

Name of the proposal, project or service

Reconciling Policy, Performance and Resources (RPPR) 2018/19:

Proposed reductions to Women's refuges

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

- 1.1 The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.
- 1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.

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

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

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

These are sometimes called equality aims.

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

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

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

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

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

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

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

- Removing or minimising disadvantages suffered by people due to their protected characteristic.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities.
- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low.
- NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

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

- 1.7.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.
- 1.7.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

#### 1.7.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors).
- 1.7.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

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

#### 2.1 What is being assessed?

- a) Proposal or name of the project or service The service affected by this proposal is East Sussex domestic abuse refuge provision. There are five refuges run by the organisation Refuge providing 47 units of accommodation across:
  - Eastbourne
  - Hastings
  - Lewes
  - Rother
  - Wealden

#### b) What is the main purpose of these proposals?

The purpose of the proposal is to reduce funding to Supporting People accommodation based services to achieve savings of £800,000. The proposal includes the service listed above.

#### Manager(s) responsible for completing the assessment

Jude Davies, Strategic Commissioning Manager Candice Miller, Policy Development Manager

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

The people who will be affected by this proposal are a cohort of women and their children who need accommodation and support to:

- stay safe;
- keep their children safe;
- not return to an abusive perpetrator;
- achieve economic wellbeing;
- enjoy life and achieve ambitions;
- make a positive contribution to their community;
- better manage their physical health and emotional wellbeing;
- make choices;
- take control of their support;
- build social networks;
- find a home of their own; and
- establish ongoing support according to need.

In 2016/17 39% of women who accessed the refuge were local to East Sussex and over a 5 year period this figure is 49%.

**The following tables** from the Refuge annual report show the needs and outcomes achieved within a refuge. A reduction to the service is likely to mean that fewer women will be able to access this accommodation and support.

#### Needs and outcomes within a refuge

#### Information

The five services provide specialist on site housing support and accommodation to women fleeing domestic abuse.

In 2016/17, the service received a total of 210 referrals for its 47 units of accommodation.

#### Outcomes achieved in 2016/17

- 130 of these referrals resulted in women and their children (181 children collectively) successfully accessing a refuge space.
- Refuge provided accommodation and support to 311 women and children in total an 8% increase on 2015/16.

#### Information

Women access the refuges to be safe and free from their perpetrator's control.

#### Outcomes achieved in 2016/17

- 71% of the 210 women asked reported an end to all forms of abuse and controlling behaviour at the point of leaving Refuge.
- 87% reported an end to all physical abuse.
- 93% of women said they felt safer.
- Of the women who wanted to, 90.9% were supported to report their abuse to the police and seek protection.

#### Information

Controlling a woman's access to money is a common technique of abuse; 47% of the women in our East Sussex refuges had experienced financial abuse. Refuge empowers women to regain financial independence:

#### Outcomes achieved in 2016/17

- Women who requested financial support reported a 90.9% reduction in their overall debt at the point of leaving the service.
- All the women who wanted to find a new job were supported to do so.

#### Information

36% of women arriving at the East Sussex refuges had a recent physical injury. Whilst staying at Refuge, women are supported to improve their health and wellbeing:

#### Outcomes achieved in 2016/17

- 96% of women who wanted to were supported to address their immediate health needs.
- All the women who requested specialist support around alcohol abuse were empowered to access additional support.
- All the women who wanted to access a Refuge support group to discuss the impact of domestic violence on them were able to do so.

#### Information

Perpetrators systematically isolate their victims from family and friends. Reducing a woman's isolation is critical to enabling them to rebuild their lives:

#### Outcomes achieved in 2016/17

 94% of women had been supported to participate in leisure, cultural, faith or informal learning activities.

•	At the point of leaving the service, 94% of women said their quality of life had improved.

#### Outcomes achieved for children in 2016/17

- Of the 39 women who requested support around child contact issues, 95% achieved what they wanted
- Of the women who wanted to do so, 93% were empowered to discuss with their children the emotional impacts of the abuse
- Of those who wanted to, 89% were supported to access information about schools for their children
- Of those who wanted to, 94% were supported to access play activities for their children

A case study, provided by Refuge, is available at Appendix 1.

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

All providers have been made aware of the budget proposals by the Supporting People Strategic Commissioning Manager. The proposals were discussed at Cabinet on 23 January 2018 and are now out to public consultation which began on 15 February 2018 and ended on the 25 April 2018. The process involves reviewing the consultation findings, following which recommendations will be made to members with a final decision being made by Cabinet on the 26 June 2018.

East Sussex County Council's Adult Social Care (ASC) Department is responsible for the Supporting People budget. If the proposals are approved, then negotiations with providers and discussions with partners will start to agree how to manage the budget reduction. Where contract status and EU procurement rules require, a competitive tender process will proceed.

It is likely that the proposals will result in less refuge provision across the County.

There is a minimum three month notice period on all contracts which may need to be implemented by the Supporting People Strategic Commissioning Manager.

If any current clients have to move on an Action Plan will be agreed with the provider to ensure those clients are actively supported to acquire move on accommodation.

Where the occupancy arrangements are Assured Shorthold Tenancies there is a legal requirement for providers to give a longer period of notice to tenants. These tenancies are fixed for the first six months and there is a complexity to achieving legal possession.

Providers will be asked to communicate the notice periods to people using the service at that time and work to identify alternative housing and support options for them.

Savings will be released by negotiation with current providers and, where contract status and EU procurement rules require, via a competitive tender process.

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

Reducing domestic abuse and the risks faced by those experiencing domestic abuse is a key priority for the East Sussex Safer Communities Partnership.

This partnership includes NHS Sussex, the five District and Borough Councils, Sussex Police, Sussex Probation Trust, Adult Social Care, Children's Services, East Sussex Fire and Rescue Service, Crime and Disorder Reduction Partnership (CDRPs), Her Majesty's Court Service and the Crown Prosecution Service.

The Government's plans for Crime and Safety include a number of key policy shifts which the partnership is now addressing and one of those is violence against women and girls. The services are designed to underpin this policy and protect women and their children from harm and increase their ability to live independently.

The partnership is looking for a number of key outcomes and these are incorporated into the Domestic Abuse Action Plan. This plan sets out ways in which the partnership and individual organisations go about improving the identification and responses to domestic abuse, repeat victimisation and seeks to reduce the impact of experiencing domestic violence. These services are constructed to support two desired outcomes:

- Those most at risk from further domestic abuse are supported and protected from further harm.
- There is greater efficiency and increased effectiveness in the delivery of specialist domestic abuse services to victims in East Sussex.

#### Multi Agency Risk Assessment Conferences (MARAC)

In East Sussex there are two MARACs, one for high risk victims of domestic abuse who reside in Eastbourne, Lewes and Wealden and one for high risk victims of domestic abuse who reside in Hastings and Rother. Each MARAC brings together, on a monthly basis, representatives from a

number of agencies to share information about the risks faced by victims of domestic abuse and their families and to draw up multi-agency action plans to improve their safety.

The 'East Sussex MARAC Operating Protocol' describes the role for each agency at the MARAC and how the MARAC will be conducted. This protocol also describes how high risk cases should be referred between MARAC areas in the event of victims of domestic abuse moving between areas.

Refuge is required to sign up to the East Sussex MARAC Operating Protocol and attend their local MARAC where there is involvement with one or more of the cases being discussed at that MARAC.

#### **Independent Domestic Violence Advisers (IDVAs)**

Central to the effective functioning of MARACs are Independent Domestic Violence Advisers who represent the victim's perspective at each conference and act as case managers for the multiagency action plans developed. IDVAs also provide emotional and practical support to people experiencing domestic abuse who do not meet the MARAC high risk threshold as well as advice and guidance about criminal and civil Court proceedings.

Refuge has effective working arrangements with the IDVA Service in East Sussex, so that risk is effectively managed and continuity of care is maximised. The IDVA refers to the refuges.

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

East Sussex County Council's total budget for the year beginning April 2018 is £371m. That is a reduction of £17m based on last year. As a department, Adult Social Care needs to save nearly £10 million in the year beginning April 2018.

The proposals are made as part of ESCC's budget planning process, **Reconciling Policy**, **Planning and Resources for 2018-19** onwards. The savings proposed to the services within this EIA are part of the overall ASC savings proposals.

The Government has signalled clearly its intention to expand the national network of refuges to better meet the needs of women and children fleeing domestic violence. **The Violence Against Women and Girls (VAWG) Strategy 2016**<sup>1</sup> aims that by 2020 'no victim is turned away from accessing critical support services delivered by refuges. The Statement of Expectations refers to an area having sufficient local specialist support provision, including provision designed specifically to support victims from marginalised groups e.g. specialist BAME-led refuges.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/522166/ VAWG\_Strategy\_FINAL\_PUBLICATION\_MASTER\_vRB.PDF

#### Homelessness Reduction Act 2017<sup>2</sup>

The Homelessness Reduction Act 2017 places new legal duties on local authorities so that everyone who is homeless or at risk of homelessness will have access to meaningful help. The Act amends part VII of the Housing Act 1996.

Under the Act, local authorities are required to ensure services are designed to meet the needs of particular groups that are at increased risk of becoming homeless including victims of domestic abuse.

Under the relief duty, in cases where the applicant is homeless, local authorities must take 'reasonable steps' – with reference to the applicant's assessment – to help all homeless eligible applicants to secure accommodation for at least six months unless the applicant is referred to another local authority due to having no local connection to the authority they have applied to.

Once triggered, the relief duty would continue for 56 days unless it is brought to an end via one of the prescribed conditions.

Interim accommodation duties owed to people under the existing provisions (section 188) continue to apply during this stage – the duty to provide accommodation to people who the local authority have reason to believe may be homeless, eligible for assistance and in priority need - pending a decision on whether the council is obliged to provide some form of longer term settled accommodation.

Care Act 2014: The service prevents, reduces and delays support and care needs in line with the Care Act. Any reduction in funding will impact on the service's ability to do this. An appendix at the end of the document shows how we are meeting our Care Act duties for information and advice.

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

Priority for the service is afforded to women living in the geographical area of East Sussex (Lewes, Eastbourne, Rother, Hastings, and Wealden). For the first 48 hours of a void, priority is given to local women. If there are no referrals within the notified 48-hour referral period only then can the void be offered to a national referral framework.

<sup>&</sup>lt;sup>2</sup> Summary:

http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/What%20you%20need%20to%20know%20Homelessness%20Reduction%20Act%202017.pdf

If a woman wishes to remain in her local area within East Sussex and an assessment shows this would not present too high a risk then her wishes should be met.

In 2016/17 the following agencies made referrals to the refuges:

- The Portal (an East Sussex information, advice and support service for women and men living with domestic abuse and violence)
- East Sussex Adult Social Care
- East Sussex Children's Services
- East Sussex Hospitals
- Eastbourne Borough Council
- Hastings and Rother Police
- Lewes District Council
- Hastings Borough Council
- Home Works
- National Domestic Violence Helpline
- Eastbourne, Lewes and Wealden Police
- Rother District Council
- Self-referral
- STAR (East Sussex Drug and Alcohol Recovery Service)
- Voluntary Agency (domestic violence)
- Wealden District Council

39% of referrals were in respect of women local to East Sussex.

The largest single source of referrals to the service (53) was self-referrals (referrals made by the women themselves) up 43% (from 37) from the previous year (2015/16).

The combined local housing authorities made 40 referrals, up 60% from the previous year. The Portal (an advice and support network across East Sussex and Brighton and Hove) referred 13 women.

The provider is required to provide a single point of access i.e. a phone number/text number for all referrals.

The provider is required to advise all the referral agencies immediately it is known there will be a void.

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

Referrals should be processed, assessed (including a needs interview) and completed by the provider within two hours of initial referral, with a decision made and communicated to the woman within a further two-three hours.

#### Eligibility

A person can receive this service if they are:

A woman aged 16 or over without a dependent child

or

 A woman aged 16 or over with a dependent child/children of either sex up to the age of 18 who normally live/s with her

and

Are fleeing or at risk of domestic abuse

and

 They require specialist accommodation to minimise the risk to themselves and any children

and

 They understand the purpose of the service and are prepared to engage with the housing support available on site and the support available to help them move to alternative housing.

An eligible woman may also have complex and multiple needs including mental health issues, a learning difficulty or disability, offending behaviour and/or substance misuse issues.

If in exceptional circumstances a person is assessed as too high risk for the service and refused access, this decision must be discussed with the commissioner. Where a woman local to East Sussex is refused, efforts must be made to ensure the woman is referred to an alternative appropriate service.

The provider must keep a record of the details and circumstances of any refusal with reasons why the woman was refused and the outcome for the individual. All refusals will be explained and discussed again at service reviews.

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

The services are provided in:

Lewes: 6 unitsWealden: 10 unitsEastbourne: 9 units

Hastings: 10 unitsRother: 12 units

Women must be able to access the refuge at any time 365 days a year, so the provider is required to make arrangements for access when staff are not on site. This includes providing the referring agencies with out of hours referral details.

This is an accommodation-based service that will normally be available between 9am and 6pm Monday to Friday. However the provider is required to provide the housing support service flexibly as dictated by the assessed needs and wishes of service users.

The availability of the service and relevant contact details must be known to all strategic partners and referring organisations.

The specific aim of the service is to provide good quality, safe, temporary refuge accommodation and housing support for women with or without children who are at risk of, or fleeing, domestic abuse. To achieve this aim, the provider is required to:

- Assist in the prevention of homelessness and repeated incidents of domestic abuse
- Provide an intensive, flexible on-site service, within safe and secure accommodation, that can respond in a crisis situation as and when housing support is needed
- Support service users and their children to keep themselves safe
- Empower service users to make decisions about their future
- Support service users to access a wide range of resources and services necessary to meet their needs and the needs of their children
- Proactively identify changing support needs and respond accordingly
- Support service users to find and move on to a home of their own

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

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

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

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

There were 10 complaints in the year 2016/17. None of these were on the grounds of discrimination.

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

The formal consultation from ASC started on 15 February 2018 and ended on 25 April 2018.

All providers were sent a copy of the consultation web link, a letter to explain the consultation process and a draft letter for clients. Where requested providers were provided with printed copies.

#### Consultation meetings held:

- All Supporting People providers: 8 March 2018
- Domestic Abuse Management Group: 12 March 2018
- Inclusion Advisory Group gave feedback on all the RPPR proposals: 14 March 2018
- Accommodation Planning & Design Group: 15 March 2018
- Public Health: 15 March 2018
- Financial Inclusion Steering Group: 22 March 2018
- Hastings and Rother/Eastbourne, Hailsham and Seaford CCGs: 23 March 2018 and 16 April 2018
- Rother District Council Task and Finish Group: 28 March 2018
- East Sussex Housing Officers Group: 11 May 2019

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

If the proposed savings led to a reduction in refuges the negative impact would likely include:

- more women and children fleeing abuse being placed in local authority temporary accommodation (and even bed and breakfast);
- an increase in women becoming homeless;
- an escalation in policing and safety issues;
- an increased risk of homicides;
- an increase in demand for counselling and mental health services for women and children;
- an increase in children placed in care to remove them from abusive households;
- an increase in the need for and cost of support for women and children from Adult Social Care and Children's Services;
- an increase in hospitalisation and resultant healthcare costs; and
- an increase in demand for both the Portal and the Independent Domestic Violence Advice (IDVA) service.

The client data detailed at 2.2 indicates that for many current clients their needs are such that even if they were found in priority need and a bricks and mortar solution was sourced their care and support needs are such that this solution would not meet all of their needs and a more costly statutory intervention would be required for that purpose.

#### **Key findings from research studies:**

If it's not stopped, domestic abuse often escalates, becoming more intense and severe. It can lead to serious physical and psychological injury and, in some cases, death.

Current statistics estimate that two women per week are murdered by either a current or former intimate partner, in England and Wales. One woman in four will experience domestic violence in her lifetime. The police receive a call related to domestic violence every 30 seconds.

Being exposed to domestic abuse is the most frequently reported form of trauma for children. Nationally, around a quarter of people aged 18-24 reported that they had been exposed to domestic abuse during their childhood. Three quarters of children living with domestic abuse are directly exposed to the abuse and, of these, half are directly abused.

Based on these national figures, and on the assumption that children's exposure to domestic abuse in East Sussex is in proportion to the national picture, we estimate that 6,500 children are exposed to domestic abuse each year in East Sussex. Studies suggest that the consequences of exposure to domestic abuse will be persistent and serious for a fifth of those children.

There are also links between domestic abuse, child sexual exploitation, youth offending and teenage pregnancy.

Specific forms of abuse, like so-called 'honour' based violence and forced marriage, are more likely to affect younger adults and have a significant impact, but are likely to be less well reported than other forms of domestic abuse.

The most immediate concern for most women who come to Refuge is their physical safety and the safety of their children.

The **NSPCC**<sup>3</sup> has collated data to show that:

- Around 1 in 5 children have been exposed to domestic abuse.
- Domestic abuse is a factor in over half of serious case reviews which are commissioned when a child dies or is seriously injured as a result of abuse or neglect.
- Children exposed to domestic violence are more likely to have behavioural and emotional problems.

<sup>&</sup>lt;sup>3</sup> <u>https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/domestic-abuse-facts-statistics/</u>

The **NHS**<sup>4</sup> reports that "one in four women experience domestic abuse or domestic violence at some point in their lives. It can be physical, sexual, emotional, psychological or financial, and is often a combination of these types.

- Pregnancy can be a trigger for domestic abuse, and existing abuse may get worse during pregnancy or after giving birth.
- Domestic abuse during pregnancy puts you and your unborn child in danger. It increases the risk of miscarriage, infection, premature birth, and injury or death to the baby.
- It can also cause women to experience emotional and mental health problems, such as stress and anxiety, which can affect the development of the baby<sup>5</sup>.

The national organisation Refuge is the current provider of the East Sussex refuges. Refuge appointed the **New Economics Foundation** to prepare a social valuation of its services for survivors of domestic abuse (Refuge a Social Return on Investment, June 2016). The report concluded:

- The extraordinary value of Refuge's services: Through its four service streams: refuge
  housing, community outreach services, independent domestic violence advocacy services,
  and sexual violence services, Refuge generates an average of £4.94 in social value for every
  £1 invested.
- The impact of refuge housing: Refuge housing has the greatest impact of all Refuge's services. While only 21% of Refuge clients use the housing service, it accounts for 54% of the total social return in this study. The SROI ratio for refuge housing is also an impressive £4.07 for every £1 invested.
- The burden of violence against women and girls on society: Counting only those families who used Refuge's services in the year 2015/16, savings of £1.7 million of public funds were made in the criminal justice system, and £4.2 million were made in healthcare costs. Whereas, during the same period gains of £3 million were made, through economic productivity and reduced payments of benefit.

These figures show that in addition to the negative impact on women fleeing domestic abuse and their children, any reduction in service is likely to also have a financial impact on other public funds such as the criminal justice system, welfare benefits and health.

<sup>5</sup> <a href="https://www.nhs.uk/conditions/pregnancy-and-baby/mental-health-problems-pregnant/?tabname=your-newborn">https://www.nhs.uk/conditions/pregnancy-and-baby/mental-health-problems-pregnant/?tabname=your-newborn</a>

<sup>4</sup> https://www.nhs.uk/conditions/pregnancy-and-baby/domestic-abuse-pregnant/

**The Council of Europe**<sup>6</sup> has long recommended at least one family place in a refuge per 10,000 of the population. Currently provision across East Sussex is just short of this and further reductions will see the county fall under the recommendation.

Research by **Women's Aid<sup>7</sup>** has found that on just one day, around 94 women and 90 children are turned away from refuges.

Report by the charity Galop into barriers faced by LGBT people in accessing non-LGBT domestic violence support services<sup>8</sup> states that due to real or perceived homophobia, biphobia, transphobia and heterosexism, LGBT survivors can face specific challenges when attempting to access support services. Barriers faced by LGBT people in accessing help or support can be categorised into two groups:

- Structural and cultural barriers: The way services are designed and delivered that result in them being less accessible and inclusive for LGBT people.
- Individual and interpersonal barriers: LGBT people's perception of the support system, of their self, of the abuse and their relationship with the perpetrator/s.

#### Overview of feedback from the consultation:

#### Refuges

- People said they would have been forced to stay living with their abuser if the service hadn't been available.
- Reducing or cutting the service would put people at risk of serious harm and at risk of suicide.
- > Services already fall short and any savings mustn't put provision at risk or make changes to staff levels that put lives at risk.
- > Reductions in services would impact on Children's Services and the need for services.

**Most helpful about the service:** The things people found most helpful were: feeling safe; key work sessions; and day to day interactions with staff.

**Support that has made the biggest difference to living independently:** Support to avoid harm from others; and support to better manage their mental health and emotional well being.

<sup>&</sup>lt;sup>6</sup> https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF(2007)Study%20rev.en.pdf

<sup>&</sup>lt;sup>7</sup> https://www.womensaid.org.uk/leave-no-woman-child-behind-womens-aid-launches-16-days-campaign/

<sup>&</sup>lt;sup>8</sup> http://www.galop.org.uk/wp-content/uploads/For-Service-Providers-Barriers.pdf

Where they would have gone for accommodation and support: They would have had to stay living with their abuser or would have had nowhere to go. This could have meant they ended up homeless or at risk of serious harm or risk of suicide if the service hadn't been available.

**Any other comments:** People said the service saves lives. People would be forced to stay living with their abuser and would struggle to get the help need without specialist services like this.

#### Sample quotes:

"I would have had to remain living with my abuser. I had already tried to make a homeless application and had been told that I wasn't eligible, so I was stuck." (Refuges)

"I would have been homeless with my daughter and not known where to turn for help." (Refuges)

"If there had not been a refuge when I was experiencing domestic violence, I would have had no choice but to stay with my abusive partner. There would have been a possibility that my mental health would have suffered and therefore my ability to care for and keep safe my daughter." (Refuges)

#### Part 4 – Assessment of impact

**Note:** The protected characteristic population data that we use to compare those affected is East Sussex population data. This presents some issues of research because the service data demonstrates that 61% of the cohort who entered an East Sussex refuge in 2016/17 were not from East Sussex. For these purposes, however, we can assume that the needs and requirements are the same.

- 4.1 Age: Testing of disproportionate, negative, neutral or positive impact.
  - a) How is this protected characteristic reflected in the County/District/Borough?

Population by age and gender in 2011 (source: ONS Census 2011):

		All people	0-14	15-29	30-44	45-64	65-69	70-74	75-79	80-84	85-89	90+
All	No.	526,671	84,910	83,732	90,763	147,503	32,496	26,270	22,607	18,524	12,349	7,517
people												
	%	100%	16.1%	15.9%	17.2%	28%	6.2%	5%	4.3%	3.5%	2.3%	1.4%
Female	No.	272,907	41,146	41,052	46,948	76,122	16,840	14,077	12,301	10,956	7,984	5,481
	%	51.8%	7.8%	7.8%	8.9%	14.5%	3.2%	2.7%	2.3%	2.1%	1.5%	1%
Males	No.	253,764	43,764	42,680	43,815	71,381	15,656	12,193	10,306	7,568	4,365	2,036
	%	48.2%	8.3%	8.1%	8.3%	13.6%	3%	2.3%	2%	1.4%	0.8%	0.4%

61.1% of the population in East Sussex are aged 15 to 64

22.7% are aged 65 and older

16.1% are aged 0-14

Population estimates 2016 (ONS mid-year estimates)

		All people	0-15	16-29	30-44	45-64	65 and over
All people		547,797	93,688	77,067	86,210	152,568	138,264
%	%	100%	17.1%	14.1%	15.7%	27.9%	25.2%
Females		282,789	45,448	37,524	44,748	78,617	76,452
	% of age group	51.6%	48.5%	48.7%	51.9%	51.5%	55.3%
Males		265,008	48,240	39,543	41,462	73,951	61,812
	% of age group	48.4%	51.5%	51.3%	48.1%	48.5%	44.7%

Population estimates show that the proportion of older people aged 65 and older is increasing.

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

Profile of people accessing the services in 2016/17

Service	Number of People						
	16-44	45-64	65-74	Total			
Refuge	104	25	1	130			
Refuge Eastbourne	14	3	0	17			
Refuge Hastings	24	7	0	31			
Refuge Lewes	13	1	0	14			
Refuge Rother	26	6	0	32			
Refuge Wealden	27	8	1	36			

99% of the women accessing the refuges are of working age with 80% in the age group 16 to 44.

In 2016-17, over 70% of women supported by Refuge had dependent children.

Age of clients'	Eastbourne	Hastings	Lewes	Rother	Wealden	To	otal
Ciliaren	No.	No.	No.	No.	No.	No.	%
0-2 years	8	7	1	6	8	30	16.57%
3-4 years	5	11	4	10	10	40	22.10%
5-7 years	7	3	5	12	15	42	23.20%
8-11 years	5	6	8	6	17	42	23.20%
12-17 years	7	4	5	3	5	24	13.26%
18+	0	0	2	0	1	3	1.66%
Total	32	31	25	37	56	181	100 %

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

Yes. Although the service is able to support a woman of any age, the vast majority of women accessing the refuges are of working age, and the majority are aged between 16 and 44. This means that the proposal may disproportionately affect working age women. The refuges also provided a temporary home to 181 children in 2016/17 therefore children up to the age of 18 are also likely to be affected by the proposals.

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

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will affect women of all ages. The impact is wider than East Sussex as women nationally can access the service if it is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges.

Less provision means women will need to approach other agencies and in particular the police and housing authorities.

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

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider and strategic partners to develop an implementation plan/decommissioning plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

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

An action plan will be created once final decisions are made. It will not be possible to fully mitigate reducing this refuge provision as there is no other refuge provision in the county. Any mitigation for current clients will have to include supporting this cohort of clients to obtain appropriate assessment for adult social care/health/housing services.

Mitigation for future clients will include working with other community safety organisations to ensure women know how to recognise and report domestic abuse to the police, can access national help lines and know of the services offered by The Portal, the East Sussex IDVA service and the responsibilities of housing authorities.

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

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

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

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

Residents with limiting long-term illness in 2011 (source: ONS Census 2011):

	All people	People without long-term health problem or disability	People with long- term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot
All ages	526,671	419,526	107,145	58,902	48,243
Working age: 16-64	315,752	272,120	43,632	24,941	18,691
All ages	100%	79.7%	20.3%	11.2%	9.2%
Working age: 16-64	100%	86.2%	13.8%	7.9%	5.9%

13.8% of the population of working age have a long-term health problem or disability.

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

The table below shows the number of clients who defined themselves as having a disability. 39 clients (30%) identified as having a disability linked to mental health, up from 31 in 2015-16.

Seven clients identified as having issues with mobility.

Profile of people accessing the services in 2016/17

Clients with disabilities	Eastbourne	Hastings	Lewes	Rother	Wealden	Total
Autistic spectrum	0	0	0	1	0	1
Learning disability	0	0	1	1	2	4
Long term condition	1	3	0	2	1	7
Mental health	7	14	2	5	11	39
Mobility	2	0	0	3	2	7
Other	1	1	0	0	0	2
Progressive disability/ chronic illness	2	1	1	0	0	4
Visual impairment	0	0	0	0	0	0
Total	13	19	4	12	16	64

NB: These figures include women who have identified multiple forms of disability

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

Yes. In the general population of people aged 16 - 64, 13.8% of people of working age were identified as having a long term condition or disability.

In the service specific data provided it is clear that there is a significant over representation of this protected characteristic as 49.2% of clients had a long-term condition or disability.

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

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will negatively affect women with a disability. The impact is wider than East Sussex as women nationally can access the refuge if a bed space is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges.

It is likely that less provision will mean women who have a disability or long-term condition, who may have additional vulnerabilities and face additional barriers to leaving an abusive relationship, will have less access to refuges and individualised support to address their care and support needs.

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

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider to develop an implementation action plan/decommissioning plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

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

It will not be possible to fully mitigate reducing this refuge provision as there is no other refuge provision in the county. Any mitigation for current clients will have to include supporting this cohort of clients to obtain appropriate assessment for adult social care/health/housing services.

Mitigation for future clients will include working with other community safety organisations to ensure women with disabilities know how to recognise and report domestic abuse to the police, can access national help lines and know of the services offered by The Portal, the East Sussex IDVA service and the responsibilities of the housing authorities

Two of the refuge units are wheelchair accessible and a mitigation would be to avoid closure of these units.

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

To be completed once the action plan is agreed and dependent on resources allocated for this purpose.

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

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

Population estimates by ethnic groups in 2011 (source: ONS Census 2011)

Ethnic Group	All ages	%
All categories: Ethnic group	526,671	
White: English/Welsh/Scottish/Northern Irish/British	482,769	91.7%
White: Irish	3,966	0.8%
White: Gypsy or Irish Traveller	815	0.2%
White: Other White	17,872	3.4%
Mixed/multiple ethnic group: Total	7,473	1.4%
Asian/Asian British: Total	9,143	1.7%
Black/African/Caribbean/Black British: Total	2,912	0.6%
Other ethnic group: Total	1,721	0.3%

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

After white British, the largest ethnic group accessing the East Sussex service were women of dual heritage (at 5.38%) and Black or Black British women and White Other women, both at 2.31%. When compared to ethnicity data for the previous year, there is an increase of 11.12% in admissions of white British clients.

Profile of people accessing the services in 2016/17

	Eastbourne	Hastings	Lewes	Rother	Wealden	Total	S
	No.	No.	No.	No.	No.	No.	%
Asian or Asian	0	0	0	1	1	2	1.54%
British							
Black or Black	1	2	0	0	0	3	2.31%
British							
Dual Heritage	1	1	2	0	3	7	5.38%
Middle Eastern	0	0	0	0	0	0	0.00%
White British	14	28	11	30	30	113	86.92%
White Irish	0	0	0	0	0	0	0.00%
White Other	1	0	1	1	0	3	2.31%
Total	17	31	14	32	36	130	100%

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

Yes, women from an ethnic group are over represented when compared to the local population. This means the proposal will disproportionally affect women with this protected characteristic.

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

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will negatively affect women from an ethnic background. The impact is wider than East Sussex as women nationally can access the refuge if a bed space is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges.

It is likely that this cohort may also be face additional barriers e.g. cultural restrictions, isolation, language and translation requirements.

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

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider to develop an implementation action plan/decommissioning plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

**f) Provide details of any mitigation.** It will not be possible to fully mitigate reducing this refuge provision as there is no other refuge provision in the county. Any mitigation for current clients will have to include supporting clients to obtain appropriate assessment for adult social care/health/housing services.

Mitigation for future clients will include working with other community safety organisations to ensure women from ethnic backgrounds with disabilities know how to recognise and report domestic abuse to the police, can access national help lines and know of the services offered by The Portal, the East Sussex IDVA service and the responsibilities of the housing authorities.

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

To be completed once action plan is agreed and dependent on resources allocated for this purpose.

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

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

Population by age and gender in 2011 (source: ONS Census 2011)

	Number	Percentage
All people	526,671	100%
Females	272,907	51.8%
Males	253,764	48.2%

Population estimates 2016 (ONS mid-year estimates)

	Number	Percentage
All people	547,797	100%
Females	282,789	51.6%
Males	265,008	48.4%

Transgender data is not currently collected.

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

All the adults who accessed the services in 2016/17 were female.

Profile of the children who accessed the services in 2016/17

Children	Eastbourne	Hastings	Lewes	Rother	Wealden	Total
Males: no.	11	10	11	20	32	83
Males: %	32.3%	32.3%	44.0%	54.1%	57.1%	46.1%
Females: no.	21	21	14	17	24	97
Females: %	67.7%	67.7%	56.0%	45.9%	42.9%	53.9%
Total	32	31	25	37	56	182

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

Yes. Women will be more affected by the proposals as all clients accessing the services are women.

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

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will negatively affect women. The impact is wider than East Sussex as women nationally can access the refuge if a bed space is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges.

Gender based violence is an issue that predominantly affects women. One of the outcomes in the government's strategy to end violence against women and girls so that by 2020 "No victim is turned away from accessing critical support services delivered by refuges, rape support centres and FGM and forced marriage units."

The proposals may mean the loss of a safe, confidential 24 hour refuge for women. Subsequently women may stay with abusive partners and be at put at greater risk.

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

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider to develop an implementation action plan/decommissioning plan for achieving the savings. This section will then be completed.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

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

Any mitigation for current clients will have to include supporting clients to obtain appropriate assessment for adult social care/health/housing services.

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

To be completed once action plan is agreed and dependent on resources allocated for this purpose.

- 4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.
  - a) How is this protected characteristic reflected in the County/District/Borough?

Marital status by age and gender in 2011 (source: ONS Census 2011)

	All people	Single	Married	In a	Separated	Divorced	Widowed
	aged 16			registered			
	and over			same-sex			
				civil			
				partnership			
No.	435,515	126,922	210,786	1,471	11,954	46,470	37,912
%	100%	29.1%	48.4%	0.3%	2.7%	10.7%	8.7%

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

Profile of people accessing the services in 2016/17

Marital status	Number	%
Divorced	7	5.4%
Married	24	18.5%
Single	87	66.9%
Widowed	1	0.8%
Not asked	9	6.9%
Not disclosed	2	1.5%

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

A disproportionate impact is not anticipated as the service is open to all women regardless of their marital status.

- 4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.
  - a) How is this protected characteristic reflected in the County/District/Borough?

In 2015, there were 5,046 live births in East Sussex and in 2016 there were an estimated 82,272 women aged 16-44 in the County.

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

20 pregnant women accessed the service in 2016/17 which was 15.4% of the women accessing the service.

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

Yes. 15.4% of the women accessing the service were pregnant. There were 5,046 live births in the County in 2015 to an estimated 82,272 women aged 16 to 44 which is 6.1%.

The risk to a woman in an abusive relationship increases when pregnant.

d) What is the proposal impact on pregnant women and women within the first 26 weeks of maternity leave?

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will negatively affect women with this particular protected characteristic. The proposal will particularly affect those who are pregnant as the risk is likely to increase during pregnancy when the loss of a place of safety will have a significant negative impact.

The impact is wider than East Sussex as women nationally can access the refuge if a bed space is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges

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

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider to develop an implementation action plan/ decommissioning plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

#### f) Provide details of the mitigation

It will not be possible to fully mitigate reducing this refuge provision as there is no other refuge provision in the county. Any mitigation for current clients will have to include supporting clients to obtain appropriate assessment for adult social care/Children's Services/health/housing services.

Mitigation for future clients will include working with other community safety organisations and maternity services to ensure women with this protected characteristic know how to recognise and report domestic abuse to the police, can access national help lines and know of the services offered by The Portal, the East Sussex IDVA service and the responsibilities of the housing authorities.

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

To be completed once action plan is agreed and dependent on resources allocated for this purpose.

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

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

Religion in 2011 (source: ONS Census 2011)

											Religion
		All							Other	No	not
Religions		people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	religions	religion	stated
East Sussex	No.	526,671	315,659	2190	1501	1074	4201	178	3508	155723	42637
	%	100%	59.9%	0.4%	0.3%	0.2%	0.8%	0%	0.7%	29.6%	8.1%
Eastbourne	No.	99,412	59,232	482	429	211	1458	53	586	28995	7966
	%	100%	59.6%	0.5%	0.4%	0.2%	1.5%	0.1%	0.6%	29.2%	8%
Hastings	No.	90,254	46,832	475	423	142	1159	38	668	33066	7451
	%	100%	51.9%	0.5%	0.5%	0.2%	1.3%	0%	0.7%	36.6%	8.3%
Lewes	No.	97,502	55,572	489	257	320	558	42	603	31641	8020
	%	100%	57%	0.5%	0.3%	0.3%	0.6%	0%	0.6%	32.5%	8.2%
Rother	No.	90,588	58,706	290	171	170	460	12	525	22864	7390
	%	100%	64.8	0.3%	0.2%	0.2%	0.5%	0%	0.6%	25.2%	8.2%
Wealden	No.	148915	95317	454	221	231	566	33	1126	39157	11810
	%	100%	64%	0.3%	0.1%	0.2%	0.4%	0%	0.8%	26.3%	7.9%

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

Pro	file	of	neo	nle	accessin	a the	services	in	2016	/17
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				People				
Service	Any other religion	Buddhist	Christian (all)	Does not wish to disclose	Muslin	None	Not known	Total
Refuge	1	0	17	28	0	55	29	130
	0.8%	0.0%	13.1%	21.5%	0.0%	42.3%	22.3%	
Refuge	0	0	2	5	0	7	3	17
Eastbourne	0.0%	0.0%	11.8%	29.4%	0.0%	41.2%	17.6%	
Refuge	0	0	6	4	0	20	1	31
Hastings	0.0%	0.0%	19.4%	12.9%	0.0%	64.5%	3.2%	
Refuge	0	0	1	3	0	5	5	14
Lewes	0.0%	0.0%	7.1%	21.4%	0.0%	35.7%	35.7%	
Refuge	1	0	5	9	0	8	9	32
Rother	3.1%	0.0%	15.6%	28.1%	0.0%	25.0%	28.1%	
Refuge	0	0	3	7	0	15	11	36
Wealden	0.0%	0.0%	8.3%	19.4%	0.0%	41.7%	30.6%	

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

No. There are a greater proportion of women with no religion (42.3%) than in the general population. There is also a high proportion (22.3%) where their religion is not known.

# d) What is the proposal, project or service's impact on people with different religions and beliefs?

Although the proposal will not disproportionately affect women with different religions and beliefs, women of different faiths may face additional barriers and negative impacts when experiencing domestic violence, particularly in ultra conservative communities. This could include shame, ostracism and honour-based violence.

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

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

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

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

Sexual Identity – South East (Source: ONS data 2016)

	Number	%
Heterosexual or straight	6,703,000	93.4%
Gay or lesbian	87,000	1.2%
Bisexual	61,000	0.9%
Other	38,000	0.5%
Don't know or refuse	284,000	4.0%

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

Service	Number of people								
	Bisexual	Does not wish to disclose	Heterosexual	Lesbian	Total				
Refuge	4	12	114	0	130				
Eastbourne	0	2	15	0	17				
Hastings	3	3	25	0	31				
Lewes	0	0	14	0	14				
Rother	1	4	27	0	32				
Wealden	0	3	33	0	36				

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

It is not clear from the data whether people who are gay, lesbian, bisexual or heterosexual will be more affected by the proposals as a large proportion of people did not want to disclose. However a neutral impact is anticipated for this group.

d) What is the proposal, project or service's impact on people who are Gay, Lesbian, Bisexual and Heterosexual?

Lesbian and bisexual women accessing domestic abuse support services face additional structural and cultural barriers as well as individual and interpersonal barriers that may mean they are less likely to ask for help.

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

## 4.9.1 Rural population

A neutral impact is anticipated for people living in rural areas.

The services accommodate people who come from rural settings. Move on accommodation may need to be agreed across areas through reciprocal arrangements but this sits with the District and Boroughs and is outside of our control.

#### **4.9.2 Carers**

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

Provision of unpaid care 2011 in East Sussex (source: ONS Census 2011)

	All people	People	People	Provides 1	Provides 20	Provides 50
		provide no	provide	to 19 hours	to 49 hours	or more
		unpaid care	unpaid care	unpaid care	unpaid care	hours
				a week	a week	unpaid care
						a week
No.	526,671	467,262	59,409	39,537	6,745	13,127
%	100%	88.7%	11.3%	7.5%	1.3%	2.5%

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

This data is not available.

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

Although data is not available, a disproportionate impact is not anticipated for this group.

## d) What is the proposal impact on the factor or identified group?

It is possible that women who have caring responsibilities will face particular challenges in managing these responsibilities with an abusive partner and will face additional stress and barriers to seeking safety.

### 4.9.3 People on low incomes

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

Indices of deprivation 2015: Income 2015

	Most									Least
	Deprived	Second	Third	Fourth	Fifth	Sixth	Seventh	Eighth	Ninth	deprived
Area/locality	10%	Decile	Decile	Decile	Decile	Decile	Decile	Decile	Decile	10%
East Sussex	5%	7%	8%	13%	11%	11%	16%	10%	12%	6%
Eastbourne	5%	16%	5%	25%	7%	18%	8%	8%	7%	2%
Hastings	23%	15%	17%	17%	11%	0%	11%	4%	2%	0%
Lewes	0%	3%	13%	11%	11%	13%	19%	13%	13%	3%
Rother	5%	3%	7%	16%	17%	14%	21%	7%	9%	2%
Wealden	0%	2%	3%	4%	9%	9%	18%	16%	21%	17%

East Sussex in Figures Indices of Deprivation 2015 (Income deprivation domain is weighted at 22.5%)

Low incomes reported in the indices of deprivation include those who are out of work and those on low incomes.

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

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Service			Number	of people			
	Full time employment	Job seeker	Not required to be available for work due to child care	Part time (less than 37 hours)	Student	Unable to work due to sickness/ disability	Total
Refuge	5	22	54	8	1	40	130
Refuge Eastbourne	1	0	12	1	0	3	17
Refuge Hastings	2	5	10	4	0	10	31
Refuge Lewes	0	5	3	2	0	4	14
Refuge Rother	0	9	12	0	0	11	32
Refuge Wealden	2	3	17	1	1	12	36

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

Yes. Women on low incomes will find additional difficulties in locating alternative accommodation as they may struggle to source the funds required to acquire and set up a tenancy.

### d) What is the proposal impact on the factor or identified group?

It is likely that the proposals will result in fewer refuge bed spaces across the county and this will negatively affect women on low income as they will no longer be receiving specialist support to achieve economic wellbeing and also because they will struggle to source the resources to leave a perpetrator and move to other accommodation. The impact is wider than East Sussex as women nationally can access the refuge if a bed space is not needed locally within 48 hours. It is not known at this stage where the reductions will be in respect of the five East Sussex refuges

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

Once final savings are confirmed the Supporting People Strategic Commissioner will work with the provider and strategic partners to develop an implementation plan/decommissioning plan for achieving the savings, minimise the negative impacts on clients and better advance equality.

The plan will include actions to ensure the remaining service provision meets the Council of Europe's core minimum basic standards for service provision which cover respect and dignity, safety and security, accessibility, children, staff, empowerment and provision.

## f) Provide details of the mitigation.

It will not be possible to fully mitigate reducing this refuge provision as there is no other refuge provision in the county. Any mitigation for current clients will have to include the provider working with current clients to ensure they have the skills to achieve and retain economic wellbeing before move on and to ensure they have the knowledge and confidence to access the Welfare Reform Project (within East Sussex Better Together) and Citizens Advice Bureaux and understand the Winter Home Check Service and how to access it.

Mitigation for future clients will include working with other community safety organisations to ensure they know how to sign post this cohort to financial help and avoid financial exploitation.

The Discretionary East Sussex Support Scheme (DESSS) may have provided some assistance but is also part of the savings proposals so there's an additional impact.

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

To be completed once an action plan is agreed and dependent on resources allocated for this purpose.

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

Articles	
A2	Right to life (e.g. pain relief, suicide prevention)
А3	Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)
A4	Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)
A5	Right to liberty and security (financial abuse)
A6 &7	Rights to a fair trial; and no punishment without law (e.g. staff tribunals)
A8	Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)
A9	Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)
A10	Freedom of expression (whistle-blowing policies)
A11	Freedom of assembly and association (e.g. recognition of trade unions)
A12	Right to marry and found a family (e.g. fertility, pregnancy)
Protocols	
P1.A1	Protection of property (service users property/belongings)
P1.A2	Right to education (e.g. access to learning, accessible information)
P1.A3	Right to free elections (Elected Members)

## Part 5 – Conclusions and recommendations for decision makers

- 5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.
  - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
  - Advance equality of opportunity between people from different groups
  - Foster good relations between people from different groups
- **5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact	Please explain your answer fully.
	assessment	
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	If agreed, the proposals risk potential for serious adverse impact for women with children at risk of domestic abuse. Many may be eligible in terms of the Care Act. Individual circumstances are detailed in the EqIA and the assessment of impact should be applied to individuals and included in the Action Plan.  The proposals are likely to have a negative impact in terms of opportunity that can be offered to women and their children experiencing and at risk of
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	domestic abuse in respect of keeping safe and receiving support to move on to a life free from domestic abuse.  There may be an added potential for serious adverse impact for certain individuals e.g. if they are disabled people or older/younger people who become more seriously at risk or vulnerable as a result of the
х	C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided that it does not unlawfully discriminate.	The current users are more likely to be women on low incomes, many of whom have complex needs, illness and long-term conditions; experience anxiety, depression or dual diagnosis and substance misuse issues. If the service is reduced there is potential risk of hospitalisation and homicide.
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to	

consider stopping the	
policy/strategy altogether. If a	
policy/strategy shows unlawful	
discrimination it must be	
removed or changed.	

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

This will be completed once final decisions regarding the proposals are made.

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

June 2019

Date completed:	June 2018	Signed by (person completing)	Jude Davies
		Role of person completing	RPPR Lead
Date:	June 2018	Signed by (Manager)	Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

## Part 6 – Equality impact assessment action plan



If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

- 1. Lower the negative impact, and/or
- 2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
- 3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
- 4. If no actions fill in separate summary sheet.

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

## **6.1 Accepted Risk**

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Abuse	Vulnerability	For clients who will not be able to access the refuges if budget and units decrease this could be addressed next year.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Homelessness/living in unsafe environment	Homelessness	Current clients will not be impacted. Action Plan for future provision needs to address this	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Safety	Moral and Vulnerability	Current clients will not be impacted. Action Plan for future provision needs to address this as a matter of urgency to mitigate against homicide	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
More children taken into Care	Legal and financial	Yes – as it will impact on the future	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies AD for Children Services	Not applicable

Hospitalisation	Moral and financial	Current clients will not be impacted. Action Plan for future provision needs to address this	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Increase in safeguarding alerts	Financial	Yes	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Increased demand on Domestic Abuse IDVA and Portal services	Financial	A potential increase in this area needs to be planned for now	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Negative impacts on poverty, fuel and food poverty, health and well being	Vulnerable	Current clients will not be impacted. Action Plan for future provision needs to address this	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Increase in poor mental health of women and their children	Vulnerable	Current clients will not be impacted. Action Plan for future provision needs to address this	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Jude Davies	Not applicable
Staff will leave	Business	Provider needs certainty around the future		Jude Davies	Not applicable

## **Appendix 1: Case Study**

### **Background**

L was fleeing an extremely abusive relationship. Her partner was physically, psychologically and emotionally abusive over 3 years. He attempted to strangle her and caused severe lacerations to her arm which has caused long term damage and will require further medical intervention. The perpetrator was also financially abusive. L really enjoyed her job however the perpetrator took her money from her purse so she could not afford the bus fare to get to work and therefore lost her job and was unable to buy food. There was severe escalation of abuse during the relationship and L was removed from her home by police due to concerns for her safety.

L is 42 years old and has been an alcoholic for many years. She was also the victim of historic childhood and sexual abuse. L describes using alcohol as a means to cope with her past and to numb the pain.

#### Work by Refuge

Refuge has supported L extensively with domestic violence work. This involved discussing the power and control wheel and the dynamics of domestic violence.

L significantly reduced her intake of alcohol after intensive support from her keyworker. This involved daily key work to discuss her multiple and complex needs and how best to support her daily and improve her wellbeing. Refuge supported L to attend a three day Intuitive Recovery course at Lift House which she successfully completed.

L's struggle with alcohol addiction did present many challenges. Firstly, while L was under the influence it was extremely difficult for L to engage in key work. Secondly, because L was very chaotic it was therefore difficult for her to commit to housing appointments which slows down the process of her finding a suitable home to move on to.

L's keyworker discussed with L directly the implications that her heavy alcohol use was and would have on her life expectancy. L's keyworker pointed out that L's decision could only come from her but L would receive support from her keyworker to make those changes should she decide to do so.

L decided she did want to make changes and from this point her daily keywork sessions restarted. L had not had a drink for 4 weeks when she felt ready to approach STAR to explore her options for medication such as Antibuse. L was prescribed Antibuse and did not relapse despite some challenging circumstances.

L's support worker encouraged her to attend the self-esteem group at Refuge to help improve her low self-esteem. L engaged with this group very well and felt confident in reflecting on her own experiences.

L received regular support from a counsellor who meets with residents at Refuge.

When L moved on from refuge she had been sober for 15 weeks. L has now been living independently since December and has been approached by STAR to join their volunteer team in order to support others with similar experiences. L is also back in work at a local charity shop. L is hoping to start paid work however is currently awaiting surgery on her damaged tendons.

## **Appendix 2: Care Act Information and Advice**

As a local authority, and under the Care Act 2014, East Sussex County Council has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- Health and Social Care Connect (HSCC), Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, typetalk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets and accompanying factsheets, which can be given to clients in tailored situations offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.

#### Online directories

There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – a free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.

East Sussex Community Information Service (ESCIS); a computer database of local
and community information developed and managed by the Library and Information
Services of East Sussex County Council in association with Brighton and Hove Library
Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS
is a broad directory, encompassing all community information & events in East
Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.