





Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or www.somerset.gov.uk/impactassessment

<u>Organisation prepared for</u> (mark as appropriate)			
<u>Version</u>	V1	<u>Date Completed</u>	19/11/2023
<u>Description of what is being impact assessed</u>			
<p>This assessment is to determine the risks associated with removing or reducing the funding of the Step Together service.</p> <p>This assessment is linked to the Working Age Mental Health strategy recently drafted and <u>must</u> be considered alongside the Somerset homelessness and rough sleepers strategy and EIA in Somerset (embedded below) which refers to the Step Together service:</p> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="margin-right: 10px; text-align: center;">  </div> <div> <p>item 8 eia - somerset homelessness and rou</p> </div> </div> <p>The creative solutions for complex adults is known in Somerset as the Step Together service and provided by the Second Step organisation.</p>			

- The service works with a range of support services, landlords and housing providers to remove barriers and increase access to stable accommodation.
- The service supports a core group of adults with complex and multiple needs stemming from a combination of mental health needs, substance misuse and challenging behaviours who are unable to find a sustainable housing solution and find themselves 'stuck in the system'.
- The service reduces unnecessary admissions to hospital, care or prison.
- The service reduces tenancy breakdown
- Optimised use of all type of housing provisions and tenures.
- Prevents individuals needs to escalate and support management of substance misuse and mental needs by linking with other community groups and professionals.

Losing your home or being threatened with homelessness causes stress, anxiety and poor health. Many people experiencing rough sleeping / homeless people suffer with physical and mental health. By providing housing (whether social or private rented accommodation) and wrap-around support we will improve people's health and wellbeing. This strategy is aiming to help people to become more independent and enable sustainable tenancies (support will be given when they are ready to move in or for them to transition successfully to another tenancy). By co-operating with partners and creating more 'joined-up' ways of working, people will receive the most appropriate health and social care support which ultimately enhance peoples' independence.

Evidence

What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset's Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#), should be detailed here

Somerset Intelligence Partnership; Office of National Statistics; Census 2021; Somerset's Joint Strategic Needs Analysis; Equality Act 2010; Mental Health Assessment June 2022 (Public Health)

Who have you consulted with to assess possible impact on protected groups and what have they told you? If you have not consulted other people, please explain why?

- Initial draft working document- most information gathered using available research, public health analysis
- Going forward this paper will be reviewed to include people with lived experience and other agencies.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<p>The Census of 2021 places the population of Somerset at 571,600, an increase of around 41,600 people since 2011. This is a rise of 7.8% since 2011 and a 36.9% rise in 40 years since 1981. The population pyramid shows that for both male and female sexes the largest age groups are among the older age bands. The age bands with the highest population are 50-54 and 55-59. There were 84,700 people in their 50s accounting for nearly 15% of the total population. We traditionally see a thinning of the 'pyramid' in the late teens/early 20s due to people either leaving the county to attend University or to work. We then tend to see a rise in the population aged 40+ however in this census the rebound appears to be faster with the number of people in the 25-29 and 30-34 age bands rising and more similar to those in the 40s.</p> <p>Data shows that the age group who are predominately found homeless are between 25-34, equally followed by the age group 34-44 and 18-24. It is rare to get anyone homeless over 65. Those within the age 18-44</p>	☒	☐	☐

	<p>are therefore more likely to benefit from this strategy due to them being more likely to be at risk of homelessness.</p>			
<p>Disability</p>	<p>More than 100,000 Somerset residents have their day-to-day activities limited to some extent due to disability or a long-term health condition. This represents 18.7% of Somerset residents, or nearly one in five. These individuals meet the definition of being disabled under the Equality Act.</p> <p>A further 45,000 Somerset residents (7.9% of all residents) have a long-term health condition which does not limit their day-to-day activities.</p> <p>The number of Somerset residents with a disability in 2021 is 6.8% higher than in 2011, although as a proportion of the total Somerset population is broadly unchanged.</p> <p>When expressed as an age-standardised rate to enable comparison between areas of different population structures, Somerset has a rate of disability slightly below the national figure for England (17.4%, compared to 17.7% nationally).</p> <p>Mental and physical health are inseparably linked (NHS England 2016). Physical Health problems substantially increase the risk of developing mental health problems and vice versa. People who experience chronic physical health problems are at an increased risk of developing common mental disorders such as depression and anxiety. Similarly, those who have a diagnosed mental health conditions are at an increased risk of</p>	<p>☒</p>	<p>☐</p>	<p>☐</p>

	<p>being diagnosed with long term conditions- this due to physical health being overlooked within care plans.</p> <ul style="list-style-type: none"> ➤ Current accommodation-based services such as Supported Living, care homes have a restricted offer for people with MH needs an additional mobility needs- this issue is mirrored in our Housing offer. ➤ Importance of the early intervention and prevention services and ensuring that the offer is known to people living in Somerset. ➤ Negative impact on rough sleepers who often have the most complex needs, including poor physical and mental health, history of trauma and are often isolated from society. 			
Gender reassignment	No impacts identified. The decommissioning of this service would not impact on people with this protected characteristic in a lesser or greater way.	□	⊗	□
Marriage and civil partnership	No impacts identified. The decommissioning of this service would not impact on people with this protected characteristic in a lesser or greater way.	□	⊗	□
Pregnancy and maternity	No impacts identified. The decommissioning of this service would not impact on people with this protected characteristic in a lesser or greater way.	□	⊗	□
Race and ethnicity	<p>94 percent of population is white British: highly visible disparity.</p> <p>8.5% of Somerset residents on census day in 2021 were born outside of the UK. This is an increase on the 5.9% born outside the UK at the 2011 census. It should be noted that there have been some significant events in the interim</p>	⊗	□	□

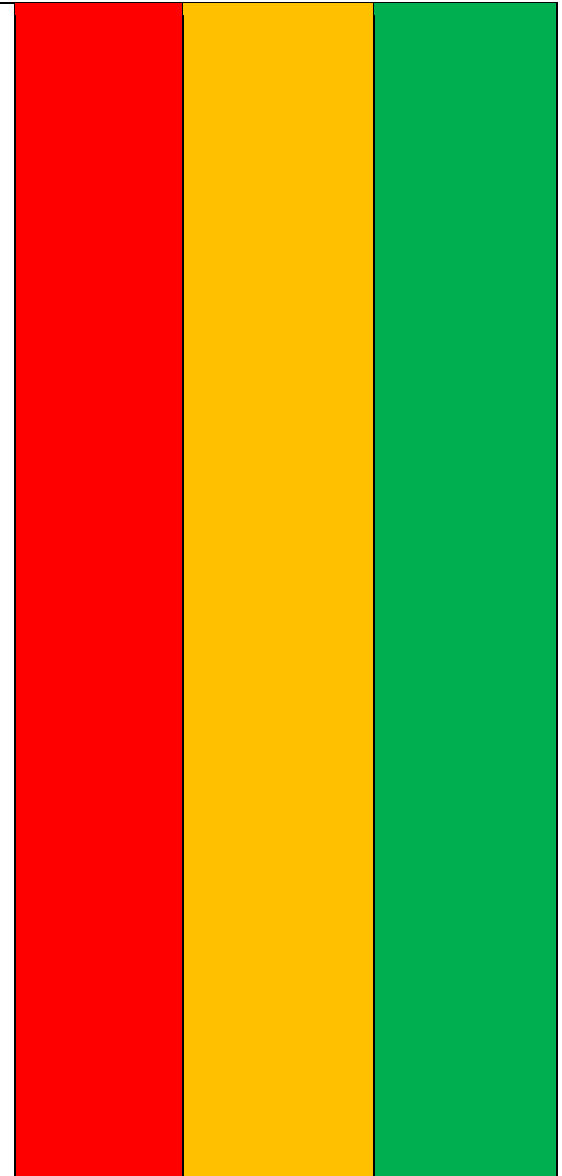
period – notably the UK leaving the European Union, and the COVID-19 pandemic – and the census figures are not able to tell the story of any fluctuations in the years between censuses. The census 2021 does not reflect data regarding Ukrainian refugees that have come to Somerset since the start of the war.

European countries account for over half of all Somerset residents born outside the UK. Poland is the most common non-UK country of birth for Somerset residents, with 1.3% of Somerset residents having been born there. This is followed by Romania, which accounts for 0.75% of Somerset residents.

The biggest change over the 10 years since 2011 has been the number of Somerset residents who were born in Romania. There are nearly 4,000 more Somerset residents in 2021 who were born in Romania; a large increase from the 377 recorded at the 2011 census. This increase reflects a national rise of over 500% since 2011 in the number of residents born in Romania. The increase in Somerset has been greater than the national average over this period, which may be in part linked to the increased workforce at Hinkley Point C.

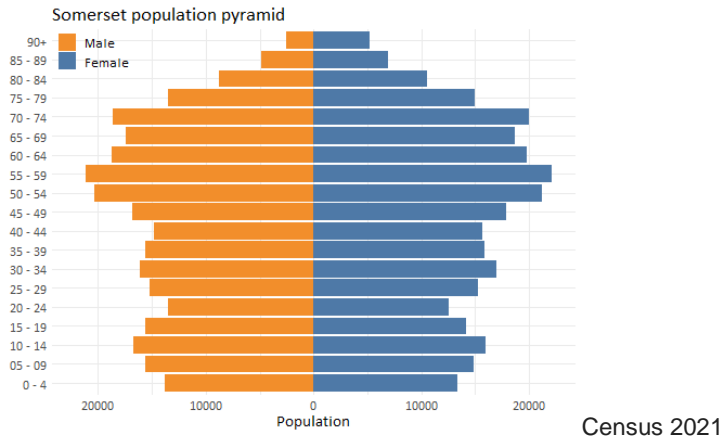
96% of Somerset residents speak English as their main language. This is a much higher proportion than the equivalent figure of 91% for England and Wales.

Polish remains the second most common first language spoken by Somerset residents, with nearly 7,000 Polish speakers. This is also true nationally, with Romanian also being the second common both in Somerset and nationally. The most common non-European main languages for Somerset residents are Malayalam (733 residents) and Tagalog/Filipino (602 residents). Tagalog/Filipino is the only one of the top 10 non-English main languages to have seen a small decrease since 2011.



	<p>The largest increase since 2011 has been amongst those who speak Romanian as their first language (increasing from 291 to 3,583); corresponding with a similar increase in numbers of Somerset residents born in Romania seen in the country of birth dataset.</p> <ul style="list-style-type: none"> ➤ People from Ethnic minority backgrounds disproportionately experience poorer mental health. Evidence suggests that this is due to structural racism and marginalisation which can impact on the determinants of Health including experiencing of Housing, employment, the criminal justice system, all of which can impact on the mental and physical health of individuals. This can also create barriers to individuals accessing health information and health care services (Raleigh and Holmes 2021). ➤ Somerset ICB and the Population Health Transformation Board have confirmed that improving gathering of ethnicity data will be a priority work area over the coming years. Without the data it is hard to identify gaps in the provision or understand how to adapt services to remove barriers to care. ➤ In respect of rough sleeping for the period January to March 2019, of the 36 rough sleepers in the County, approximately 14% were from either the EU or non EU country ➤ Language barriers and lack of understanding of the housing system are potential challenges in accessing support 			
Religion or belief	No impacts identified. The decommissioning of this service would not impact on people with this protected characteristic in a lesser or greater way.	□	⊗	□

Sex






The population pyramid shows that for both male and female sexes the largest age groups are among the older age bands.

- There are significant gender differences in the number of men and women who access mental health support services with women over represented however suicide rates are considerably higher in men.
- Since roughly 1990, men have been at least three times more vulnerable to dying by suicide compared to women (ONS 2017)
- Mental Health admissions in NHS Somerset were 58.9% female and 41.1% male (2021-2022). It is for this reason, that there are projects in Somerset specifically aimed at promoting mental well-being for people who identify as men, such as Stepladder and Unbreakable Men.
- Providing comprehensive advice services across all tenures will benefit women, especially those at risk of domestic abuse and who could be at risk through the impact of welfare reform
- Since 1st April 2004, it has been unlawful for local authorities to house families with children and pregnant women in bed and breakfast accommodation for more than six weeks, which has put increased pressure on the housing system



	<ul style="list-style-type: none"> ➤ For the period January to March 2019, of the 36 rough sleepers in Somerset, approximately 85% are male and 15% female, with Mendip and Taunton Deane having the highest percentage of rough sleepers 			
<p>Sexual orientation</p>	<p>For the first time in a national census, individuals aged 16 and over were asked a question on their sexual orientation.</p> <p>In Somerset, 90% of residents identified as being Straight or Heterosexual. The next largest groups were Gay or Lesbian (1.2%), Bisexual (1.1%), and Pansexual (0.2%). A total of nearly 12,000 Somerset residents selected a sexual orientation other than Straight or Heterosexual: representing 2.5% of the population aged 16 and over, or around 1 in 40 people. 7.5% of the Somerset population did not respond to this question.</p> <p>Nationally, the proportion of people with a sexual orientation other than Straight or Heterosexual was slightly higher, at 3.2% - or around 1 in 31 people.</p> <ul style="list-style-type: none"> ➤ Studies have found that adults who self reported as non- heterosexual (determined by both orientation and sexual partnership, separately reported elevated levels of mental health problems and service usage (<i>Mental health of the non-heterosexual population of England</i> - Chakraborty et al 2011). Individuals identifying as LGBTQIA+ are more likely to develop problems such as: low self-esteem, depression, anxiety, misusing drugs and alcohol, self-harm and suicidal feelings. Additionally young people identifying as lesbian, gay, and bisexual have found to be at greater risk of mental ill health. In 2018, rates in individuals aged 14-19 was 34.9% in LGBTQIA+ compared to 13.2 % in heterosexual individuals (NHS Digital, 2018)- Being LGBTQIA+ does not cause these problems, the reasons behind this are complicated and can include but are not limited to: homophobia, biphobia, transphobia, stigma/discrimination, difficult experiences coming out, social isolation and exclusion (Mind 2020) 	<p style="text-align: center;">☒</p>	<p style="text-align: center;">☐</p>	<p style="text-align: center;">☐</p>

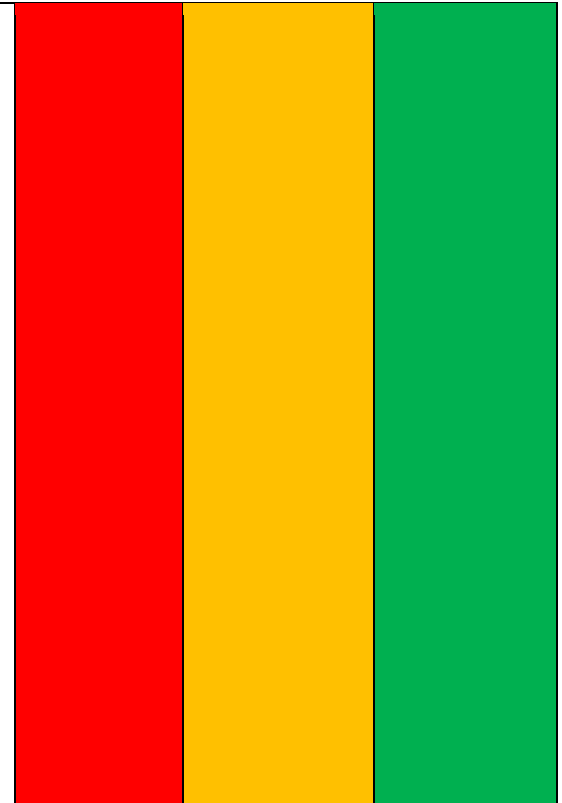
	<ul style="list-style-type: none"> ➤ Assessments of need and Personal Housing Plans may be a suitable way to determine what types of dwellings are required which could include location and neighbourhood to avoid harassment or discrimination ➤ In a survey with LGBT + young people in Somerset, 85% of the respondents indicated that they had either been bullied, witness bullying or both with 86% had experienced verbal abuse 			
<p>Armed Forces (including serving personnel, families and veterans)</p>	<p>Somerset has long-standing links with the armed forces; particularly the major units based here, such as RNAS Yeovilton and Norton Manor Camp (40 Commando). Local organisations, including councils, already have good relationships with these bases in September 2020 and the charities that support in-service and ex-service ('veterans') personnel, their families and dependants.</p> <p>The Somerset Armed Forces Covenant Partnership (SAFCP) brings together charities, local authorities, other public sector organisations, businesses, communities, individuals and the military in a pledge of support between local residents and the armed forces community in Somerset.</p> <p>The Somerset Covenant builds on existing relationships between these organisations and provides a more consistent and comprehensive approach to a range of priority areas including education, employment, health and welfare. It supports the key principle of ensuring members of this community experience no disadvantage in accessing timely, comprehensive and effective services.</p> <p>The 2021 Census reveals that there are 27,902 armed forces veterans living in Somerset. This is the first time that this information has been asked in the census.</p> <p>The highest number of veterans live in the South Somerset district area, with 9,854, followed by Somerset West and Taunton with 7,923.</p> <p>The characteristics, profile and experiences of homeless veterans are largely the same as those of the wider homelessness population, although there are</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<p>some notable differences. Homeless veterans have been found on average to be older, have slept rough for longer, be less likely to use drugs and more likely to have alcohol-related problems. Post Traumatic Stress Disorder (PTSD) has been found among a small number of homeless veterans although other non-military related mental health problems were more common. (Literature review: UK veterans and homelessness – The Royal British Legion</p>			
<p>Other, e.g. carers, low income, rurality/isolation, etc.</p>	<p>Somerset is one of the most rural counties in England. Its population density of 1.5 people per hectare is well below the England average of 4.1 per hectare. In particular, West Somerset's density of 0.5 per hectare is one of the five lowest of any local authority in England.</p> <p>The JSNA 2015 acknowledged some good points about the rurality of Somerset and positive impact such as longer life expectancy, healthier life style, strength and friendliness of communities but also raise the challenges such social isolation, access to services, lack of appropriate housing, poor connection (mobile, broadband system) etc.. There are several communities in Somerset at a high risk of digital exclusion with West Somerset at most risk.</p> <p>In the Reflect, Recover, Renew VCSE report which surveyed 270 Somerset Residents, loneliness and isolation was identified by 64% of respondents as an issue worsened since coronavirus pandemic and the second highest priority after mental health and wellbeing (Spark Somerset 2022)</p> <p>People on low incomes are less likely to be able to access information, care and support, treatment and specialists they need</p> <ul style="list-style-type: none"> • There is a strong socio economic gradient in Mental Health, with those who are more economically disadvantaged at an increased risk of experiencing common mental disorders and their adverse consequences (<i>Social determinants of mental health</i> - Allen & al 2014)- People in the lowest socioeconomic group are two to five times more likely to suffer a diagnosable mental health disorder compared to those in the highest socioeconomic group 			

- Loss of employment and poor quality employment are risk factors for poor mental health and a significant driver of inequalities in mental illness (World Health Organisation). In addition, people living with mental health problems are often over represented in low paid, high turnover work (Gov.uk 2019)- The negative impact that unemployment has on mental health has been found to be greater in males than females (*Which is most important for mental health: Money, poverty, or paid work? A fixed-effects analysis of the UK Household Longitudinal Study* - Kromydas et al 2021)
- Budgetary pressures are putting at risk services which support people in employment and positive reintegration in their community. In light of information and research available to us, we know this could lead to people escalation of health and social care needs .

There were around 50,000 Somerset residents who were providing unpaid care to a friend or relative at the time of the 2021 census. Of those, 26,000 – or 30% - provide more than 50 hours of care each week.

- When expressed as an age-standardised rate to account for differences in population structure, the proportion of unpaid carers in Somerset is in-line with the national figure.



Negative outcomes action plan


Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
Work with Second Step to agree an approach to mitigate the reduction in contract value as far as is possible	31/03/204	Céline Antier	Through regular contract monitoring	<input type="checkbox"/>
Develop and execute a commissioning plan that address the impacts identified in this EIA, and then impact assess the recommissioning of the service.	30/06/204	Céline Antier	Through the monitoring of the commissioning process	<input type="checkbox"/>

If negative impacts remain, please provide an explanation below.

There will be impacts that remain, but the proposed 1-year contract extension will allow a planned recommissioning process to take place to mitigate them as far as is possible.

Completed by:**Céline Antier****Date****19/01/2023**

Signed off by:	
Date	21/11/23
Equality Lead sign off name:	
Equality Lead sign off date:	
To be reviewed by: (officer name)	
Review date:	