




## 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](http://www.somerset.gov.uk/impactassessment)

<b>Organisation prepared for (mark as appropriate)</b>	 <b>Somerset</b> Council		 <b>NHS</b> <b>Somerset</b>		 <b>NHS</b> <b>Somerset</b> NHS Foundation Trust
<b>Version</b>	<b>V1</b>		<b>Date Completed</b>	<b>16<sup>th</sup> November 2023</b>	
<b>Description of what is being impact assessed</b>					
<p>This assessment is to determine the risks associated with removing the budget and no longer funding the following services:</p> <p><b>Somerset Council has statutory obligations in developing a local approach to preventative support; this will be a key focus area of the Care Quality Commission’s new assessment framework of Local Authority adult social care services which launched in April 2023. As quoted in the Care Act 2014 “a local authority must provide or arrange for services, facilities or resources which would prevent, delay, or reduce individuals’ needs for care and support, or the needs for support of carers. Local authorities should develop a clear, local approach to prevention which sets out how they plan to fulfil this responsibility, considering the different types and focus of preventative support.</b></p> <p><b>Local Assistance Scheme</b></p> <p>The service empowers people in Somerset to take control of their health and wellbeing by giving people time to focus on ‘what matters to me’ and take a holistic approach to an individual’s health and wellbeing. This includes people with learning disabilities and/or autism and mental ill health.</p> <p>The aim of the scheme is to:</p> <ul style="list-style-type: none"> <li>• provide a core universal offer of support across the County;</li> </ul>					

- the scheme is for emergencies/crisis intervention/a “last resort”/to alleviate immediate need and not to provide long- term solutions

The impact of failing to fund the core costs of citizens advice services in Somerset at the level proposed in the Key Decision report.

The precise impacts would be dependent on the level of any cuts which could range from a small reduction in service, to significantly reduced, right through to closure.

Citizen Advice (CA) services make a significant contribution to individuals and communities providing a universal, free, confidential and impartial information and advice service to everybody regardless of race, gender, age, religion, sexuality or disability. Without this service many people would not have an alternative. It is local and holistic, often supporting on more than one issue at a time which is known to be a common factor with people with problems such as depression.

CA help to address negative effects of social issues such as debt that impacts on both emotional and physical aspects of health and helps to address health inequalities through this process. This investment recognises the impact of social determinants on health and health outcomes.

Emerging evidence on the economic and social impact of the coronavirus (COVID-19) pandemic shows that young people aged 12–24 years are one of the worst-affected groups, particularly in terms of the labour market and mental health outcomes (The Health Foundation). Young adulthood is a crucial time to build the foundations for a healthy adulthood. Making a successful transition to adulthood depends in large part on access to good-quality work, housing and strong relationships. However, to secure these, young people need financial, practical and emotional support, along with skills and the right connections. Typically, advice services are aimed at adults in both the modes of delivery and promotion.

The impact of Covid-19 and the cost-of-living crisis has reinforced the importance of ensuring appropriate advice services are in place. An important aspect of CA community service is the provision of general advice (covering a wide range of topics) that is easily accessed by phone, email or in person. It is vital that everyone can engage with help when they need it because if people’s problems are not resolved their health, well-being and finances suffer. What is especially important about this service is the fact that CA offer immediate assistance when needed and follow-on specialist help for those with complex problems including financial distress. Often clients present in the general advice service with several interlinked problems (employment dispute leading to loss of income causing rent arrears)

Through the support provided by Citizens Advice the following benefits are able to be realised:

- Household incomes increase because people can access their full entitlements and are better able to tackle debts.
  - The bulk of this increased income is then spent locally.
- People are enabled to better manage their resources in the future with less risk of debt or financial hardship.
- More people keep their jobs or find new ones, so they can contribute to the local economy.
- Individuals and families are supported from evictions and are in more stable, affordable, sustainable housing arrangements.
- More residents have lower fuel tariffs and live in a more energy-efficient home with less risk of falling into fuel poverty.
- People have better understanding of financial services, consumer and legal matters.
- The most vulnerable will get help in an immediate crisis.
- Stigma is minimised by the holistic/generalist nature of the advice given and the impartial way it is delivered.

<https://citizensadvice Somerset.org.uk>

Should the decision to remove this funding be approved, the following illustrates the impacts it will have on Somerset's communities under protected characteristics.

## 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

Reports issued from the Integrated Care System, Department for Education, Department for Health and Social Care and the Department for Levelling Up, Housing and Communities all outline the role that Local Authorities must play in supporting these Community Commissions. Somerset Intelligence Partnership; Office of National Statistics; Census 2021; Somerset's Joint Strategic Needs Analysis; Equality Act 2010, Provider data.

## CA Users from Protected Characteristics

CA collect data on sex; disability/long term health, age, marital status and ethnicity.

The data presented below comprises that from the local authority funded core service as compared with that for all services (core plus separately funded projects) from the 2022-2023 financial year.

The statistics are compiled from clients who provided the required information so that a client profile could be produced. Clients whose details are not recorded or prefer not to say etc. are excluded.

Profile information is only collected where advice is provided, so the figures do not include the 3,784 clients assisted with 'Simple Queries'.

	Core		All services	
	No	%age	No	%age
Total of unique clients	13,960	100%	21,408	100%
Total No of issues	49,705	100%	82,174	100%
<b>SEX</b>				
Male	5,039	40%	7,072	41%
Female	7,417	59%	10,120	59%
<b>RACE</b>				
Black Asian	133	1%	172	1%
Black African/Caribbean	69	1%	94	1%
Black Other	20	0%	64	0%
Mixed	84	0%	135	1%
Gypsy/Irish Traveller	13	0%	48	0%
Other - Any Other	73	1%	82	1%
White	7,659	93%	10,282	94%

<b>DISABILITY/LONG TERM HEALTH</b>				
Disabled	756	9%	1,203	10%
Long-Term Health Condition	4,090	49%	6,305	52%
<b>MARRIAGE/CIVIL PARTNERSHIP</b>				
Married/Cohabiting/Civil Partnership	1952	35%	3,106	39%
<b>AGE</b>				
15-24 years	667	5%	857	4%
25-49 years	6,115	45%	7,743	37%
50-64 years	3,708	28%	6,820	33%
65-104 years	2,804	22%	5,261	26%

### Issues

The following data shows the top 2 issues that clients with protected Characteristics are advised on.

	<b>Core Service</b>		<b>All Services</b>	
	Top 2 advice issues	%'age of all issues	Top 2 advice issues	%'age of all issues
<b>SEX</b>				
Male	Benefits Housing	37.7% 13.1%	Benefits Debt	43.6% 13.8%
Female	Benefits Housing	37.8% 12.6%	Benefits Debt	40.8% 15.4%
<b>RACE</b>				
Black Asian	Benefits Housing	20.5% 15.8%	Benefits Debt	23.4% 15%
Black African/Caribbean	Benefits Housing	21.6% 20.3%	Benefits Housing	23.8% 14.9%
Black Other	Employment Benefits	37.9% 20.7%	Benefits Employment	34.6% 21.1%

Mixed	Benefits Housing	29.2% 18.3%	Benefits Housing	27.8% 19.9%
Gypsy/Irish Traveller	Benefits Debt	44.3% 22.9%	Benefits Debt	43.3% 24.4%
Other	Benefits Housing	27.4% 12.6%	Benefits Housing	41.8% 10.8%
<b>DISABILITY/LONG TERM HEALTH</b>				
Disabled	Benefits Housing	44.1% 10.6%	Benefits Debt	52.5% 10.7%
Long-Term Health Condition	Benefits Debt	47.1% 11.9%	Benefits Debt	50.5% 17.5%
<b>MARRIAGE/CIVIL PARTNERSHIP</b>				
Married/Cohabiting/Civil Partnership	Benefits Housing	41% 11.4%	Benefits Debt	51% 14.7%
<b>AGE</b>				
15-24 years	Benefits Housing	26.8% 19.7%	Benefits Housing	1.15% 0.8%
25-49 years	Benefits Housing	30.1% 15.3%	Benefits Debt	12.6% 7.8%
50-64 years	Benefits Housing	44.9% 10.5%	Benefits Financial Services	13.8% 4.1%
65-104 years	Benefits Housing	48.4% 10.5%	Benefits Financial Services	17.1% 2.5%

**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?

Engagement and consultation has not taken place with any protected groups due to the limited time available to complete the assessment.

However extensive engagement and consultation took place with Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations, health and social care partners to co-produce the targeted prevention model with a view of making it more accessible and sustainable as well as integrated into the delivery of neighbourhood care and support.

**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	The provided CA data shows that Older People are a significant demographic of CA services with those aged 50 years and above representing 50% of the users of core services and 59% of users of all services. As Somerset has an aging demographic the proportion of older people using CA services is therefore likely to increase. With benefits and financial services being the top 2 issues older people seek help with any reduction in service bought about by reduced service will have a direct impact on older people's income and a likely	☒	☐	☐

increase in other issues such as debt and fuel poverty as a direct consequence.

Any significant reduction in the level of annual funding proposed, resulting in a reduced level of service, would result in a negative impact on users of all ages but with a significant impact on older people aged 50 plus.

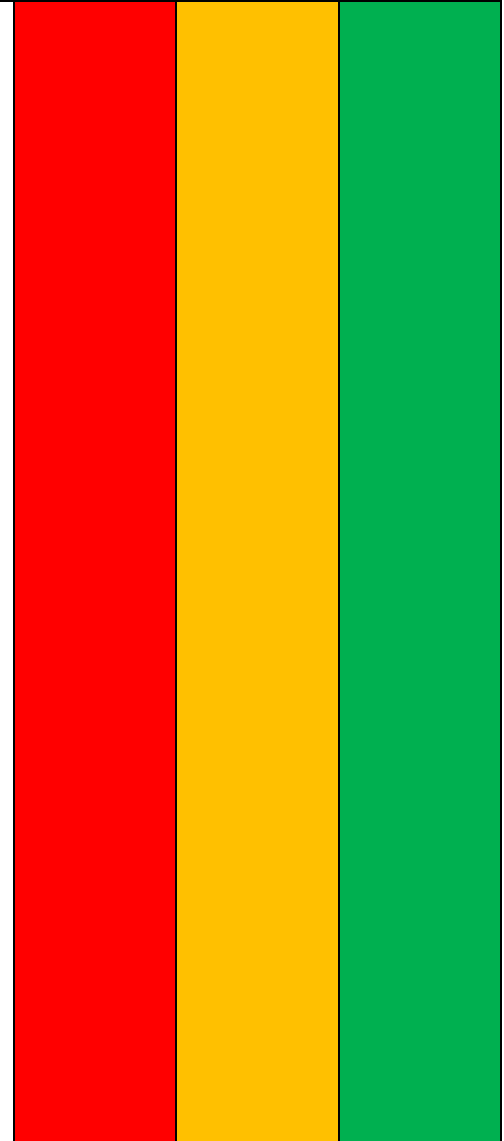
Any reduction in the level of CA services as a consequence of a reduced award would impact on the number of older people that could be assisted; a retrograde step at a time when the older people population is growing, and we know that whilst living longer the quality of life in later years worsens.

Reduced access to CA services could lead to reduced incomes, unresolved housing issues, increased debt and fuel poverty for some of the county's most vulnerable residents (see section 16i in the key decision report).

A reduction in the level of funding could result in significant unmet needs with a greater call on, and recourse to, council resources at a direct cost to the council.

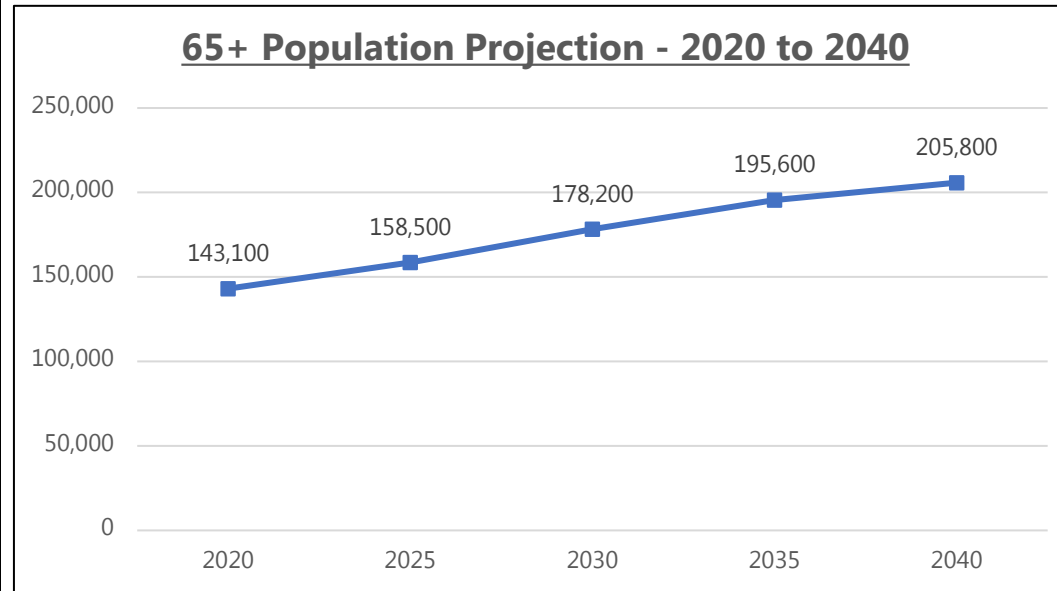
Reduced access to CA services could lead to reduced incomes, unresolved housing issues, increased debt and fuel poverty for some of the county's most vulnerable residents (see section 16i in the key decision report). If the council is required to put in place complementary or replacement services to pick up the advice needs that can no longer be met by CA this is likely to be at higher cost than the CA can provide due to the efficiencies generated through the utilisation of volunteer advice workers.

In the 2021 Census there are just over 30,000 more people aged 65+ in Somerset than in 2011. Three quarters of Somerset's population growth between 2011 and 2021 was in the 65+ age range. According to the 2021 census there are 134,974 residents aged 66+ also according to 2021 census

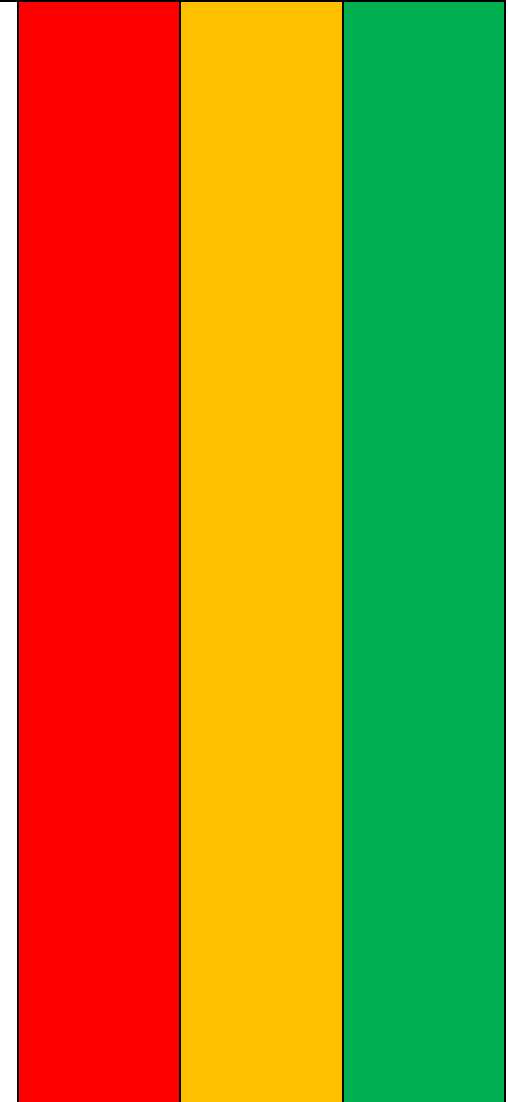




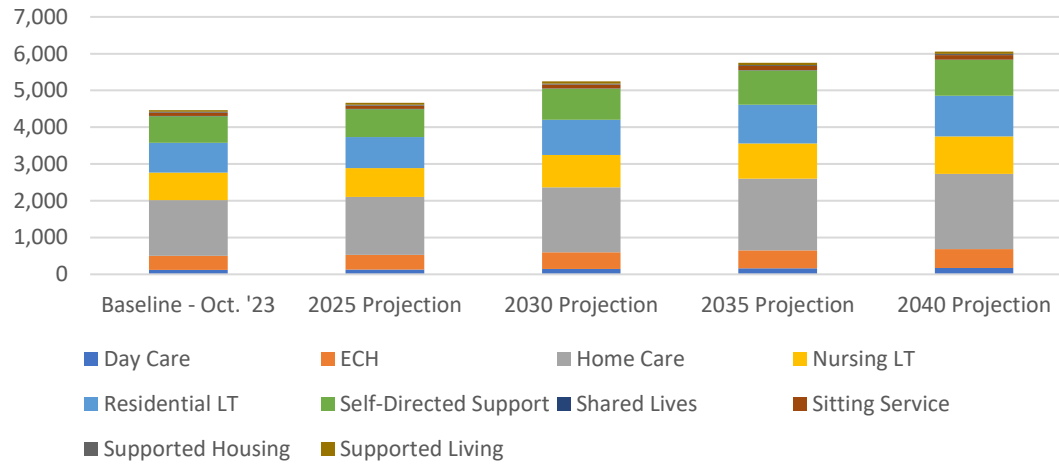
there are 38,800 one person households aged 66 or over. That's 28.7% of those aged 66+ living in one person households.



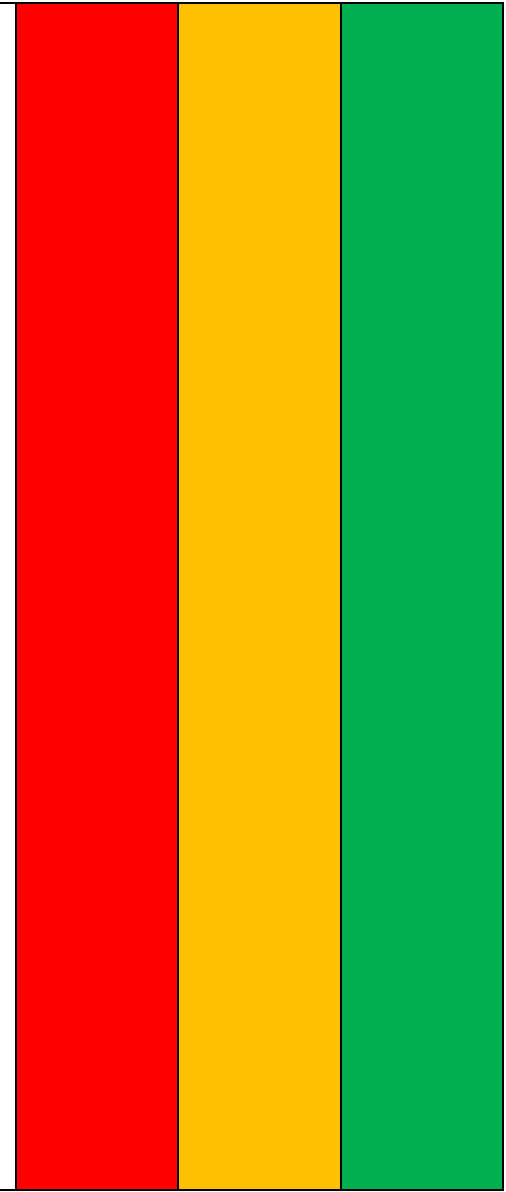
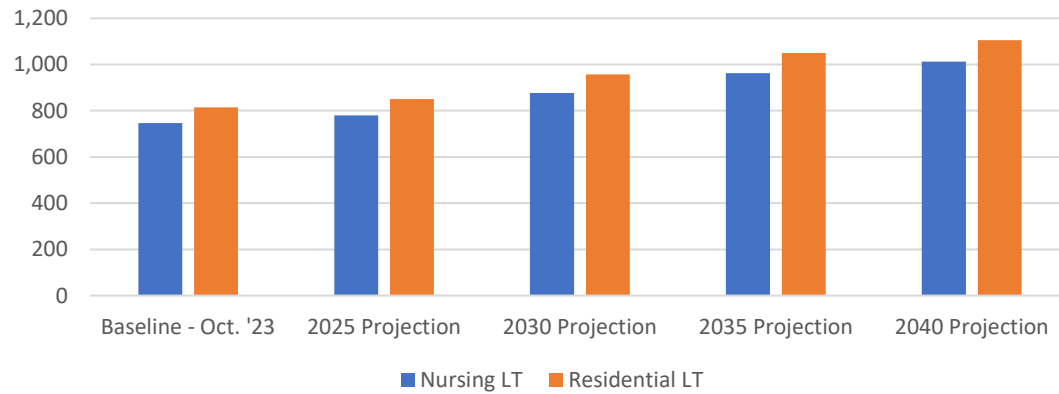
Office for National Statistics (ONS) and Projection Older People Population Information (POPPI) data shows us that we have an increasing older population in Somerset. Some older people are excluded from accessing digital support and are unable to self-help so, without these services, inevitably will have to turn to more statutory costly services to meet their needs. Already social care budgets are under huge amounts of pressure as we see a demand on services for over 65's grow. (see charts above and below)



### 65+ Service Growth Projection - based on population projections



### 65+ Residential and Nursing Growth Projections



	<p>Without this service, the needs of these individuals are highly likely to increase, and then more costly acute services identified to meet their needs.</p> <p>Cost comparison average homecare package per year £17,927 v £0.91p cost of supporting someone via community option</p>			
<p><b>Disability</b></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. 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>The service currently supports people with physical disabilities and people with learning disabilities. The service also supports people with mental health issues. The ethos of the service is to support people to remain/become as independent as possible.</p> <p>Often people with disabilities feel excluded from mainstream services and find it difficult to access support through digital offers. Without the service in place, this would significantly impact on the ability to support people with disabilities to remain supported within their own</p>	<p>☒</p>	<p>☐</p>	<p>☐</p>

communities and increase the need of them needing a more costly statutory, long term services which will put a huge added pressure on health and social care services.

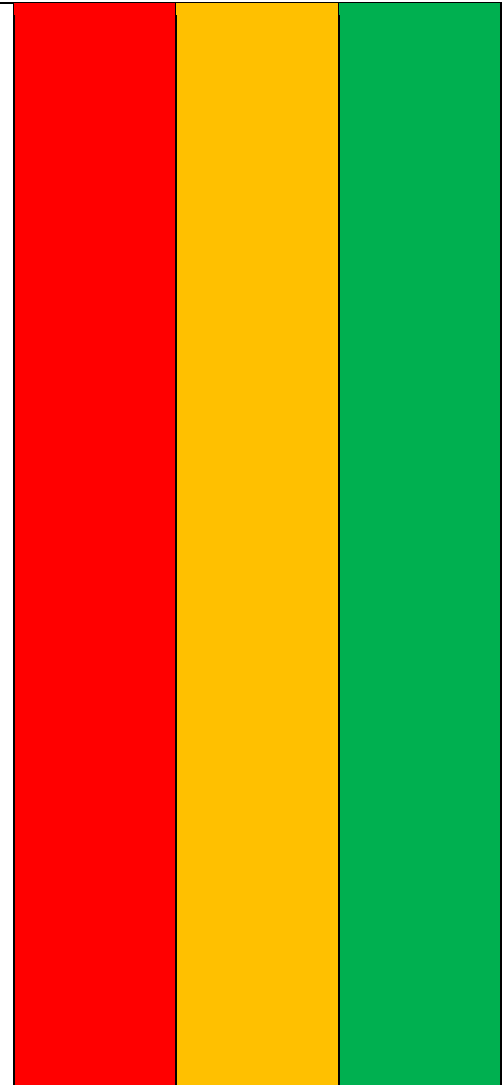
National data POPPI and Projecting Adult Needs and Service Information (PANSI) demonstrates that in addition to an increasingly ageing population the number of people aged 16 plus who will have physical or learning disabilities or mental health and care needs will also increase.

With the number of CA clients (all services) having a disability or long-term health issue already being 62%, then any reduction in funding is likely to mean an increasing number of people with this protected characteristic being able to access support resulting in a greater call on, and recourse to, council resources at a direct cost to the council.

Disabled people experience considerably higher levels of health inequality than the general population; this is often exacerbated by low income.

The steep increase in seeking advice for Personal Independence Payment (PIP) is evidence that the Cost-of-Living Crisis is really affecting disabled people and Cost of Living issues are now the biggest issues for disabled people using Citizens Advice compared with two years ago.




The extra costs of disability are linked to higher energy use and therefore a disproportionately increased impact (e.g. dialysis, oxygen and equipment at home).



	<p>Reduced access to CA services could lead to reduced incomes, unresolved housing issues, increased debt and fuel poverty for some of the county's most vulnerable residents (see section 16i in the key decision report).</p> <p>If the council is required to put in place complementary or replacement services to pick up the advice needs that can no longer be met by CA this is likely to be at higher cost than the CA can provide due to the efficiencies generated through the utilisation of volunteer advice workers and the existing national CA infrastructure.</p>			
<p><b>Gender reassignment</b></p>	<p>The Office for National Statistic tells us following the Census of 2021 that 0.5% of the population indicated that their gender identity was different from their sex at birth. It also identifies that the lowest percentage was the South-West with 0.42%.</p> <p>More than 1,600 Somerset residents stated that their gender identity differs from their sex as registered at birth. This represents 0.35% of the Somerset population aged 16 and over.</p> <p>This is the first time that a question on gender identity has been included in the census, giving the first official data on the size of this population. In this group we recognise, transman, trans woman, individuals that identify as non-binary Trans woman and trans man were the next most commonly identified gender identities, with over 300 Somerset residents identifying in each group. 5.7% of Somerset residents did not respond to the question on gender identity.</p> <p>Gender reassignment is a personal process rather than a medical one. You don't have to undergo medical treatment or be under medical supervision to</p>	<p>☒</p>	<p>☐</p>	<p>☐</p>

	<p>be protected under the Equality Act as a transgender person. Individuals experience mean that they may not wish to draw attention to themselves for fear of judgment or discrimination.</p> <p>Those who have had gender reassignment may be concerned about being treated unfairly.</p> <p>Currently the service conducts its business in accordance with the principles of the support being focussed on enabling people to live independently, to stay healthy and make the most of their lives by managing their lives in the way they choose and to not discriminate.</p> <p>Without the funding in place, the Service Provider will no longer be able to continue with their engagement with LGBTQIA+ community led organisations to appreciate individuals access to services, lived experiences and discrimination. This could create an environment where people no longer feel safe to express themselves without judgment.</p>			
<p><b>Marriage and civil partnership</b></p>	<p>Marriages and civil partnerships are legal relationships that come with almost identical rights and benefits for the two parties involved.</p> <p>A civil partnership is a <b>legal relationship</b> which is registered between two people, as long as they're <b>not related</b> to each other.</p> <p>Civil partnerships were introduced with the <b>Civil Partnership Act of 2004</b>; in 2005, they became available to <b>same-sex couples</b> who were not yet allowed to marry, giving them similar rights and benefits as those enjoyed by married people.</p> <p>For years, understanding what is a civil partnership for UK residents meant understanding the legal union between a same-sex couple; this changed in <b>2019</b> when civil partnerships became available to <b>opposite-sex couples</b>, so now anyone can choose whether to enter a marriage or a civil partnership.</p>	<p>□</p>	<p>⊗</p>	<p>□</p>

	<p>The proportion of adults in Somerset who have never married and never registered a civil partnership has increased since 2011.</p> <p>The 2021 census shows that this group accounts for 31% of adults in Somerset. The figure for 2011 was 27.8%. Conversely, the proportion of adults in Somerset who are married has decreased, although this remains the largest group, accounting for 48.6% of adults in Somerset.</p> <p>There are now over 1,000 residents of Somerset who are in a registered civil partnership, an increase of nearly 50% from 2011.</p> <p>There will be a large number of Carers who are supporting a spouse in their caring role. Without the service this could impact on their ability to continue to provide support which in turn could lead to a breakdown in their marriage and the need for a more intense costly intervention for the cared for.</p>			
<p><b>Pregnancy and maternity</b></p>	<p>People in this group will encounter challenges in their workplace and may find themselves isolated.</p> <p>The service currently does not discriminate against this group and as for other protected characteristic overlaps will inevitably apply with other protected characteristics- so there would be an expectation for the Service Provider to be aware of the challenges faced by this group and create links with other specialist groups which are likely to be best placed to take issues forward and avoid duplication of activities.</p> <p>Should this service no longer be available to people, the likelihood is that people in this group will no longer be signposted to specialist support and the risk of duplication will increase.</p>	<p>☒</p>	<p>☐</p>	<p>☐</p>

<p><b>Race and ethnicity</b></p>	<p>94% of population is white British highly visible disparity. 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.</p> <p>It should be noted that there have been some significant events in the interim 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.</p> <p>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.</p> <p>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.</p>			



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.

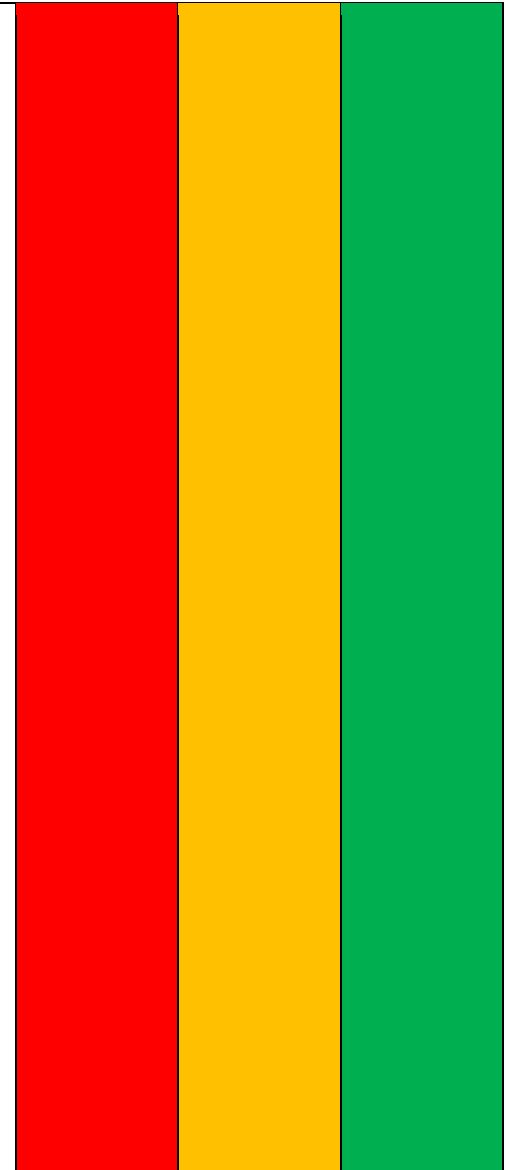
This is also true nationally, with Romanian also being the second common both in Somerset and nationally. The most common non-European main languages for Somerset residents are Malayalam (733 residents) and Tagalog/Filipino (602 residents). Tagalog/Filipino is the only one of the top 10 non-English main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

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.

Gipsy and traveller group represent 0.1% of the population.

Whilst users of CA services represent around 3% of all CA users this is fully in line with the percentage of ethnic minorities that make up the total population in Somerset. To this end any reduction in core funding would therefore have a negative impact on this section of the community as a result of a reduced service resulting in fewer people who would be able to access the service.

Where race equality is combined with other protected characteristics (for example age, low income or disability) the impacts multiply.



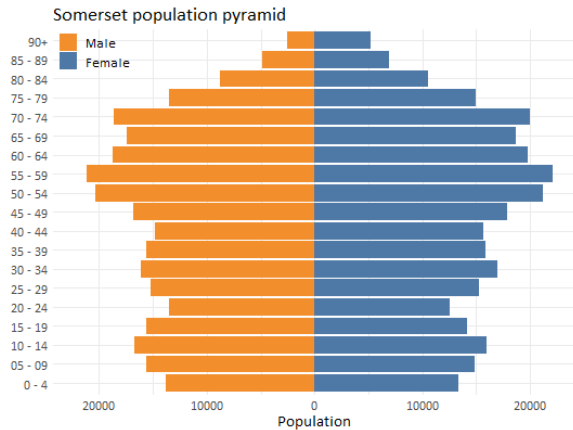
	<p>In the year to the end of July 2023, CA dealt with 973 immigration related issues; issues which will be specific to people from ethnic minorities.</p> <p>Reduced access to CA services could lead to reduced incomes, unresolved housing issues, increased debt and fuel poverty for some of the county's most vulnerable residents (see section 16i in the key decision report).</p> <p>If the council is required to put in place complementary or replacement services to pick up the advice needs that can no longer be met by CA this is likely to be at higher cost than the CA can provide due to the efficiencies generated through the utilisation of volunteer advice workers and the existing national CA infrastructure.</p> <p>The provision of targeted prevention is fundamental to ensuring that the duties within the Equality Act are met for the most vulnerable people, as they receive support.</p>			
<p><b>Religion or belief</b></p>	<p>There has been a large increase since 2011 in the number of Somerset residents with no religion, and a corresponding decrease in the number of Christians. This reflects a similar national trend.</p> <p>Around half of the Somerset population now identify as Christian, with 4 in 10 not identifying with any religion.</p> <p>There have been increases in the number of Somerset residents identifying with other non-Christian major religions since 2011, although these groups remain a small proportion of the Somerset population.</p>	<p>☒</p>	<p>☐</p>	<p>☐</p>

The Somerset population as a whole is less likely to identify with a religion than the population of England and Wales (52% in Somerset as no religion or not stated, vs 56.8% nationally).

The Service Provider currently reaches out to community leaders of different religious background and creates opportunities for engagement. Without this service these opportunities will be lost.

The service currently provides Somerset's communities with a single point of access for targeted prevention and by having a combined workforce the service strives to accommodate individual needs. Without this service options to meets the needs of these communities will be lost at they move into mainstream, more acute and costly services.

**Sex**



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

⊠	□	□

	<p>Currently the service ensures that its own organisation is balanced and both sexes are represented across the organisation as well as ensuring that activities are reaching to both genders.</p> <p>The impact of the loss of this service will affect the whole population, however women are proportionately the larger group of CA users at 59% of all users, although as a universal service it is accessible to and used by both men and women. All men and women would therefore be negatively impacted by any reduction in service.</p> <p>If the council is required to put in place complementary or replacement services to pick up the advice needs that can no longer be met by CA this is likely to be at higher cost than the CA can provide due to the efficiencies generated through the utilisation of volunteer advice workers and the existing national CA infrastructure.</p>			
<p><b>Sexual orientation</b></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%).</p> <p>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>☒</p>	<p>☐</p>	<p>☐</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> <p>The Service Provider currently engages with LGBTQIA+ community led organisations to appreciate individuals access to services, lived experiences and discrimination. Without this level of engagement we care likely to create an environment where people do not feel safe to express themselves without judgment.</p>			
<p><b>Armed Forces (including serving personnel, families and veterans)</b></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 <a href="#">Somerset Armed Forces Covenant Partnership (SAFCP)</a> 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.</p> <p>It supports the key principle of ensuring members of this community experience no disadvantage in accessing timely, comprehensive and effective services.</p>	<p>☒</p>	<p>☐</p>	<p>☐</p>

Somerset has a sizable population of service and ex-service personnel (conservative estimate of 43,200) and their families whose particular needs are well recognised in the Military Covenant.

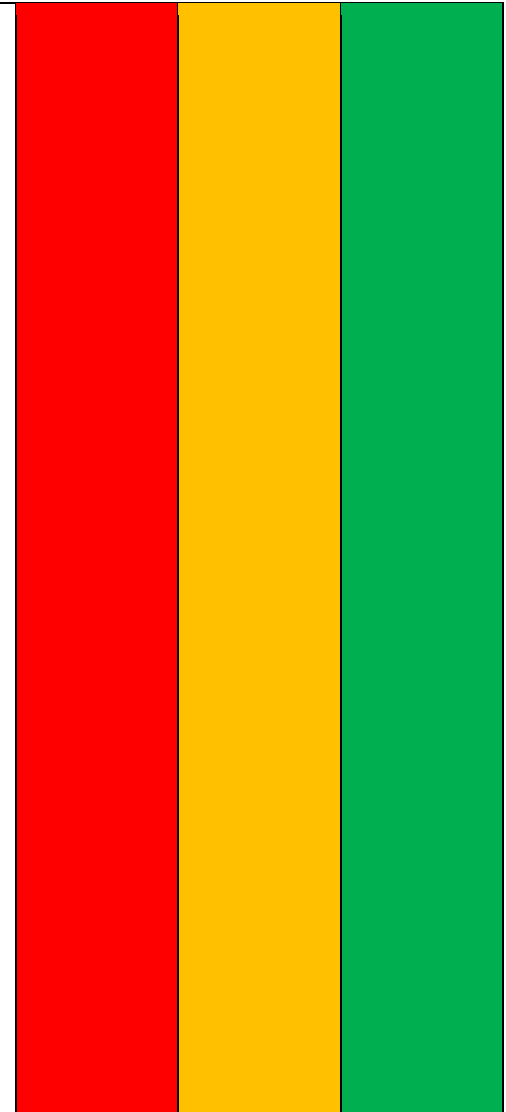
Whilst CA doesn't currently collect user data based on armed forces status (serving or veteran) it is likely that a significant number of veterans will be amongst their users, particularly as specialist armed forces charities (e.g. British Legion and SSAFA) refer clients to CA.

Any reduction in funding would therefore have a negative impact on this section of the community as a result of a reduced service resulting in fewer people who would be able to access the service.

Reduced access to CA services could lead to reduced incomes, unresolved housing issues, increased debt and fuel poverty for some of the county's most vulnerable residents (see section 16i in the key decision report).

If the council is required to put in place complementary or replacement services to pick up the advice needs that can no longer be met by CA this is likely to be at higher cost than the CA can provide due to the efficiencies generated through the utilisation of volunteer advice workers and the existing national CA infrastructure.

Without this service those links will be lost and it is likely that the needs of this population will not be met in a holistic way and therefore their needs are likely to escalate and need more costly acute services.



**Other, e.g. carers, low income, rurality/isolation, etc.**

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.

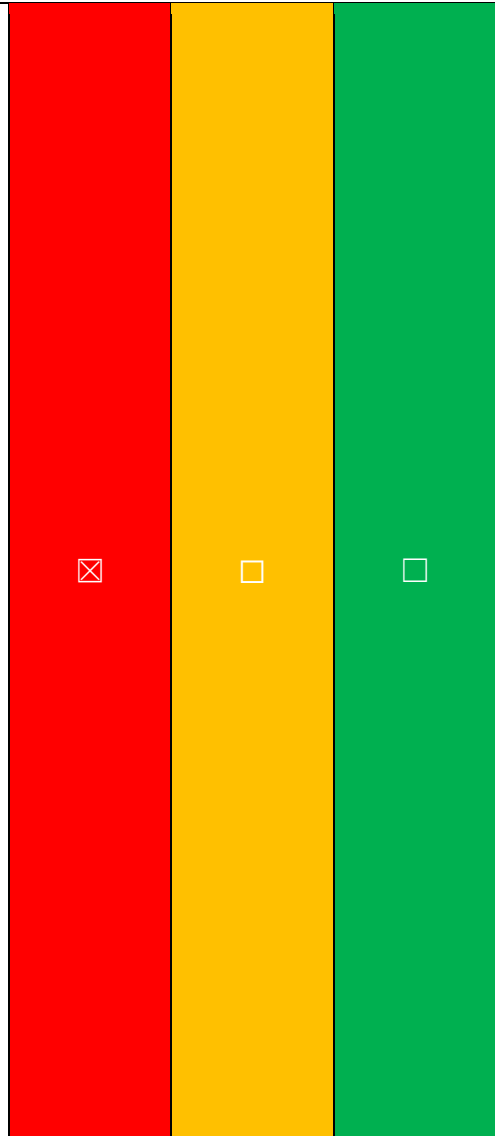
The Joint Strategic Needs Assessment (JSNA) 2015 acknowledged some good points about the rurality of Somerset and positive impact such as longer life expectancy, healthier life style, strength and friendliness of communities but also raise the challenges such social isolation, access to services, lack of appropriate housing, poor connection (mobile, broadband system) etc..

Nationally, those aged 65-79 have the highest levels of life satisfaction, happiness and sense that what one does in life is worthwhile. However, people aged 85 and over have the lowest sense of any age group that what one does in life is worthwhile (see [Subjective Wellbeing](#))

Social isolation and loneliness are key factors contributing to the health and wellbeing of older people in particular.

Around 1 in 10 people aged 65 or older are thought to experience chronic loneliness at any given time and those within caring roles are even more at risk of being socially isolation and at risk of reaching crisis.

- With an ageing population, numbers affected are rising to an estimated 12,000 in Somerset,
- 1 in 7 Somerset households contain someone aged 65 or older living alone
- Thousands of older people rely on public transport to get out and about, which can be problematic in rural areas.



- About 1 in 6 social care users aged 75 or older in Somerset said they had insufficient social contact and/or felt socially isolated.
- Loneliness can affect both mental and physical health and wellbeing and increases the risk of disability, cognitive decline and the onset of dementia

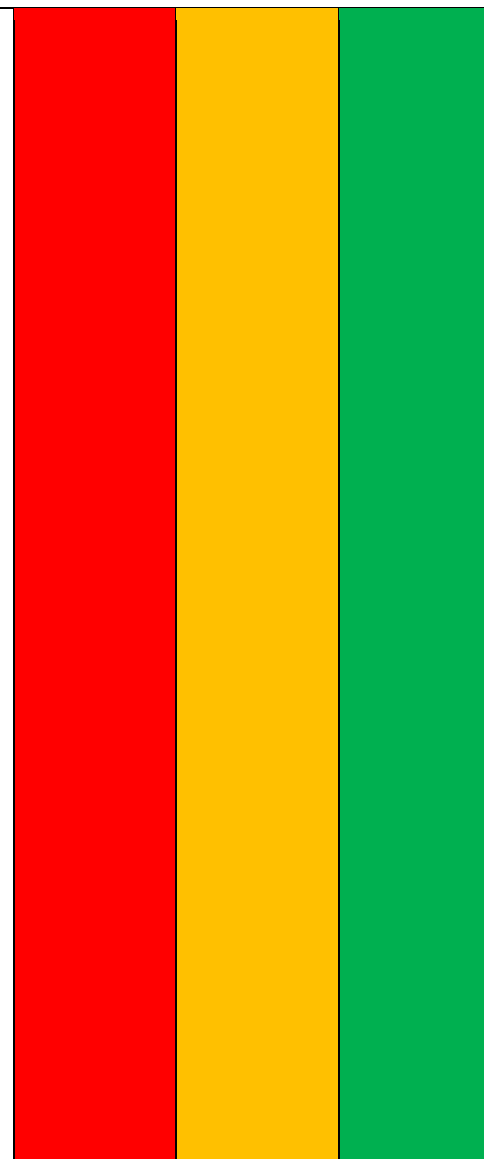
The Southwest has the highest rate of formal volunteering of any region in England. Many of these volunteers will be over retirement age and contribute substantially to communities and individual's wellbeing and we need to promote and nourish this.

A recent publication from the Campaign to End Loneliness and Age UK, '[Promising Approaches](#)', is very helpful as a guide to solutions to reduce loneliness and social isolation.

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. Numbers of unpaid carers – both locally and nationally – have decreased since the 2011 census. Within Somerset, the number of residents providing unpaid care has decreased by over 13% in the 10-year period. This decrease has not been evenly distributed, with the number of residents providing care for fewer than 20 hours each week dropping by 34%, whilst numbers providing over 20 hours have increased by 25%.

However, we know that the time of the Census was during the Pandemic and also that the questions were different so is likely to have an impact on the





number of Carers identified through this survey. There are likely to be significantly higher numbers of unpaid carers in Somerset.

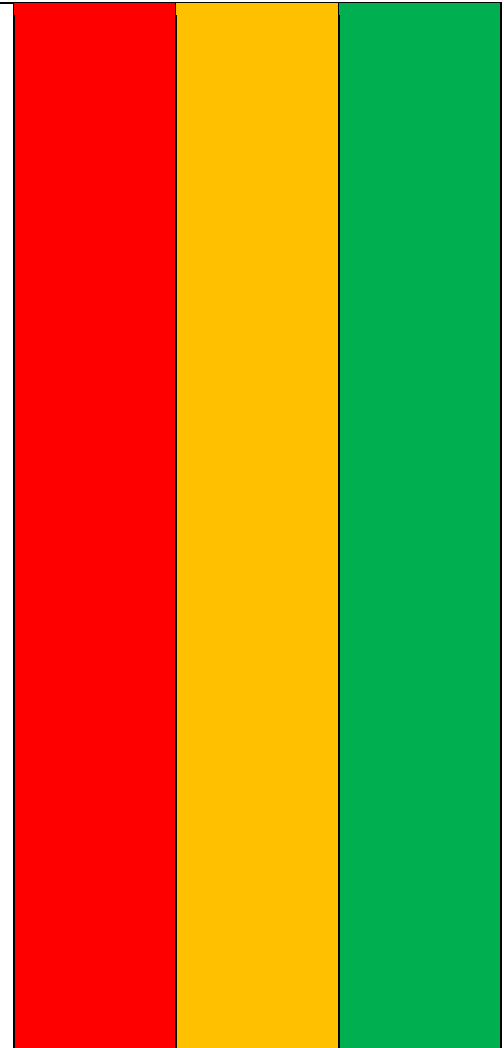
Impact on the challenges of rurality and isolationism. Support to rural communities to maintain/provide needed local services, for whom access to services may be difficult

Carers have known health needs and benefit enormously from being able to take time out to maintain their own health and wellbeing

Health outcome is closely associated with income inequality and financial exclusion. Taking positive action to support low-income groups or homeless to participate community activities and / or to engage in activities which might support their education or employment opportunities are all likely to have extremely positive health benefits.

- Pre pandemic the highest housing issue that our clients experienced was being threatened with homelessness. Since the cost-of-living crisis across the Citizens Advice Network the highest demand for housing advice is now from people who are experiencing actual homelessness or seeking advice on making applications to local homelessness services.

Pre-pandemic the most common debt advice among Citizens Advice clients was Council Tax and Rent Arrears. Energy debt is now the biggest debt advice need and the amount of debt per client has increased considerably.




	<p>Access to the internet can be a challenge for some groups in rural areas and so other more traditional mechanisms to ensure awareness may need to be put in place.</p> <p>Reduced access to CA services could lead to reduced incomes, unresolved housing issues, increased debt and fuel poverty for some of the county's most vulnerable residents (see section 16i in the key decision report).</p>			
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**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
Refer Carers to Carers UK website for information on how to self help	Select date			<input type="checkbox"/>
Refer to NHS England website for information on how to self help	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>

**If negative impacts remain, please provide an explanation below.**

<b>Completed by:</b>	Laura Annandale
<b>Date</b>	16 <sup>th</sup> November 2023
<b>Signed off by:</b>	
<b>Date</b>	21/11/23
<b>Equality Lead sign off name:</b>	
<b>Equality Lead sign off date:</b>	
<b>To be reviewed by: (officer name)</b>	
<b>Review date:</b>	

