals and had opportunities to provide</li> <li>• Of the 162 consultation respondents, 98 provided data in relation to medical needs and/or disabilities, see tables below.</li> </ul> <p>Question - Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?</p> <table border="1" data-bbox="978 1342 1854 1409"> <thead> <tr> <th data-bbox="978 1342 1252 1409">Option</th><th data-bbox="1252 1342 1364 1409">Total</th><th data-bbox="1364 1342 1854 1409">Percentage of all 162 respondents</th></tr> </thead> </table>	Option	Total	Percentage of all 162 respondents
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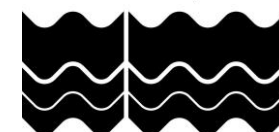


		<table><tr><td>Yes</td><td>61</td><td>38%</td></tr><tr><td>No</td><td>33</td><td>20%</td></tr><tr><td>Prefer not to say</td><td>4</td><td>2%</td></tr><tr><td>Not answered</td><td>64</td><td>40%</td></tr></table>	Yes	61	38%	No	33	20%	Prefer not to say	4	2%	Not answered	64	40%						
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		<p>Question - Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?</p> <table><tr><th>Option</th><th>Total</th><th>Percentage of all 162 respondents</th></tr><tr><td>Yes, a lot</td><td>33</td><td>20%</td></tr><tr><td>Yes, a little</td><td>25</td><td>15%</td></tr><tr><td>Not at all</td><td>22</td><td>14%</td></tr><tr><td>Prefer not to say</td><td>2</td><td>1%</td></tr><tr><td>Not answered</td><td>80</td><td>50%</td></tr></table> <p>In particular, the 33 individuals who answered “Yes, a lot” to this question who may be eligible to be exempted from the proposed set-up fee (process described in next section), if their condition means that it is not possible for them to arrange their own care.</p> <ul style="list-style-type: none"><li>• Carers tell us they sometimes need to be present to support the adult to fully engage in the financial assessment and care planning processes.</li><li>• A longer time may be required to understand and digest information being given and a quiet place to reduce or manage acquired stress.</li><li>• It is important that adults are seen as individuals and do not feel stereotyped and/or discriminated against</li></ul>	Option	Total	Percentage of all 162 respondents	Yes, a lot	33	20%	Yes, a little	25	15%	Not at all	22	14%	Prefer not to say	2	1%	Not answered	80	50%
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What does this mean? Impacts identified		<ul style="list-style-type: none"><li>• As outlined above, it was identified through the consultation and engagement work that the proposed charges could disproportionately impact those with certain disabilities or those who lack capacity, as this could mean that they don’t have the same options for sourcing their own care as other fully-funding adults may have. The proposed mitigation is to have a process for exempting individuals from the set-up fee in certain circumstances. This would be a practitioner-led decision, taken as part of the care planning process, where individuals could be exempted from the charge if they are deemed to lack capacity or are unable to arrange their own care owing to a disability. Exempting individuals who lack capacity from the fee is the approach taken by other LAs to mitigate this risk. Members of the engagement groups (in particular the Disability Rights Reference Group and Citizen’s Panel) and operational colleagues in Care Management Teams agreed that this proposed exemption process was an effective way to mitigate this risk. Feedback from one Social Worker on this was that “the autonomy of us [Social Workers] using the exemption element for our self-funders who do not have</li></ul>																		



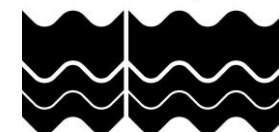
		<p>that outside support is a great safety net, as it still allows us to get that much needed support into a home without an added barrier.”</p> <ul style="list-style-type: none"> <li>• People with certain conditions may find the proposed policy harder to read/to understand and/or find it more difficult to take part in the consultation but can ask a carer or other representative to respond on their behalf. Additionally, the consultation was available in multiple forms (translated, easy read etc), to aid accessibility, as will be the case for the final policy documents.</li> <li>• The service needs to make appropriate provision for people with disabilities that aids their understanding of the process whilst not causing undue stress.</li> <li>• Staff need to be trained and supported to recognize mental health and unseen disabilities and make the necessary adjustments to care.</li> </ul>
	<p><b>What can you do?</b> All potential actions</p>	<ul style="list-style-type: none"> <li>• Future project communications will be tested with members of the People Bank to ensure that they are clear and do not cause confusion, i.e. so that adults receive individualised letters outlining the charges that apply to them.</li> <li>• The project team will work with Care Management colleagues to develop and implement a process for waiving charges for those who lack capacity or with disabilities that may mean they would be unable to arrange their own care. This will specifically focus on those who are unable to arrange care and support without ESCC involvement (such as those with a disability that would prevent them from contacting care providers directly or those assessed to lack mental capacity), and would be determined by a professional judgment made by practitioners involved in supporting them. A list of criteria is being developed, along with a LAS process and supporting guidance, to ensure consistency.</li> <li>• Individuals who may be impacted by the new charges will also be signposted to wider financial support information, e.g. through the ESCC website <a href="#">page</a> for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members with caring responsibilities. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives.</li> <li>• Data will also be collected and reviewed on an ongoing basis on the reasons for adults cancelling care, including views that charging is unaffordable, to see if there are any links with individual’s disability and/or medical conditions.</li> <li>• Ensure that carers are fully involved in the assessment, as appropriate, and care planning process to make sure that the needs of the adult with disabilities are fully considered in the process.</li> </ul>
	<p><b>Gender reassignment</b> - In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected</p>	

Gender Reassignment	<p><b>What do you know?</b> Summary of data</p>	<p>The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+) Comprehensive Needs Assessment estimates that there may be 5,572 Trans and Gender Diverse (TGD) people (1% of the population) living in East Sussex. The 2021 census found that 1640 residents declared their gender identity was different to that assigned at birth, which is 0.4% of the population.</p> <p>We also know:</p> <ul style="list-style-type: none"> <li>• People may choose not to divulge this information, so the numbers above may not fully reflect the number of transgender people living in the county.</li> <li>• People do not always identify as the gender they were assigned at birth.</li> <li>• People may have a traumatic history with divulging their gender assigned at birth.</li> </ul> <p>It is not possible to identify specific number of adults to whom this applies from the ContrOCC data (i.e. the report showing those who fully fund their care does not include information on gender reassignment).</p> <p>The proposed fees will be applied based on financial assessment outcomes, i.e. only to those who are able to fund the full cost of their care, and not based on any other protected characteristics. As such, this is not expected to have a disproportionate impact on adults who identify as transgender compared to any other individuals. This approach was supported as an appropriate mitigation by an external legal review of the proposal.</p>
	<p><b>What do people tell you?</b> Summary of feedback</p>	<ul style="list-style-type: none"> <li>• They do not want staff to make assumptions about their gender identity.</li> <li>• It is important that adults feel their views are heard, if they wish to disclose information relating to gender reassignment.</li> <li>• It is important that people are seen as individuals and do not feel stereotyped.</li> <li>• All adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation, regardless of their gender. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group.</li> <li>• Of the 97 consultation respondents who provided equalities data, 93 identified as the same gender as the sex that was registered at their birth, see table below. It is recognised that the equalities data collected through the consultation data is limited in relation to this protected characteristic, as no respondents specifically stated they were trans or gender diverse, although 4 individuals opted for “prefer not to say”.</li> <li>• No specific concerns were raised in relation to this protected characteristic, either in the consultation or through engagement with other organisations. The proposals had been shared with partner organisations supporting transgender adults, for example through Inclusion Advisory Group and Citizen’s Panel members, helping to ensure that those with this protected characteristic had been given the chance to contribute to the proposal.</li> </ul>



		<div>Question asked - Is the gender you identify with the same as your sex registered at birth?</div> <table><tr><th>Option</th><th>Total</th><th>Percentage of all 162 respondents</th></tr><tr><td>Yes</td><td>93</td><td>57%</td></tr><tr><td>No</td><td>0</td><td>0%</td></tr><tr><td>Prefer not to say</td><td>4</td><td>2%</td></tr><tr><td>Not answered</td><td>65</td><td>40%</td></tr></table>	Option	Total	Percentage of all 162 respondents	Yes	93	57%	No	0	0%	Prefer not to say	4	2%	Not answered	65	40%
Option	Total	Percentage of all 162 respondents															
Yes	93	57%															
No	0	0%															
Prefer not to say	4	2%															
Not answered	65	40%															
	<div>What does this mean? Impacts identified</div>	<ul style="list-style-type: none"><li>• Staff must be up to date with their Equalities and Diversity training, for example to help prevent unconscious bias.</li><li>• Staff should not be hesitant in discussing adult’s preferences as part of any contact with individuals accessing ESCC services, for example within the care planning or financial assessment process.</li></ul>															
	<div>What can you do? All potential actions</div>	<ul style="list-style-type: none"><li>• Offer choice and control for adults wherever possible.</li><li>• Use the pronouns that the individual requests.</li><li>• Avoid using cis-normative stereotyping.</li><li>• Future project communications will be tested with members of the People Bank to ensure that they are clear and do not cause confusion, i.e. so that adults receive individualised letters outlining the charges that apply to them.</li><li>• Individuals who may be impacted by the new charges will also be signposted to wider financial support information, e.g. through the ESCC website <a href="#">page</a> for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members with caring responsibilities. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives.</li></ul>															
	Pregnancy and maternity - Protection is during pregnancy and any statutory maternity leave.																
Pregnancy and Maternity	<div>What do you know? Summary of data</div>	<div>Countywide, there are just under 5,000 births per year in East Sussex. Hastings has the highest overall birth rate, as well as for women aged 15-19 years. Lewes and then Rother have the highest birth rates for women aged 35-44 years. However, there is expected to be limited cross-over between those who are pregnant and those who are fully funding social care support through ESCC ASCH (i.e. that would be impacted by these changes).</div> <div>It is not possible to identify specific adults who have this protected characteristic from the ContrOCC report on fully-funding adults.</div>															

		The proposed fees will be applied based on financial assessment outcomes, i.e. only to those who are able to fund the full cost of their care and not based on any other protected characteristics. As such, this is not expected to have a disproportionate impact on adults who are pregnant compared to any other individuals.
	<b>What do people tell you?</b> Summary of feedback	<ul style="list-style-type: none"> <li>• All adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group.</li> <li>• Of the 162 consultation respondents, none stated that they were pregnant or had recently had a child. This is not surprising given that the proposed charges are not expected to apply to anyone who is pregnant.</li> <li>• Additionally, the proposals were discussed with and shared by partner organisations, for example through the Inclusion Advisory Group and Citizen's Panel members to other local organisations who do support pregnant women and young families. This was to ensure that those with this protected characteristic were aware of the proposal and had the opportunity to contribute to the consultation if they felt it was appropriate.</li> </ul> <p>No specific concerns have been raised by adults or partners about the impact of these proposed changes in relation to this protected characteristic.</p>
	<b>What does this mean?</b> Impacts identified	It is not expected that the proposed changes to service delivery will have any impact on adults in relation to this protected characteristic.
	<b>What can you do?</b> All potential actions	<ul style="list-style-type: none"> <li>• Individuals who may be impacted by the new charges will also be signposted to wider financial support information, e.g. through the ESCC website <a href="#">page</a> for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members with caring responsibilities. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives.</li> </ul>
	<b>Race (ethnicity)</b> - This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers.	
<b>Race / ethnicity</b>	<b>What do you know?</b> Summary of data	<b>88.3%</b> of usual residents of East Sussex said that they belonged to the White English, Welsh, Scottish, Northern Irish or British ethnic groups. Black and minority ethnic groups including white minority groups (Irish, Gypsy or Irish Traveller, Roma, Other White) make up <b>11.7%</b> of usual residents in East Sussex. This compares to 18.8% in England.



In 2021, 93.9% (512,440) of usual residents in East Sussex identified their ethnic group within the high-level "White" category, a decrease from 96.0% (505,420) in the 2011 Census, but still significantly higher than the English national average (81.0%) and also higher than the average for the Southeast region (86.6%). 4.6% were of another white background; 1.6% were Asian/ Asian British, 0.5% were Black/ Black British and 1.3.% were from other ethnic backgrounds.

Those selecting a non-UK identity only accounted for 5.5% of the overall population (29,880 people), which is an increase from 4.3% of the population (23,090 people) in 2011. The most common non-UK identities are Polish, Irish, Romanian, Portuguese and Italian.

A higher percentage of the population in East Sussex identified as Gypsy or Irish Traveller than the national average (0.2% compared to 0.1%).

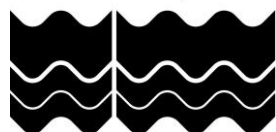
We know individuals may require support to engage with services, for example through the offer of translation and interpretation services.

It is not possible to identify the specific breakdown of race/ethnicity for the 2369 adults who currently fully fund their care, as this is not included in the main report exported from ContrOCC.

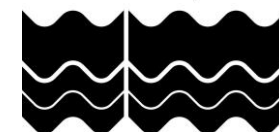
The proposed fees will be applied based on financial assessment outcomes, i.e. only to those who are able to fund the full cost of their care, and not based on any other protected characteristics such as race or ethnicity. As such, this is not expected to have a disproportionate impact on adults on the basis of their race or ethnicity. This approach was supported as an appropriate mitigation by an external legal review of the proposal.

97 respondents to the consultation provided their ethnicity (60% of the total number of responses), see breakdown below. Of those 97 respondents, 89% identified as White British (reflective of the 88.3% of the county's population who identified as that ethnicity in the last census). Whilst the majority of those who disclosed their ethnicity were White British (as would be expected based on the breakdown of ethnicity within the county population overall), feedback from other ethnicities was represented to some extent in the data.

Option	Total	Percentage of all 162 respondents
White English/Welsh/Scottish/Northern Irish/British	89	55%
White Irish	0	0%
White Gypsy/Irish Traveller	0	0%
White Roma	0	0%

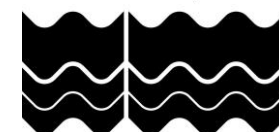


		<table><tr><td>Any other White background</td><td>0</td><td>0%</td></tr><tr><td>Mixed White and Black Caribbean</td><td>0</td><td>0%</td></tr><tr><td>Mixed White and Black African</td><td>0</td><td>0%</td></tr><tr><td>Mixed White and Asian</td><td>0</td><td>0%</td></tr><tr><td>Any other mixed or Multiple background</td><td>0</td><td>0%</td></tr><tr><td>Asian or Asian British Indian</td><td>0</td><td>0%</td></tr><tr><td>Asian or Asian British Pakistani</td><td>1</td><td>&lt;1%</td></tr><tr><td>Asian or Asian British Bangladeshi</td><td>0</td><td>0%</td></tr><tr><td>Asian or Asian British Chinese</td><td>0</td><td>0%</td></tr><tr><td>Any other Asian background</td><td>0</td><td>0%</td></tr><tr><td>Black or Black British Caribbean</td><td>1</td><td>&lt;1%</td></tr><tr><td>Black or Black British African background</td><td>0</td><td>0%</td></tr><tr><td>Any other Black, Black British or Caribbean background</td><td>0</td><td>0%</td></tr><tr><td>Arab</td><td>0</td><td>0%</td></tr><tr><td>Any other ethnic group</td><td>1</td><td>&lt;1%</td></tr><tr><td>Prefer not to say</td><td>4</td><td>2%</td></tr><tr><td>Not answered</td><td>65</td><td>40%</td></tr></table>	Any other White background	0	0%	Mixed White and Black Caribbean	0	0%	Mixed White and Black African	0	0%	Mixed White and Asian	0	0%	Any other mixed or Multiple background	0	0%	Asian or Asian British Indian	0	0%	Asian or Asian British Pakistani	1	<1%	Asian or Asian British Bangladeshi	0	0%	Asian or Asian British Chinese	0	0%	Any other Asian background	0	0%	Black or Black British Caribbean	1	<1%	Black or Black British African background	0	0%	Any other Black, Black British or Caribbean background	0	0%	Arab	0	0%	Any other ethnic group	1	<1%	Prefer not to say	4	2%	Not answered	65	40%
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<b>What do people tell you?</b> Summary of feedback	<ul style="list-style-type: none"><li>• It's important that adults feel their views are heard.</li><li>• It is important that people are seen as individuals and do not feel stereotyped and/or discriminated against.</li><li>• Concerns were raised by members of the Inclusion Advisory Group (December 2024) that language and cultural barriers could prevent adults from engaging with service changes, for example prevent them submitting responses to the consultation.</li><li>• As a result, all adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group. Alternative versions of the letter and consultation were also available, including easy read and large print, and the offer of translated versions was also available (although none were requested).</li><li>• Additionally, the proposals were discussed with and shared by partner organisations, for example through the Inclusion Advisory Group and Citizen's Panel, who passed resources on to other local organisations, including those who support those from different ethnic backgrounds, to ensure that</li></ul>																																																				

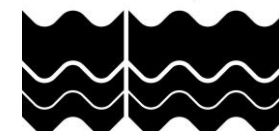




		those with this protected characteristic were aware of the proposal and had the opportunity to contribute to the consultation.
	<b>What does this mean?</b> Impacts identified	<p>Whilst it is not expected that the proposed changes to service delivery will have any disproportionate impact on adults in relation to this protected characteristic:</p> <ul style="list-style-type: none"> <li>• Each service user must be treated based on their individual needs.</li> <li>• Adults need access to appropriate advocate and interpreting services as identified at first point of contact. To achieve this, resources relating to the proposed charges and the financial assessment process can be translated as required to meet individual needs.</li> <li>• Services need to actively record race/ethnicity to ensure services are appropriately delivered.</li> </ul>
	<b>What can you do?</b> All potential actions	<ul style="list-style-type: none"> <li>• Ensure adults are offered advocacy services, where necessary.</li> <li>• Ensure interpreting service needs are identified at point of contact and information relating to these charges, as well as wider information relating to paying for care, is available in translated form as required.</li> <li>• Ensure staff do not make assumptions and allow people to self-identify race/ethnicity</li> </ul>
	<b>Religion or belief</b> - Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.	
<b>Religion or Belief</b>	<b>What do you know?</b> Summary of data	<p>In 2021, 45.9% (250,330) of usual residents of East Sussex identified as Christian, down from 59.9% (315,650) in 2011.</p> <p>The second most common religion in East Sussex after Christianity is Islam. The proportion of the population stating they were Muslim increased from 0.8% of the usual resident population (4,200) in 2011 to 1.1% (6,190) in 2021. This is low compared to both the Southeast Regional and the English national averages, with 3.3% of residents in the Southeast specifying their religion as Islam, and 6.7% across the whole of England.</p> <p>Whilst the largest single religious group is those identifying as Christian, we know that East Sussex has a number of people with different religious affiliations and beliefs.</p> <p>It is not possible to identify the specific breakdown of religion and/or belief for the 2369 adults who current fully fund their care, as this is not included in the main report exported from ContrOCC.</p> <p>The proposed fees will be applied based on financial assessment outcomes, i.e. only to those who are able to fund the full cost of their care, and not based on any other protected characteristics. As such,</p>



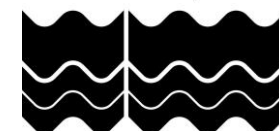
		is not expected to have a disproportionate impact on adults on the basis of their religion. This approach was supported as an appropriate mitigation by an external legal review of the proposal.																													
	<p><b>What do people tell you?</b> Summary of feedback</p> <ul style="list-style-type: none"> <li>• It is important that adults feel their views are heard.</li> <li>• It is important that people are seen as individuals and do not feel stereotyped and/or discriminated against.</li> <li>• Concerns were raised by members of the Inclusion Advisory Group (December 2024) that language and cultural barriers could prevent adults from engaging with service changes, for example prevent them submitting responses to the consultation.</li> <li>• As a result, all adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group. Alternative versions of the letter and consultation were also available, including easy read and large print, and the offer of translated versions was also available (although none were requested).</li> <li>• Additionally, the proposals were discussed with and shared by partner organisations, for example through the Inclusion Advisory Group and Citizen's Panel, who passed resources on to other local organisations, including those who support those from with different religious views and beliefs, to ensure that those with this protected characteristic were aware of the proposal and had the opportunity to contribute to the consultation</li> <li>• Of the 162 consultation respondents, 50 identified as Christian, which mirrors the latest census data for the county which shows that those identifying as Christian were the largest religious group.</li> </ul> <table border="1"> <thead> <tr> <th>Option</th><th>Total</th><th>Percentage of all 162 respondents</th></tr> </thead> <tbody> <tr> <td>No religion</td><td>35</td><td>22%</td></tr> <tr> <td>Christian (C of E, Catholic, Protestant and other denominations)</td><td>50</td><td>31%</td></tr> <tr> <td>Buddhist</td><td>3</td><td>2%</td></tr> <tr> <td>Hindu</td><td>0</td><td>0%</td></tr> <tr> <td>Jewish</td><td>1</td><td>&lt;1%</td></tr> <tr> <td>Muslim</td><td>0</td><td>0%</td></tr> <tr> <td>Sikh</td><td>0</td><td>0%</td></tr> <tr> <td>Any other religion</td><td>2</td><td>1%</td></tr> <tr> <td>Philosophical belief</td><td>1</td><td>&lt;1%</td></tr> </tbody> </table>	Option	Total	Percentage of all 162 respondents	No religion	35	22%	Christian (C of E, Catholic, Protestant and other denominations)	50	31%	Buddhist	3	2%	Hindu	0	0%	Jewish	1	<1%	Muslim	0	0%	Sikh	0	0%	Any other religion	2	1%	Philosophical belief	1	<1%
Option	Total	Percentage of all 162 respondents																													
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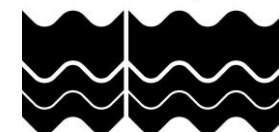
			Prefer not to say	5	3%						
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	<b>What does this mean?</b> Impacts identified	Whilst it is not expected that the proposed changes to service delivery will have any impact on adults in relation to this protected characteristic: <ul style="list-style-type: none"><li>Each service user must be treated based on their individual needs.</li><li>Adults need access to appropriate advocacy and interpreting services as identified at first point of contact. To achieve this, resources relating to the proposed charges and the financial assessment process can be translated as required to meet individual needs.</li><li>Services need to actively record religious/belief to ensure services are appropriately delivered.</li></ul>									
	<b>What can you do?</b> All potential actions	<ul style="list-style-type: none"><li>Ensure adults are offered advocate/interpretation services as required.</li><li>Ensure staff do not make assumptions and allow people to self-identify religion/belief.</li></ul>									
	<b>Sex - women and men are protected under the Act.</b>										
Sex	<b>What do you know?</b> Summary of data	Of the population of East Sussex, 299,064 (52%) are female and 270,788 (48%) are male.  We also know: <ul style="list-style-type: none"><li>People do not always identify as the gender they were assigned at birth.</li><li>That biological sex does not fall into two categories (i.e. Intersex).</li></ul> As of October 2024, there were 2369 fully funding adults accessing care and support arranged by ESCC. Of these 65.6% were women (1554/2369), 32% were men (758/2369) and sex was not recorded for 2.4%. Whilst the proposed changes do not directly impact people based on their sex, as they are applied on the basis of financial status, we recognise that the data shows there is not an equal spread within this cohort as 2/3 of the individuals who could be impacted by these potential changes are women. <table><tr><td>Male</td><td>32.0%</td></tr><tr><td>Female</td><td>65.6%</td></tr><tr><td>Unknown</td><td>2.4%</td></tr></table>				Male	32.0%	Female	65.6%	Unknown	2.4%
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<b>What do people tell you?</b> Summary of feedback	<ul style="list-style-type: none"><li>It is important that people are seen as individuals and do not feel stereotyped.</li><li>All adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group.</li></ul>										

	<ul style="list-style-type: none"><li>Of the 99 consultation respondents who provided this equalities data, 71 were female (see table below). This roughly aligns with the proportion of females in the cohort that could be directly impacted by the proposal.</li><li>Additionally, the proposals were discussed with and shared by partner organisations, for example through the Inclusion Advisory Group and Citizen’s Panel, to other local organisations supporting both men and women, to ensure that those with this protected characteristic were aware of the proposal and had the opportunity to contribute to the consultation.</li></ul> <p>99 respondents to the consultation provided their gender (61% of the total number of responses), see breakdown below. Whilst the majority of those who disclosed their gender were female (as would be expected based on the gender breakdown in the target group who could be impacted), all options were represented to some extent in the data.</p> <table><tr><th>Option</th><th>Total</th><th>Percentage of all 162 respondents</th></tr><tr><td>Female</td><td>71</td><td>44%</td></tr><tr><td>Male</td><td>24</td><td>15%</td></tr><tr><td>Non-binary</td><td>1</td><td>&lt;1%</td></tr><tr><td>Prefer to self-describe</td><td>1</td><td>&lt;1%</td></tr><tr><td>Prefer not to say</td><td>2</td><td>1%</td></tr><tr><td>Not answered</td><td>63</td><td>39%</td></tr></table> <p>No specific concerns have been raised by adults or partner organisations about the impact of these proposed changes in relation to this protected characteristic.</p>	Option	Total	Percentage of all 162 respondents	Female	71	44%	Male	24	15%	Non-binary	1	<1%	Prefer to self-describe	1	<1%	Prefer not to say	2	1%	Not answered	63	39%
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What does this mean? Impacts identified	The proposal could impact disproportionately on females as they are a majority within the cohort impacted. However, these fees will be applied based on financial assessment outcomes, i.e. only to those who are able to fund the full cost of their care and not based on an individual’s sex or any other protected characteristics. This approach was supported as an appropriate mitigation by an external legal review of the proposal.																					
What can you do? All potential actions	<ul style="list-style-type: none"><li>All adults, regardless of sex, who may be impacted by the new charges will also be signposted to wider financial support information, e.g. through the ESCC website <a href="#">page</a> for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members with caring responsibilities. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives.</li></ul>																					

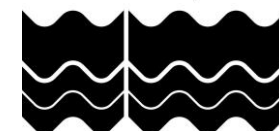
Sexual orientation - The Act protects bisexual, gay, heterosexual and lesbian people.		
Sexual orientation	<p><b>What do you know?</b> Summary of data</p>	<p>The 2021 East Sussex LGBTQI+ Comprehensive Needs Assessment estimates that there may be between 17,273 and 39,004 LGB+ people living in East Sussex (between 3.1% and 7% of the population). According to the 2021 Census 3.3% of East Sussex residents declared themselves as LGB+.</p> <p>In adults, the GP patient survey found that mental health condition prevalence was significantly higher in LGB+ people (41%), compared to heterosexual people (11%), especially in bisexual people (56%). This could mean that this group is disproportionately represented amongst those who need to access care and support from the local authority.</p> <p>It is not possible to identify details regarding their sexual orientation for the 2369 adults who current fully fund their care, as this is not included in the main report exported from ContrOCC. The proposed fees will be applied based on financial assessment outcomes, i.e. only to those who are able to fund the full cost of their care, and not based on any other protected characteristics. As such, this is not expected to have a disproportionate impact on adults on the basis of their sexual orientation. This approach was supported as an appropriate mitigation by an external legal review of the proposal.</p> <p>However, we do know that LGBTQ+ adults are statistically less likely to have children and are more likely to be living alone, which means they may not be able to draw upon the support of children or close family to assist them with sourcing and setting up care, which in turn means they be more likely to require the support of ESCC to do so. Ensuring that appropriate resources and signposting are in place, as alternatives to paying the proposed charges for accessing the brokerage, is key to help mitigate this risk.</p>
	<p><b>What do people tell you?</b> Summary of feedback</p>	<ul style="list-style-type: none"> <li>• Some people are happy to divulge this information, whilst others are not, particularly as they may feel that this is not relevant to financial assessment and charging process. This could have an impact on their financial assessment, for example if their partner is mistaken for a friend and they would then be eligible for a spouse allowance, so it may be relevant for this data to be requested by the financial assessor. This will not be a requirement of the assessment though and is not required should the individual not wish to share this information.</li> <li>• It is important that people are seen as individuals and do not feel stereotyped and/or discriminated against.</li> <li>• All adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group. Of the 162 consultation respondents, 97 provided their sexual orientation.</li> <li>• Additionally, the proposals were discussed with and shared by partner organisations, for example through the Inclusion Advisory Group and Citizen's Panel, to other local organisations supporting those</li> </ul>



		<p>of all sexual orientations, to ensure that those with this protected characteristic were aware of the proposal and had the opportunity to contribute to the consultation.</p> <ul style="list-style-type: none"> <li>No specific concerns have been raised by adults or partner organisations about the impact of these proposed changes in relation to this protected characteristic.</li> </ul> <p>97 respondents to the consultation provided their sexual orientation (60% of the total number of responses), see breakdown below. Whilst the majority of those who disclosed their sexual orientation as heterosexual, all options were represented to some extent in the data.</p> <table border="1"> <thead> <tr> <th>Option</th><th>Total</th><th>Percentage of all 162 respondents</th></tr> </thead> <tbody> <tr> <td>'Straight' / Heterosexual</td><td>85</td><td>52%</td></tr> <tr> <td>Gay or Lesbian</td><td>4</td><td>2%</td></tr> <tr> <td>Bisexual</td><td>1</td><td>&lt;1%</td></tr> <tr> <td>Prefer to self-describe</td><td>3</td><td>2%</td></tr> <tr> <td>Prefer not to say</td><td>4</td><td>2%</td></tr> <tr> <td>Not answered</td><td>65</td><td>40%</td></tr> </tbody> </table>	Option	Total	Percentage of all 162 respondents	'Straight' / Heterosexual	85	52%	Gay or Lesbian	4	2%	Bisexual	1	<1%	Prefer to self-describe	3	2%	Prefer not to say	4	2%	Not answered	65	40%
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	<p><b>What does this mean?</b> Impacts identified</p>	<p>Whilst it is not expected that the proposed changes to service delivery will have any impact on adults in relation to this protected characteristic:</p> <ul style="list-style-type: none"> <li>Each adult must be treated individually based on their individual needs. Staff must not make assumptions about someone's sexual orientation, for example based on someone's appearances or other interactions staff have with them.</li> <li>Adults need access to appropriate advocate and interpreting services as identified at first point of contact. To achieve this, resources relating to the proposed charges and the financial assessment process can be translated as required to meet individual needs.</li> <li>Services need to actively record sexual orientation, if the adult is willing to provide this data, to ensure services are appropriately delivered.</li> </ul>																					
	<p><b>What can you do?</b> All potential actions</p>	<ul style="list-style-type: none"> <li>Ensure all staff have completed equality and diversity training, to help prevent unconscious bias.</li> <li>Avoid using hetero-normative stereotyping.</li> <li>Future project communications will be tested with members of the Peoples Bank to ensure that they are clear and do not cause confusion, i.e. so that adults receive individualised letters outlining the charges that apply to them.</li> <li>All adults, regardless of sexual orientation, who may be impacted by the new charges will also be signposted to wider financial support information, e.g. through the ESCC website <a href="#">page</a> for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members with care.</li> </ul>																					



		responsibilities. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives.
<b>Marriage and civil partnership - Only in relation to due regard to the need to eliminate discrimination.</b>		
<b>Marriage and Civil Partnership</b>	<b>What do you know?</b> Summary of data	<p>According to the 2021 census data for East Sussex:</p> <ul style="list-style-type: none"> <li>• Single 29%</li> <li>• Married 46.5%</li> <li>• Civil Partnership 0.4%</li> <li>• Divorced 11%</li> <li>• Widowed 8%</li> </ul> <p>It is not possible to identify the marital status for the 2369 adults who current fully fund their care, as this is not included in the main report exported from ContrOCC. This does give an indication of the type of financial assessment completed (i.e. single or couples assessment) but that does not always align with marital status, as it could be applied if a long-term partner lived in the home but the individuals were not married.</p> <p>However the proposed fees will be applied based on financial assessment outcomes, i.e. only to those who are able to fund the full cost of their care, and not based on any other protected characteristics. As such, this is not expected to have a disproportionate impact on adults on the basis of their marital status. This approach was supported as an appropriate mitigation by an external legal review of the proposal.</p>
	<b>What do people tell you?</b> Summary of feedback	<ul style="list-style-type: none"> <li>• People tell us how they'd like to be addressed.</li> <li>• It's important that adults feel their views are heard.</li> <li>• Some people are happy to divulge this information, whilst others are not. This could have an impact on their financial assessment, e.g. if they are eligible for a spouse allowance, so it may be relevant for this data to be requested by the financial assessor. This will not be a requirement of the assessment though and is not required should the individual not wish to share this information.</li> <li>• All adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group.</li> <li>• Additionally, the proposals were discussed with and shared by partner organisations, for example through the Inclusion Advisory Group, East Sussex Senior's Association and Citizen's Panel to ensure that those with this protected characteristic were aware of the proposal and had the opportunity to contribute to the consultation.</li> </ul>

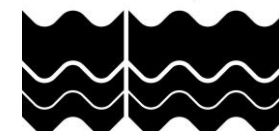


		<ul style="list-style-type: none"> <li>No specific concerns have been raised by adults or partner organisations about the impact of these proposed changes in relation to this protected characteristic.</li> </ul>
	<b>What does this mean?</b> Impacts identified	<p>Whilst it is not expected that the proposed changes to service delivery will have any impact on adults in relation to this protected characteristic:</p> <ul style="list-style-type: none"> <li>Each service user must be treated individually based on their individual needs. Staff must not make assumptions on a person's marital or civil partnership status.</li> <li>Individuals should be advised of whether sharing this information could have a positive impact on their financial assessment, e.g. to see if they would be eligible for a spouse allowance. However, they will not be required to share this if they do not wish to. Financial Assessments can be completed without sharing this.</li> </ul>
	<b>What can you do?</b> All potential actions	<ul style="list-style-type: none"> <li>Avoid using heteronormative stereotyping.</li> <li>Ask people how they would like to be addressed.</li> <li>Future project communications will be tested with members of the Peoples Bank to ensure that they are clear and do not cause confusion, i.e. so that adults receive individualised letters outlining the charges that apply to them.</li> <li>All adults, regardless of marital status, who may be impacted by the new charges will also be signposted to wider financial support information, e.g. through the ESCC website <a href="#">page</a> for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members with caring responsibilities. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives. These resources will be reviewed as part of the project, including options for making these available in hard copy (e.g. through libraries and GP surgeries) as well as by post upon request.</li> </ul>
<b>Armed Forces</b> - protected by the Armed Forces Act 2021 which aims to help prevent service personnel, veterans and their families being disadvantaged when accessing public services. The duty applies to specifically housing, education or healthcare functions, but check whether any impacts may apply in your case.		
<b>Armed forces</b>	<b>What do you know?</b> Summary of data	<ul style="list-style-type: none"> <li>In 2021, 21,173 people in East Sussex reported that they had previously served in the UK armed forces (4.6% of usual residents aged 16 years and over).</li> <li>There were 19,917 households (8.3% of all households) in East Sussex with at least one person who had served in the UK armed forces.</li> <li>East Sussex had the 4th highest proportion of veterans in the 16 and over population (4.6%) in the Southeast</li> </ul>



		<p>It is not possible to identify whether the 2369 adults who current fully fund their care have previously served in the armed forces, as this is not included in the main report exported from ContrOCC.</p> <p>The proposed fees will be applied based on financial assessment outcomes, i.e. only to those who are able to fund the full cost of their care, and not based on any other protected characteristics such as previous military experience. As such, this is not expected to have a disproportionate impact on adults based on this protected characteristic.</p>
	<p><b>What do people tell you?</b> Summary of feedback</p>	<p>No concerns have been raised by adults, partners or engagement groups about the impact of these proposed changes in relation to this protected characteristic.</p> <ul style="list-style-type: none"> <li>All adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group. No specific comments were made regarding impacts on individuals as a result of this protected characteristic within the consultation responses or engagement events.</li> </ul>
	<p><b>What does this mean?</b> Impacts identified</p>	<p>It is not expected that the proposed changes to service delivery will have any impact on adults in relation to this protected characteristic.</p>
	<p><b>What can you do?</b> All potential actions</p>	<ul style="list-style-type: none"> <li>Work was undertaken with Insight and Engagement colleagues to ensure that consultation methods enabled all adults to participate regardless of protected characteristics, such as their marital status. Attendance at in-person engagement groups and production of large print and easy read versions of the consultation are examples of this. This meant incorporating written responses and opportunities for adults to contribute over the phone and in person alongside consultation response submitted through the online form.</li> <li>Additionally, care will be taken to mitigate the financial impact of changes where possible. The proposed fees will be applied based on financial assessment outcomes, i.e. only to those who are able to fund the full cost of their care, and not based on any other protected characteristics.</li> <li>Future project communications will be tested with members of the Peoples Bank to ensure that they are clear and do not cause confusion, i.e. so that adults receive individualised letters outlining the charges that apply to them.</li> <li>All adults, regardless of their previous armed forces experience, who may be impacted by the new charges will also be signposted to wider financial support information, e.g. through the ESCC website <a href="#">page</a> for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members with caring responsibilities. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives.</li> </ul>

	<b>Impacts on community cohesion</b> - Consider impacts on how groups see one another or how the council's resources are seen to be allocated. Include opportunities to positively impact on good relations between groups.	
Community cohesion	<b>What do you know?</b> Summary of data	The council has a legal duty to foster good relations between groups of people who share different protected characteristics. Some actions or policies may have impacts - or perceived impacts - on how groups see one another or in terms of how the council's resources are seen to be allocated. As the proposed administration fee will only be applied to those who have been assessed as able to fully fund their care, there will be a difference in treatment between different groups (i.e. those who pay in full for their care and those who pay a contribution or have it paid for by ESCC). This could be seen as unfair by those who will be charged for this if the proposals are introduced as planned, compared to those who do not pay for care or only pay an assessed contribution, who would not be eligible to be charged set-up costs for their care in the same way.
	<b>What do people tell you?</b> Summary of feedback	<p>This sense of inequity was noted as a theme from the consultation, where several responses expressed the view that adults who pay the full cost of their care already contribute enough and should not pay further charges, particularly as these are seen as unfair owing to the fact they will not be applied to those who don't pay the full cost of their care.</p> <ul style="list-style-type: none"> <li>“In my view, the policy of dividing those who need help into the 'haves' and the 'have nots' financially and with an arbitrary cut-off line is bound to create division. Social Services should be just that - services for all in need of help.”</li> </ul> <p>Similarly, some respondents felt that the proposal penalises adults who have made efforts to save money for their retirement and felt that this sends a message that you're better off saving nothing to get free care and support.</p> <ul style="list-style-type: none"> <li>“The people this affects are people who have worked all their lives, scrimped and saved to have a cushion in their retirement. They have never asked for help financially and have followed guidelines on putting money aside for small pensions. Now they are penalised for that. They see people rewarded by having everything paid for along with benefits and not having to pay a penny towards their care.”</li> </ul> <p>This feedback was echoed in the engagement groups, particularly the Citizen's Panel where members expressed views that the proposed charges did not seem to treat self-funders fairly.</p> <ul style="list-style-type: none"> <li>“People who fund their own care already pay extortionate amounts to subsidise people who don't. This is unfair and good care should be provided to everyone regardless of income. Does this not already come out of adult social care proportion of council tax?”</li> </ul>
	<b>What does this mean?</b> Impacts identified	Whilst this feedback is understandable, it appears to be based on a misunderstanding of what the proposed charges are for. Adults who pay the full cost for their care could arrange this directly with providers, and many do. However, there are those who ask ESCC to arrange this on their behalf despite paying the full cost themselves, i.e. use the ESCC Brokerage team to arrange and commission their care. The proposed new charges are for the use of this professional service to source and commission an individual's care when they pay the full cost themselves, i.e. when they have the option to do this themselves but have chosen to



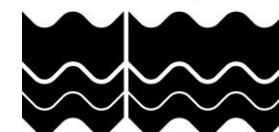
		ask ESCC to commission it on their behalf. Contracting services on behalf of these adults uses staff time and therefore incurs costs for ESCC rather than saves money, hence the need to charge.
		It is important that this clarification is included in future communications, i.e. to help to mitigate this potential impact between self-funders and those who receive funded care.
	<b>What can you do?</b> All potential actions	<p>The proposed charges are in line with legislation, compare favourably to those used by other LAs and have been kept to the minimum amount required to cover ESCC costs. As such, even though they will only apply to those who have been assessed as able to fully fund their care, effort has been taken to ensure that they are as fair as possible.</p> <p>We will ensure that it is clear in all future communications that this is a cost-recovery charge for those accessing a service provided by ESCC, i.e. to arrange and commission care, rather than intended to be an additional burden on adults who pay the full cost. Comms will also ensure that the lawful basis for these charges (i.e. Section 8.15 of the <a href="#">CASS guidance</a>) is referred to.</p>

#### Additional categories

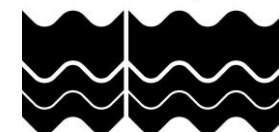
<b>Rurality</b> - issues can include isolation, access to services (e.g.: GPs, pharmacies, libraries, schools), low income / part-time work, infrequent public transport, higher transport and fuel costs and lack of affordable housing. Deprivation can be more dispersed and less visible.		
<b>What do you know?</b> Summary of data		<p>74% of the population in East Sussex lives in an urban area with the remaining 26% living in a rural area (2021 census).</p> <p>It is not possible to identify whether the 2369 adults who current fully fund their care live in rural or urban areas as this is not included in the main report exported from ContrOCC.</p>
<b>What do people tell you?</b> Summary of feedback		<p>Adults who fully fund their care live countywide, but their location within the county does not impact on their ability to undertake a financial assessment (which is done online and over the phone) nor will it impact directly on whether they are eligible for the proposed administrative fees. However there is a risk that living in a rural area would make it more difficult to source care privately if individuals did not want to pay the proposed admin fee to ESCC. Additionally, there is an increased risk of digital exclusion for those living in rural areas, for example from poor mobile and internet signal, which in turn could make it more difficult for these adults to source their own care.</p> <p>All adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group. Of the 162 consultation respondents, no one raised consultations relating to the impact on individuals based on their</p>

	<p>specific location or rurality. Similarly, no specific concerns relating to this characteristic were raised by any of the engagement groups.</p> <p>65 respondents to the consultation provided their postcode (40% of the total) allowing the spread of responses across the county to be monitored. Whilst not all respondents provided their location information, the data from those who did shows that the feedback does capture opinions from those across all areas of the county, including both rural and urban areas. 2% of postcodes provided also show that responses were received from some people who live outside of East Sussex.</p> <table><tr><th>Postcode area</th><th>Total</th><th>Percentage of all 162 respondents</th></tr><tr><td>Eastbourne</td><td>13</td><td>8%</td></tr><tr><td>Wealden</td><td>10</td><td>6%</td></tr><tr><td>Lewes</td><td>8</td><td>5%</td></tr><tr><td>Rother</td><td>15</td><td>9%</td></tr><tr><td>Hastings</td><td>15</td><td>9%</td></tr><tr><td>No postcode provided</td><td>97</td><td>60%</td></tr></table>	Postcode area	Total	Percentage of all 162 respondents	Eastbourne	13	8%	Wealden	10	6%	Lewes	8	5%	Rother	15	9%	Hastings	15	9%	No postcode provided	97	60%
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<b>What does this mean?</b> Impacts identified	It is not expected that the proposed changes to service delivery will have any impact on adults in relation to this protected characteristic.																					
<b>What can you do?</b> All potential actions	<ul style="list-style-type: none"><li>• Future project communications will be tested with members of the People Bank to ensure that they are clear and do not cause confusion, i.e. so that adults receive individualised letters outlining the charges that apply to them.</li><li>• All adults, regardless of their previous armed forces experience, who may be impacted by the new charges will also be signposted to wider financial support information, e.g. through the ESCC website <a href="#">page</a> for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members with caring responsibilities. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives.</li></ul>																					
<b>Carers</b> - A carer is anyone, of any age, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.																						
<b>What do you know?</b> Summary of data	There are over 10,000 individuals claiming Carers Allowance in East Sussex. (Source DWP Feb 2020). Care for the Carers estimates that there are 69,241 unpaid carers in East Sussex. It is difficult to know the actual number of carers because so many carers are hidden.																					

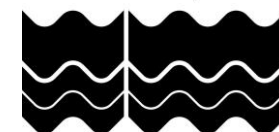
	<p>It is not possible to identify the specific number of carers that could be impacted by this specific proposal from the ContrOCC data (i.e. the report showing those who fully fund their care and support does not specify if they have support from family and/or friends in a caring capacity).</p> <ul style="list-style-type: none"> <li>Of the 162 consultation respondents, 40 (25%) stated that they were a carer for or a family member who closely supported someone who was receiving care and support from ESCC.</li> <li>Additionally, the proposals were discussed with and shared by partner organisations, for example through the Inclusion Advisory Group and Citizen's Panel members, to other local organisations supporting cares (such as Care for the Carers), to ensure that those with this protected characteristic were aware of the proposal and had the opportunity to contribute to the consultation.</li> </ul>
<p><b>What do people tell you?</b> Summary of feedback</p>	<p>The Inclusion Advisory Group (December 2024) and Citizens Panel (July 2025) raised concerns that, if administrative charges were introduced for people who fully fund themselves for accessing care and support, this could lead to some people disengaging with their support for financial reasons. These concerns were also a theme in the consultation feedback, see example responses below:</p> <ul style="list-style-type: none"> <li><i>"I understand the current challenges but please consider the impact on those living alone who are only just above threshold who are doing everything to remain at home and as independent as possible who do with support from their family."</i></li> <li><i>"This will make life harder for adults and their carers".</i></li> </ul> <p>This has also been raised by several internal colleagues, particularly in relation to charging an admin fee for adults who only access Technology Enabled Care Services (TECS) support, such as within the TECS team meeting on 10/7/25. If the proposed new fees are seen as too high then some adults may choose not to pay for this support and that in turn could place more pressure on unpaid carers and/or family members. This could impact on their economic, social and emotional wellbeing and, in the longer term potentially also lead to increased safeguarding concerns from carer breakdown and/or an increased need for these individuals to draw on other forms of ESCC support.</p> <p>All adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group.</p>
<p><b>What does this mean?</b> Impacts identified</p>	<p>As outlined above, this could put pressure and additional burdens on unpaid carers / family members, for example if individuals chose to stop accessing TECS care and/or must set up care themselves.</p>
<p><b>What can you do?</b> All potential actions</p>	<ul style="list-style-type: none"> <li>Future project communications will be tested with members of the Peoples Bank to ensure that they are clear and do not cause confusion, i.e. so that adults and/or their receive individualised letters outlining the charges that apply to them.</li> <li>All adults, and any family/friends/carers support them, who may be impacted by the new charges will also be signposted to wider financial support information, e.g. through the ESCC website <a href="#">page</a> for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members with caring</li> </ul>



	responsibilities. in the event that these proposals mean that individual carer's require additional support. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives.
<b>People with care experience</b> - the term 'care experienced' refers to anyone who has been, or is currently, in care or from a looked after background at any stage in their life, no matter how short. Consider financial impacts for things like travel or access to projects; maintaining continuity of care and support (including mental and physical health and wellbeing, community and social connections), and access to opportunities.	
<b>What do you know?</b> Summary of data	Not known - It is not possible to identify this from current data, as the report from ContrOCC identifying those who fully fund their care do not show whether those individuals have previously received care from ESCC (i.e. are "care experienced").
<b>What do people tell you?</b> Summary of feedback	<p>All adults who could be impacted by the proposal were directly contacted to invite them to participate in the consultation. A range of communication methods were offered (online, in paper, over the phone and in person engagement meetings) to try to capture feedback as widely as possible from this group.</p> <p>No concerns have been raised by adults or partners about the impact of these proposed changes in relation to this protected characteristic.</p>
<b>What does this mean?</b> Impacts identified	It is not expected that the proposed changes to service delivery will have any impact on adults in relation to this protected characteristic.
<b>What can you do?</b> All potential actions	<ul style="list-style-type: none"> <li>• Work was undertaken with Insight and Engagement colleagues to ensure that consultation methods enabled all adults to participate regardless of protected characteristics, including those who may have previously had care experience. Attendance at in-person engagement groups and production of large print and easy read versions of the consultation are examples of this. Incorporating written responses and opportunities for adults to contribute over the phone and in person alongside consultation response submitted through the online form were also examples of this.</li> <li>• Additionally, care will be taken to mitigate the financial impact of changes where possible. The proposed fees will be applied based on financial assessment outcomes, i.e. only to those who are able to fund the full cost of their care, and not based on any other protected characteristics (such as whether an individual has care experience).</li> <li>• Future project communications will be tested with members of the Peoples Bank to ensure that they are clear and do not cause confusion, i.e. so that adults receive individualised letters outlining the charges that apply to them.</li> <li>• All adults, regardless of whether they were previously care experienced or not, who may be impacted by the new charges will also be signposted to wider financial support information, e.g. through the ESCC website <a href="#">page</a> for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members with caring responsibilities. Individuals will also be signposted to wider support available to</li> </ul>

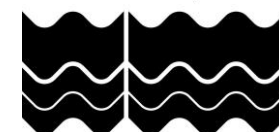


	help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives.
<b>Other people that may be differently affected</b> - this will vary by service, but includes people who: <ul style="list-style-type: none"> <li>• are homeless or in insecure housing,</li> <li>• in prison,</li> <li>• with low levels of literacy,</li> <li>• are digitally excluded,</li> <li>• experiencing severe loneliness (a feeling of lack or loss of companionship)</li> <li>• experiencing or in recovery from drug and alcohol addiction (and their families),</li> <li>• have or are experiencing domestic or sexual abuse.</li> </ul>	
<b>What do you know?</b> Summary of data	<p>East Sussex is the fifth most deprived of 26 County Councils. 13% of people aged 60 plus were living in poverty in 2019 (source: <a href="#">East Sussex Joint Strategic Needs Assessment</a>). 10.3% of households were in fuel poverty in 2019 compared to 9.3% across England.</p> <p>The cohort that these proposed charges will apply to are those who have been financially assessed as able to fully fund their care and support, i.e. this should not directly impact those living in poverty. As such there should be no change for those with finances below the £23,250 threshold.</p>
<b>What do people tell you?</b> Summary of feedback	<p>The Disability Rights Reference Group raised concerns that the proposals could have more of an impact on those who are digitally excluded. The alternative to having ESCC arrange care is for adults to arrange this on their own behalf, and the support and guidance available through ESCC is largely digital (i.e. OneSpace provider <a href="#">directory</a> and self-funders <a href="#">webpage</a>). The group were concerned that those who are digitally excluded, particularly those with protected characteristics that make accessing digital information more difficult, would not be able to engage with this guidance in the same way and would therefore not be able to arrange their own care as easily (if they don't have the same ability to avoid the proposed charges).</p> <p>Consultation feedback also mirrored this concern, that those without access to the available online resources may find it more difficult to arrange their own care, see example below.</p> <ul style="list-style-type: none"> <li>• <i>"I would be concerned that any charge would mean less people look to ask for help in finding out what care they need. Those without access to a computer would not know where to access support or arrange care."</i></li> </ul>
<b>What does this mean?</b> Impacts identified	<p>As identified above, there is a risk that this proposal could impact those who are digitally excluded disproportionately, as they may be unable to access the information available online to enable them to effectively arrange their own care and support. This was a theme mirrored in some of the feedback from the consultation - <i>"I think this is a fair system and should apply to those above threshold but needs to be fully explained to avoid later disputes."</i></p>





	<p>This client group falls into the category of ‘seldom heard’, meaning they are less likely to access care and support in line with their needs - this could be due to a lack of fixed address or a lack of trust in services for example.</p> <p>There is also a risk, particularly to those who are digitally excluded and/or do not have an established support network in place that they may end up accessing inappropriate/inadequate support if they choose to arrange this themselves and are unsupported in the process. This was a theme highlighted in the consultation feedback:</p> <ul style="list-style-type: none"> <li>• <i>“The risk of people trying to organise their own care to avoid having to pay even more for their carer and maybe not opting for a reliable or trusted person.”</i></li> <li>• <i>“If you charge people will go elsewhere or not get care they need as they won’t know where to go.”</i></li> </ul> <p>Individuals will be signposted to wider support information, such as <a href="#">information/groups</a> that may be able to support them and/or their family members to investigate and arrange care and support. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives. All available resources for self-funders will be reviewed as part of the project implementation process, with a particular focus on ensuring that these are up to date, accessible and can be available in print to support those without online access or lacking in digital literacy.</p>
<p><b>What can you do?</b> All potential actions</p>	<p>A review of support and guidance available for people who fully fund their care will be undertaken as part of the project. This will look to ensure that information can be provided in hard-copy for those who may be digitally excluded (identified as part of the care planning process or financial assessment). Additionally, it will be explored whether information can be available in print in libraries and or other community venues (such as GP surgeries), and if so, how to communicate this with the target cohort.</p> <p>Work was undertaken with Insight and Engagement colleagues to ensure that consultation methods enabled all adults to participate regardless of protected characteristics. This included easy read versions, to support those with low literacy or for whom English is an additional language. Printed copies of the consultation could be requested and more than 40 were posted out to those without access to the online survey as part of the engagement process. Attendance at in-person engagement groups by the project team during the consultation period was also intended to enable verbal feedback to be collected from those who may be unable to complete the consultation forms or respond online. Future project communications will also be tested with members of the Peoples Bank to ensure that they are clear and do not cause confusion, i.e. so that adults receive individualised letters outlining the charges that apply to them. Letters will be sent by as a printed copy by post, as was the case with the consultation, to mitigate the risk of those without internet/email access missing key information relating to changes to their charges.</p>





	Ensure practitioners are knowledgeable of partner agencies and services offered in the community that may be able to support these individuals if any additional needs are identified as part of the conversation relating to the application of the administration fee in the future.
<b>Staff impacts:</b> if your proposal affects staff, have you consulted with the Staff Networks? (contact details are on the equality pages of the intranet: search for 'staff networks')	
N/A - no expected impact on staff roles or responsibilities. No changes to staffing structures or responsibilities. Staff have been consulted on the required changes to internal processes that would be required to implement this project. This has been reflected within the options papers accordingly.	

Assessment of overall impacts, summary of actions and any further recommendations	
<p><u>Consultation summary:</u></p> <ul style="list-style-type: none"> <li>• An 11-week consultation on the proposed new charges started on 6 May and closed on 21 July 2025. We wrote to everyone who would be affected by the proposal to tell them about the consultation and how they could take part.</li> <li>• 307 people took part in the consultation, with just over half completing the survey (162 people). We also received responses by other methods such as phone and email (105), and through attending engagement groups (40).</li> <li>• The majority of survey respondents disagree with both proposals - 70% with the set-up fee and 78% with the invoice charge. People feel the proposals are unfair and penalise those who have made the effort to save money for their retirement. They also felt the proposals were short-sighted, as the charges would bring some people below the threshold for paying the full cost of their care.</li> <li>• There is some support for both proposals, although more for the set-up fee (24% compared to 16% for the invoice charge). Some people feel a fee is reasonable for those who can afford it in order to help preserve essential services.</li> <li>• Residents and workers are more likely to agree with the proposals than those who would be affected and their family and carers. The lower levels of support for the invoice fee reflect the fact that people think the cost of invoicing must be so high due to inefficient processes.</li> <li>• The main impact is seen as financial, and the greatest detriment would be to older, disabled and financially vulnerable people. People feel the proposal is particularly unfair on adults who are unable to arrange their own care or lack capacity to arrange care for themselves and have no one who can help them.</li> <li>• Respondents are concerned that people would end up with less, or no, care because of the charges. This is reflected in the fact that only 8% said they would still want the Council to arrange their care if the charges were introduced compared to 20% who said they wouldn't want Council-arranged care. The rest weren't sure what they would do.</li> <li>• The table below highlights the key themes from the consultation and the planned actions that will be taken to mitigate the impacts.</li> </ul>	
Theme	Response / Action

Most people felt the proposal is unfair, expressing that adults who fully pay for their care already contribute enough.	<ul style="list-style-type: none"> <li>• Future comms will highlight that this a cost-recovery charge.</li> <li>• Comms will also show that the ESCC fees are below the national average and have a lawful basis (CASS guidance).</li> </ul>
There was slightly more opposition to invoice charges compared to the setup fee. People felt invoicing should not cost ESCC as much as it does and that the current process must be very inefficient.	<ul style="list-style-type: none"> <li>• Whilst tied to invoicing frequency, the admin charge covers all internal costs for commissioning and administering care, not only the cost of raising and sending the actual invoice.</li> <li>• Future comms will refer to the new charge as an administration rather than an invoicing fee to avoid confusion.</li> </ul>
Many respondents felt the proposal penalises adults who saved for retirement and sends a message that you're better off saving nothing to get free care.	<ul style="list-style-type: none"> <li>• This reflects wider concerns about paying towards care. The cost-recovery basis for these charges will be highlighted in future comms to help respond to these concerns.</li> <li>• Letters relating to the charges will remind adults to request an updated financial assessment if their situation changes.</li> </ul>
A small portion of respondents felt a fee was reasonable for those who can afford it to help preserve essential services.	<ul style="list-style-type: none"> <li>• This seemed to be amongst adults who only access TECS services who would see an annual increase of £44.</li> <li>• Examples of positive feedback will be used into future comms, where appropriate.</li> </ul>
Respondents felt the proposal was unfair to adults who lack capacity to arrange care themselves or have no one else to support them to arrange it.	<ul style="list-style-type: none"> <li>• As discussed in an earlier section, the process will incorporate a practitioner-led decision to exempt individuals from the proposed set-up fee on a case-by-case basis if they lack capacity to set up their own care.</li> <li>• Resources available to support self-funders will also be reviewed as part of project implementation.</li> </ul>
Of those that the proposed fees will impact, the greatest detriment would be to elderly, disabled, and financially vulnerable people.	<ul style="list-style-type: none"> <li>• To mitigate this risk, fees will be applied based on FA outcomes not based on age, disability or other characteristics.</li> <li>• The fees will only apply to self-funders, so financially vulnerable adults should not be at risk as those below the upper capital threshold would not be eligible for the charges.</li> </ul>
Many respondents expressed concern that they or others would end up with less or no care because of the charges. Some respondents who receive TECS-only support said they would cancel their current support.	<ul style="list-style-type: none"> <li>• Charges will only be applied to those over the upper threshold, mitigating the risk that adults will be left unable to afford care.</li> <li>• Admin charges will align with the existing invoice schedule to help match the financial impact with the value of an individual's care; i.e. lower cost TECS-only adults will only pay £44/year.</li> <li>• A grace period will apply before new fees are charged to allow adults to budget or make alternative arrangements for care.</li> </ul>

Some felt the proposals were short sighted, as many adults are just above the threshold for free care.	<ul style="list-style-type: none"> <li>• If adults fall below the upper capital threshold, it is likely that they will still pay an assessed contribution.</li> <li>• As such, ESCC will not necessarily be paying the full cost of care for individuals if they fall below £23,250.</li> </ul>
Feedback highlighted that the Council needs to ensure people fully understand who would be impacted by these charges if they went ahead, and how.	<ul style="list-style-type: none"> <li>• Lessons have been learned from the original consultation letter (where confusion was caused for some as everyone received the same letter). Future communications will be tailored for different cohorts and reviewed by People Bank members.</li> <li>• Feedback from TECS adults was that some did not consider lifeline as “care”, so the language used in future letters will also be reviewed.</li> </ul>
Of those who would be affected (47% of respondents), the majority either said they would not have their care arranged by ESCC or were not sure if they would.	<ul style="list-style-type: none"> <li>• If fewer self-funding adults ask ESCC to arrange care on their behalf because of these fees, then ESCC will incur less costs as a result (i.e. this will take less staff time).</li> <li>• Any reduction in the projected income if adults arrange their own care will therefore be off-set as ESCC will incur less costs.</li> </ul>

The table below summarises the risks identified in the EQIA and the mitigations proposed.

Risk	Mitigation
Risk of disproportionate impact on those who lack capacity to arrange their own care, for example due to lacking the mental capacity or a disability, meaning those adults may be unable to access appropriate care if ESCC do not complete this for them.	Process to be developed (with clear criteria and approvals) for waiving fees in individual cases, e.g. owing to lack of capacity or disability (based on approach taken by other LAs). The planned criteria include those who lack mental capacity to set up own care (e.g. under an MCA or owing to a learning need), those whose disability means they are unable to arrange care directly (e.g. if they are blind and cannot access online resources), those receiving support from the ESCC Appointee and Deputyship team (i.e. who do not have capacity manage their own finances) and will also allow for practitioners to exempt others based on specific individual circumstances.
Risk of digital exclusion from consultation and engagement	Ensure that the consultation, and any subsequent policy updates, are accessible and can be accessed in a variety of forms, media and languages (as appropriate), such as easy read and large print versions. Additionally, the project team attended five in-person engagement groups to collect in-person feedback and asked partners to share through their own networks.
Risk of withdrawing from accessing services due to cost	Mitigation is to ensure that proposed costs are kept to a minimum (i.e. to match costs incurred by ESCC) and that they are only applied to those who have been financially assessed as able to fully fund their care. Additionally, the waiver of fees (outlined above) can be applied if allocated workers feel that the fee would place someone at risk.

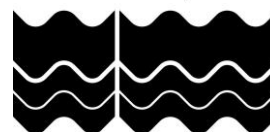
<p>Risk that adults could access less suitable care/support, i.e. because they lack information on how best to arrange this or which organisations are appropriate.</p>	<ul style="list-style-type: none"> <li>• Individuals will be signposted to wider support information, such as <a href="#">information/groups</a> that may be able to support family members with caring responsibilities in the event that these proposals mean that individual carer's require additional support.</li> <li>• Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a> or commissioned support available through Independent Lives.</li> <li>• Resources and available guidance will be reviewed, and additional opportunities to provide printed versions will be utilised (e.g. sent out to be distributed through libraries and GP surgeries) to help mitigate the risk of digital exclusion.</li> </ul>
<p>Risk from limited data, i.e. not able to identify risks to specific groups.</p>	<p>Mitigation has been to seek additional data, where available and appropriate, to inform this proposal. For example, the consultation included equalities monitoring questions to capture data regarding protected characteristics. These have informed the individual elements of the EQIA (above) as appropriate.</p>

It is noted that there is a risk that this proposal could have a more significant impact on adults on the basis of their age, gender and disability given the demographic of the target cohort that could be impacted. However, the mitigations proposed (e.g. applying fees based on financial status, exempting adults in individual cases based on their specific needs) will help to off-set this.

It is not anticipated that this project will have any disproportionate impact on adults on the basis of other protected characteristics (Gender reassignment, pregnancy and maternity, race/ethnicity, religion or belief, sexual orientation, marriage and civil partnership, armed forces experience, rurality or care experience).

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

Source and type of data (e.g. research, or direct engagement (interviews), responses to questionnaires, etc.)	Date	Gaps in data (were there any people you didn't hear from? Does research include information on all characteristics?)	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)
Research on approach taken by other LAs	Oct-Dec 2024	Data sampled from more than 20 LAs, however this does not necessarily reflect the approach taken by all LAs nationally.	Additional data collated from NAFAO and other LA consultations to help ensure that the data was as representative as possible of approaches taken by other LAs.
EqlAs and consultations from other LAs who have adopted this type of admin fee	Oct-Dec 2024	Only able to collate data from consultations and EqlAs that were available publicly, or from LAs who responded to the request to share information.	Contacted LAs again who have recently consulted on this type of change to request they share their consultation reports and EqlA to inform ESCC approach.
Data on individuals who currently access the service (ContrOCC, Infoview)	Oct 2024 - April 2025	Limits to exported data, i.e. unable to show ethnicity, religious beliefs or sexual orientation	Using census data and other available methods to identify impact on these groups.
Public consultation available online. This provided both specific responses relating to the proposal and also captured equalities data to help identify the potential impact on different groups.	May-July 2025	Not all adults will be aware of the consultation online or have access to appropriate technology/skills to be able to complete it.	Option to submit responses in writing, request printed copies of the consultation, respond by phone or feedback through in-person meetings.
Questionnaire sent out by email to adults who fully fund their care	May 2025	Not all adults have access to email and/or regularly check this.	Paper copies of letter sent out to all self-funding adults accessing services.
Questionnaire sent out by post to adults who fully fund their care and don't have email access	May 2025	People without a fixed home address may not be able to access a paper questionnaire	Providing forms to groups working with the unhoused community, sharing with other partner agencies and sending these out to be distributed through libraries.
Questionnaire sent out by post to adults who request this, following receipt of the initial letter. 40 posted during consultation period.	May-July 2025	People without a fixed home address may not be able to access a paper questionnaire	Providing forms to groups working with the unhoused community, sharing with other partner agencies and sending these out to be distributed through libraries.
Disability Rights Reference Group (DRRG)	2/5/25	Identified risks to individuals based on protected characteristics (e.g. disability)	Expansion of process for waiving fees to be developed (previously only outlined



		may mean people cannot arrange their own care effectively).	for those lacking mental capacity) to enable allocated workers to waive fees based on an individual's circumstances if they would be unable to arrange their own care.
East Sussex Senior's Association (ESSA)	9/5/25	Raised concerns that this could disproportionately impact older adults, as these represent the majority of those within this cohort. Also concerned that some adults would not be aware of the consultation if promoted electronically, or be able to respond online.	Confirmed that the new charges would apply on the basis of financial status rather than age. Provided printed copies of the consultation for distribution by ESSA and also provided copy relating to the project and consultation to be shared within their newsletter.
Inclusion Advisory Group (IAG)	24/6/25	Agreed with risks raised by DRRG to individuals based on protected characteristics (e.g. disability may mean people cannot arrange their own care effectively).	Supported the development of process for waiving fees based on an individual's circumstances if they would be unable to arrange their own care.
Citizen's Panel	11/7/25	Agreed with risks raised by DRRG and IAG to individuals based on protected characteristics (e.g. disability may mean people cannot arrange their own care effectively).	Supported the development of process for waiving fees based on an individual's circumstances if they would be unable to arrange their own care.

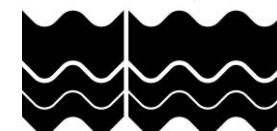
#### 4. Prioritised Action Plan

NB: The Council's duties are ongoing: actions must be completed and further equality assessment made if needed.

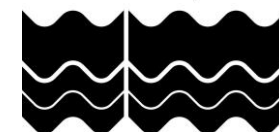
Review the actions identified above and prioritise by considering actions that will have benefits for multiple characteristics, actions that remove the biggest barriers or have greatest impact, and actions that are possible within current resources.

**Transfer these actions to service or business plans and monitor to ensure they achieve the outcomes identified. Your departmental equality lead will follow up at an agreed time to ensure actions are being implemented.**

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
ALL: Potential for disproportionate impact on groups that are more represented in this client group- i.e. People aged 70+ and females.	<p>Ensure charges applied on basis of financial assessment only, i.e. only to those who can fully fund care, to avoid any discrimination or inequity based on protected characteristics</p> <p>All adults can request an updated financial assessment if they feel that their situation has changed and their charges need to be recalculated.</p>	Whilst the introduction of fees will mean that some adults are required to pay more, i.e. to cover the costs of setting up care arranged on their behalf, this should not prevent any adults from having sufficient funds to access care. If adults have been financially assessed as not being able to fund or fully-fund their care then they will not be liable for the proposed fees.	Fees are only applied to adults who have been assessed as fully funding.	Ongoing
ALL: If additional charges are introduced for people accessing fully funded care and support, this could lead to some people cancelling their support for financial reasons. This may have a particular impact on unpaid carers, who may pick up the	Individuals will be signposted to wider financial inclusion support information, e.g. through the ESCC website <a href="#">page</a> for fully funding adults, as well as <a href="#">information/groups</a> that may be able to support family members	All adults will be fully able to participate in the process, understand what charges apply and agree to these, or be supported to arrange their own care and support with the information available.	All adults are well informed of the support available to them and able to fully participate in the process.	Ongoing

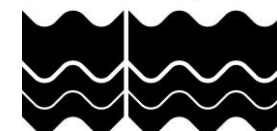


responsibility of arranging care.	<p>with caring responsibilities. Individuals will also be signposted to wider support available to help with identifying and arranging appropriate care and support, such as the directory available through <a href="#">Care Choices</a>.</p> <p>The number of care packages cancelled, including the reason for cancellation, will also be reviewed regularly over the 6-12 months after the proposed charges are introduced to measure whether they have had this impact. This will inform a review of the impact of the fees and whether any long term adjustments are needed.</p>	Carers will be offered a Carers Assessment and made aware of further support that is available to them and signposted accordingly.		
<p><b>DISABILITY:</b> Disproportionate impact on some disabled people for whom their disability would be a significant barrier to them arranging their own care and support.</p>	Ensure a process for waiving fees at an individual level is developed. This will ensure that allocated workers can identify (as part of the care planning process) where individuals may be unable to arrange their own care based on specific protected characteristics and then waive the set-up fee.	<p>Fee waived for adults whose disability or protected characteristic would mean they were unable to arrange their own care.</p> <p>As this process will be incorporated within the care planning process on LAS, it will be possible to report on the number of</p>	Adults with disabilities or other additional needs are best supported to have a specific care package in place.	Ongoing





		exemptions applied (and the criteria given).		
ALL: Potential for people to be excluded from sharing their views about this proposal due to digital exclusion, language or accessibility requirements or not being aware of the proposal.	<p>Ensure that the consultation is shared using a range of methods (email, online, post, in person sessions, phone) to remove barriers to engagement where possible.</p> <p>Ensure that respondents to the public consultation are asked about their demographic information and that any specific feedback relating to their protected characteristics are reflected in the consultation summary and EQIA.</p>	All adults will be fully able to participate in the process, understand what charges apply and agree to these.	All adults will be well informed and able to participate in the consultation process.	Complete
ALL: Potential for people to be unaware or unsupported in adapting to changes due to digital exclusion, language or accessibility requirements or not being aware of the proposal.	<p>Ensure information about policy changes are available in a range of formats and languages as required, including in non-digital formats.</p> <p>Future communications relating to these charges will be reviewed by People Bank members prior to sending to ensure that they are appropriate and clear.</p>	All adults will be fully able to understand what charges apply and agree to these.	<p>The person will be fully able to participate in the financial assessment process.</p> <p>Increased use of ESCC interpretation services (as required)</p>	Ongoing
AGE: Help to mitigate financial impact of changes, particularly on	The Department of Health and Social Care's guidance states that a person will	Having benefits maximised helps with a person's overall wellbeing, reducing	Increased benefits being claimed by adults (as appropriate)	Ongoing



groups with fixed incomes (such as those above retirement age), by promoting benefits maximisation.	have their benefits maximised at the same time as the means tested assessment is carried out. Within the Financial Assessment, Financial Assessment Officers will help adults to identify any benefits they may be entitled to that they are not claiming and receive the correct advice and information on how to claim, which may include signposting to the relevant organisations.	stress etc. This could also help to ensure that individuals have sufficient income to pay for care as well as the new proposed costs if they are claiming all that they are entitled to.		
All: Ongoing engagement with service users	Service user feedback will continue to be collected by Financial Services, for example through the FABA survey, and through recording reasons given for cancelling care.	Feedback from service users is used to identify gaps in provision and good practice. This could also help identify if the new charges are causing services to become unaffordable, i.e. owing to a rise in people cancelling care for cost reasons.	A range of service users provide regular feedback.  Protected characteristics are collected within this feedback (where appropriate) to identify if there are any gaps in service provision for specific groups.	FABA survey to be revisited annually

**EqlA sign-off:** (for the EqlA to be final the following people must review and agree it)

Staff member completing EqlA	Ben Baker, Programme Manager	21 August 2025
Head of Service	Sonny Butler	21 August 2025
Equality Lead	Kaveri Sharma	21 August 2025

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### <sup>1</sup> Our duties in the Equality Act 2010

Under the Equality Act 2010 we have a legal duty to demonstrate that we have identified and considered the actual and potential impact of our activities on people who share any of the legally ‘protected characteristics’: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership. This applies to policies, services (including commissioned services), and our employees. This template provides evidence of this consideration.

In the Act we must give ‘due regard’ (pay conscious attention) to the need to:

- **avoid, reduce, minimise or eliminate any negative impact** (if you identify unlawful discrimination, you must stop the action and take advice immediately).
- **promote equality of opportunity** by removing or minimising disadvantages; taking extra steps to meet people’s needs; encouraging participation; and treating disabled people differently, including more favourably where necessary.
- **foster good relations** by tackling prejudice and promoting understanding.

<sup>2</sup> **EqIAs are always proportionate.** The greater the potential adverse impact on a protected group (e.g. disabled people), the more thorough our process must be. Consider:

- The nature of the service, or scope of the policy/strategy
- The resources involved
- The number of people affected
- The size of the likely impact
- The vulnerability of the people affected

<sup>3</sup> The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** all Council employees must be aware of our legal duties and comply with them appropriately in our daily work.
- **Timeliness:** assessment must be completed and considered at the time a decision is taken - not afterwards.
- **Real Consideration:** the duty must be an integral, rigorous part of your decision-making process and influence the process.
- **Sufficient Information:** you must assess what information you have and what more is needed to give proper consideration.
- **No delegation:** the Council is responsible for ensuring that any contracted services, which are provided on its behalf, can and do comply with these legal duties.
- **Review:** this continuing duty applies when you develop/agree a policy or service and when it is implemented and reviewed.
- **Proper Record Keeping:** you must keep records of the process, the impacts and the actions that you will implement.

