

Equality Impact Report

Title of proposal	Vision and Strategy for Adult Social Care 2019 - 2022
Date of implementation	January 2019
EIR completed by:	Name: Sarah Farragher Tel: 0330 222 8403 / 07547934930

1. Decide whether this report is needed and, if so, describe how you have assessed the impact of the proposal.

A public consultation took place on from the 15th November 2018 until the 14th December 2018 on the draft vision and strategy for adult social care. The vision and strategy and an easy read version of the document and accompanying survey were published on the Council's have your say database.

The vision and strategy sets out the council's ambition that West Sussex continues to be a great place to grow older and an inclusive place for adult with care and support needs and their family carers. The vision is that all adults with care and support needs in west Sussex should be enabled to live healthy and independent lives.

223 responses were received to the online consultation as well as additional written and verbal feedback. The online responses included equalities information to support the assessment of the impact of this proposal.

64% of responders were female and 27% were male. 8% preferred not to disclose their sex whilst 1% did not answer the question.

A breakdown of the age profile of respondents giving their age is shown in the table below preferred not to disclose their age, whilst 1% did not answer the question.

Respondent age profile (%)

Age bracket	%
16-24	0
25-34	4
35-44	8
45-54	20
55-64	28
65-74	22
75-84	8
85+	1

One respondent had recently given birth (within the last 26 weeks), whilst one person was currently pregnant.

87% of respondents had the same gender as that assigned to them at birth, while one person did not. 12% of respondents preferred not to say and 1% did not answer the question.

9% of respondents considered themselves to have a disability, whilst 76% did not. 13%

preferred not to say, whilst 2% did not answer the question.

5% of people with a disability had a physical impairment, whilst 2% had a sensory impairment. 1% of people had a mental health condition and 4% had a long-term illness. One person selected 'other'. No people self-identifying as learning disabled completed the survey and no responses were received in response to the east read survey.

82% of respondents defined their ethnicity as white British, whilst 3% defined as any other white background. No other ethnic category reached 1%, with one person defining as each of the following: Irish, Indian, African, any other ethnic group and 'other'. 12% of people preferred not to disclose their ethnicity and 1% did not answer the question.

49% of respondents were Christian, whilst 1% was Buddhist and a further 1% was 'other religion'. One person was Jewish and one was 'unknown'. 26% of people had no religion, whilst 18% preferred not say. 3% did not answer the question.

77% of respondents defined as heterosexual, 3% were gay or lesbian, 1% were bisexual, whilst one person selected 'other'. 16% of people preferred not to disclose their sexuality and 4% did not answer.

57% of respondents were married, 7% were cohabiting and one person was in a civil partnership. 4% of respondents were separated or divorced and 7% had been widowed. 1% selected other, whilst 14% preferred not to say. 1% did not answer the question.

No respondents were currently serving in the Armed Forces, although 6% had previously served. 82% had never served, 11% preferred not to say and 2% did not answer.

2. Describe any negative impact for customers or residents.

The Vision and Strategy is focused on adults with care and support needs. The impact is therefore primarily on older people, people with a range of disabilities, including mental health issues and individuals with caring responsibilities. Any impact would therefore be expected for individuals with the protected characteristics of age, disability and gender.

Feedback highlighted some concerns with the vision and strategy priorities that could potentially impact on individuals with these protected characteristics. These have either been dealt with as part of the refresh of the strategy document or will be addressed as part of the implications and include:

- Concern that carers were not sufficiently referenced and considered within the strategy – this has a greater impact on women than on men as the national profile of carers is 58% of carers are women and that some of the initiatives may increase rather than decrease the impact on carers. Support for carers has been strengthened in the final strategy and will be considered carefully as part of implementation.
- Concern about the impact of isolation and loneliness was raised as part of consultation. This would potentially have an adverse effect on individuals with protected characteristics of age or disability as these are people who are likely to have care and support needs. This has been strengthened with the final strategy and will be considered carefully as part of implementation.

3. Describe any positive effects which may offset any negative impact.

The vision and strategy sets out a set of principles and priorities which:

- Support and nurture community assets that will enable people to live independently for longer.
- Ensure that there is appropriate support for informal carers including young carers.
- Safeguard the most vulnerable, in a person-centred and dignified manner
- Ensure that people have the information, advice and guidance they need to be able to support themselves.

4. Describe whether and how the proposal helps to eliminate discrimination, harassment and victimisation.

The vision and strategy does not directly help to eliminate discrimination, harassment and victimisation but it does aim to improve inclusion of adults with care and support needs within their local communities.

5. Describe whether and how the proposal helps to advance equality of opportunity between people who share a protected characteristic and those who do not.

The vision and strategy aims to ensure that people are supported within their local communities so they can access local facilities and resources that may not otherwise be available to them due to age or disability.

6. Describe whether and how the proposal helps to foster good relations between persons who share a protected characteristic and those who do not.

The vision strategy sets out the Council's commitment to the implementation of community led support which will be delivered through an adult services improvement programme. The premise of community led support is to build a local network of mutual support that utilises the strengths of the individuals. This will improve the opportunities for individuals with the protected characteristics identified (e.g. those characteristics which are more prevalent in adults with support needs and their carers) and individuals who do not necessarily share these protected characteristics.

7. What changes were made to the proposal as a result? If none, explain why.

The vision and strategy has been redrafted to take account of the feedback received as part of the consultation process.

8. Explain how the impact will be monitored to make sure it continues to meet the equality duty owed to customers and say who will be responsible for this.

Implementation of the vision and strategy will take place as part of the improvement programme and this equality assessment will be monitored as part of the programme at the end of each 100 day segment to ensure that it continued to meet equality duty.

This will be the responsibility of the programme lead (currently the Head of Adult Services Improvement)

To be signed by a Director or Head of Service to confirm that they have read and approved the content.

Name

Sarah Farragher

Date

10th January 2019

Your position

Head of Adult Service Improvement