

KENT COUNTY COUNCIL EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

Directorate: Social Care, Health and Wellbeing - KCC

Name of policy, procedure, project or service

Community Alarms and Housing related support in Sheltered Accommodation for Older Persons

What is being assessed?

Plans to reduce and end Community Alarms and Housing related support in Sheltered Accommodation for Older Persons by April 2018

Responsible Owner/ Senior Officer

Mark Lobban, Director of Commissioning

Date of Initial Screening:

June 2016

Date of Full EqIA :

Update each revised version below and in the saved document name.

Version	Author	Date	Comment
1	Sholeh Soleimanifar	25 October 2016	First draft
2	Sholeh Soleimanifar Paul Stephen	24 November 2016	Second draft
3	A Agyepong	28 November 2016	AA Review
4	Sholeh Soleimanifar Paul Stephen	07 December 2016	V4
5	Sholeh Soleimanifar	15 December 2016	V5
6	A Agyepong	16 December 2016	AA Comment and review
7	Paul Stephen	23 December 2017	V7
8	Sholeh Soleimanifar	07 March 2017	V8
9	Sholeh Soleimanifar	08 May 2017	V9

Screening Grid

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact MEDIUM		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age	Yes - the project could lead to the removal of funding for housing related support in sheltered housing for older people, though mitigating actions will ensure that those who have an assessed need for support will have access to it through other pathways.	Medium	Medium	<p>a) Yes – KCC Social Care Health and Wellbeing will need to take mitigating action to quantify and reduce the impact; this includes continuing a dialogue with providers and stakeholders, such as the districts and borough housing authorities, to identify those who have an assessed need for eligible support.</p> <p>b) Yes there is a need to collect data from the providers about the needs of those currently receiving the service. We are planning a number of ‘deep dives’ to a random selection of providers of varying sizes and locations (Large, Medium, Small and one where the HRS is provided by a district or borough Council).</p> <p>The move to rationalise funding will eradicate duplication and end blanket funding of housing related support to those who do not need it.</p>	<p>Yes – the project could lead to greater equality in access to resources for older people. Currently, housing related support is concentrated on delivery to people on the basis of where they live.</p> <p>The proposed changes will introduce choice for those individuals who live in sheltered housing on whether or not to have the service if they do not wish it or more importantly need it. Currently the service is provided regardless of need. As the profile of the way sheltered housing is used has changed, as have aspiration and demographics of people over 55 living in them. .(See Accommodation Strategy)</p>

<p>Disability</p>	<p>Yes - there are some people who are living in sheltered housing on the basis of disability rather than age. Those people will be affected by any changes precipitated by the project, though mitigating actions will ensure that those who have an assessed need for this type of support will receive it.</p>	<p>Medium</p>	<p>Medium</p>	<p>a) Yes – KCC Social Care Health and Wellbeing will need to take mitigating action to quantify and reduce the impact; this includes continue a dialogue with providers and stakeholders, such as the districts and borough housing authorities, to identify those who have an assessed need for eligible support.</p> <p>b) Yes there is a need to collect data from the providers about the needs of those currently receiving the service. We are planning a number of ‘deep dives’ to a random selection of providers of varying sizes and locations (Large, Medium, Small and one where the HRS is provided by a district or borough Council).</p> <p>The move to rationalise funding will eradicate duplication and end blanket funding of housing related support to those who do not want, need or value it.</p> <p style="text-align: center;">3</p>	<p>Yes – the project could lead to greater equality in access to resources for people with disabilities. Currently, housing related support is concentrated on delivery to people on the basis of where they live.</p> <p>The proposed changes will introduce choice for those individuals who live in sheltered housing on whether or not to have the service if they do not wish it or more importantly need it. Currently the service is provided regardless of need. As the profile of the way sheltered housing is used has changed, as have aspiration and demographics of people over 55 living in them. (See Accommodation Strategy)</p>
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Gender	Yes - we know that there are more older women than men in Kent and that could mean that more women are affected	Medium	Medium	<p>a) Yes – KCC Social Care Health and Wellbeing will need to take mitigating action to quantify and reduce the impact; this includes continuing a dialogue with providers and stakeholders, such as the districts and borough housing authorities, to identify those who have an assessed need for eligible support.</p> <p>b) Yes there is a need to collect data from the providers about the needs of those currently receiving the service. We are planning a number of ‘deep dives’ to a random selection of providers of varying sizes and locations (Large, Medium, Small and one where the HRS is provided by a district or borough Council).</p> <p>The move to rationalise funding will eradicate duplication and end blanket funding of housing related support to those who do not want, need or value it.</p>	<p>Yes – the project could lead to greater equality in access to resources for people with disabilities. Currently, housing related support is concentrated on delivery to people on the basis of where they live.</p> <p>The proposed changes will introduce choice for those individuals who live in sheltered housing on whether or not to have the service if they do not wish it or more importantly need it. Currently the service is provided regardless of need. As the profile of the way sheltered housing is used has changed, as have aspiration and demographics of people over 55 living in them. (See Accommodation Strategy)</p>
Gender identity	Unknown	None	None	a) There is no qualitative or quantitative data to suggest that the project will have an adverse effect on the customer base on account of their gender identity.	
Race	Unknown	None	None	a) There is no qualitative or quantitative data to suggest that the project will have an effect on the customer base on account of their race.	

Religion or belief	No	None	None	a) There is no qualitative or quantitative data to suggest that the project will have an effect on the customer base on account of their religion or belief.	
Sexual orientation	Unknown	None	None	a) There is no qualitative or quantitative data to suggest that the project will have an effect on the customer base on account of their sexual orientation.	
Pregnancy and maternity	No	None	None	a) There is no qualitative or quantitative data to suggest that the project will have an effect on the customer base on account of their pregnancy and maternity.	
Marriage and Civil Partnerships	No	None	None	a) There is no qualitative or quantitative data to suggest that the project will have an effect on the customer base on account of their marriage or civil partner status.	
Carer's responsibilities	Yes - we know that many older people have caring responsibilities in Kent and that could mean that more carers are affected.	Medium	Medium	<p>a) Yes – KCC Social Care Health and Wellbeing will need to take mitigating action to quantify and reduce the impact; this includes continuing a dialogue with providers and stakeholders, such as the districts and borough housing authorities, to identify those who have an assessed need for eligible support.</p> <p>b) Yes there is a need to collect data from the providers about the needs of those currently receiving the service. We are planning a number of ‘deep dives’ to a random selection of providers of varying sizes and locations (Large, Medium, Small and one where the HRS is provided by a district or borough Council).</p> <p>The move to rationalise funding will eradicate duplication and end blanket funding of housing related support to those who do not want, need or value it.</p>	<p>Yes – the project could lead to greater equality in access to resources for carers. Currently, housing related support is concentrated on delivery to people on the basis of where they live.</p> <p>The proposed changes will introduce choice for those individuals who live in sheltered housing on whether or not to have the service if they do not wish it or more importantly need it. Currently the service is provided regardless of need. As the profile of the way sheltered housing is used has changed, as have aspiration and demographics of people over 55 living in them. (See Accommodation Strategy)</p>

INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what RISK weighting would you ascribe to this function – see Risk Matrix

Low (1-7)	Medium (8-15)	High (16-25)
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

The risk rating for the initial screening is LOW.

1. Introduction

This Equality Impact Assessment covers the proposed reduction and withdrawal of the council’s contribution towards Housing related support (HRS) services and community alarms in sheltered housing for older persons.

This phased withdrawal of funding is in response to the government’s impending proposed devolution of funding for supported housing based on integration of health and social care on a regional basis. The government’s consultation on ‘Funding for supported housing’ ended in February 2017.

All HRS services in sheltered accommodation for Older Persons will be affected countywide, with the exception of Extra Care housing and Home Improvement Agencies.

2. Background

Kent County Council (KCC) provides housing related support funding to a number of sheltered housing schemes across the county. Sheltered housing schemes usually consist of houses, flats or bungalows grouped together. Residents have their own front door and living space, which may have adaptations to make life easier and safer, and there are normally communal areas such as lounges, gardens and laundry rooms for socialising. The majority of schemes have a scheme manager on site, for a set number of hours per week, overseeing the scheme and ensuring the safety of residents. However, they do not provide personal care or help with medication.

KCC also funds a community alarm service, most of which is hardwired within sheletered housing schemes. The alarms allow users to call for help in an emergency.

It is proposed that KCC funding for HRS in sheltered accommodation and all hard-wired community alarms is ended by April 2018.

3. Current Situation / Context

KCC needs to continue to deliver cost efficient services to the residents of Kent, which are fit for purpose, and must ensure that all revenue is spent appropriately, targeting resources at priority and vulnerable groups, through commissioning of services which promote independent living, facilitate social inclusion and keep people safe and secure.

Traditionally, many sheltered schemes have had resident caretakers, providing a scheme

manager function; this is no longer the case, with very few, if any, remaining. Most scheme managers are now responsible for a number of schemes, splitting their time between those facilities. Kent County Council contributes to funding of the scheme manager positions, to provide Housing related support to those in receipt of Housing Benefit.

4. Rationale for change and suggested approach

Government's consultation on 'Funding for supported housing' ended in February 2017. This consultation is the first step towards creation of a new funding mechanism for supported housing based on integration of health and social care on a regional basis, encompassing a broad spectrum ranging from some housing management activities to elements of healthcare. Aspects of Housing Benefit will be devolved to local level from 2019/20, amounting to £2.12bn, predominantly to fund these activities. This fund will be ring-fenced and set on the basis of current projections of future need.

In preparation for the proposed changes, the necessary devolution of funding needs to be met. Many of the activities in sheltered housing can be funded in this way. The transitional funding arrangements must take place in tandem with withdrawal of KCC's contribution to these services to avoid duplication.

At present, both HRS and community alarm services duplicate a number of other community services, such as Home Care, Telecare and services commissioned from the voluntary and community sector, such as Information, Advice and Advocacy. The level of provision in these services exceed that provided through the housing related support contract, and can be accessed by anyone deemed eligible following a care needs assessment.

KCC's strategic direction clearly dictates a move towards ending generalised support in favour of needs-based, person-centred services. As it is currently configured, the support offer within sheltered housing is outdated, duplicated and therefore no longer offers best value. It is proposed that following close work with providers to ensure residents' needs are met, the contracts are allowed to end naturally at end of March 2017.

The withdrawal of council's contribution will be based on assessment of risk for each organisation and their readiness to transition across to funding of these services by enhancing their Housing Benefit entitlement through provision of intensive housing management services to people with additional needs. This requires close liaison and extensive stakeholder engagement, to mitigate potential risks to residents and disruption to service provision. This is the only way to ensure that the devolved funding is considered appropriately and that future funding of supported housing in Kent continues to be sustainable.

This proposal mirrors those already implemented in other similar peer authorities and is reflective of the changing role of sheltered housing nationally. Providers and district councils have been advised of the council's intentions regarding the extension and the need to deliver differently in future.

Moving Forward:

The council plans to work closely with providers and stakeholders regarding these proposals and will maintain comprehensive risk logs in order to ensure that risks are appropriately mitigated and managed. The council will also work with all providers to ensure a smooth transition period and transfer of undertakings to other support services, wherever necessary.

5. Aligning Principles

Government's consultation on *Funding for supported housing*, which sets out proposals for creation of a new funding mechanism for supported housing based on integration of health and social care on a regional basis, encompassing a broad spectrum ranging from some housing management activities to elements of healthcare.

The *Care Act 2014* sets out in one place, local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support. Under the Care Act, local authorities must carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care. The focus of that assessment is on the person's individual needs and how they impact on their wellbeing, and the outcomes they want to achieve. The individual is involved in the assessment, as is someone they nominate, such as carer, and they also have access to an independent advocate to support their involvement, if required.

KCC's *Strategic Statement 2015-2020, Improving Outcomes*, stated a focus on improving lives by ensuring that every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses. One of KCC's strategic aims within the statement is to ensure that 'older and vulnerable residents are safe and supported with choices to live independently', with a supported outcome being that 'residents have greater choice and control over the health and social care services they receive'. The approach to achieving these outcomes points to a need to 'maximise the value of the Kent tax pound', and to 'recognise that no one size fits all'; it stresses the importance of 'tailoring solutions to need'.

Within the *Kent Social Care Accommodation Strategy, Better Homes: Greater Choices 2014*, it was acknowledged that in order 'to meet the objectives of this Accommodation Strategy and to support the vision of KCC in terms of social care provision, the approach to access and delivery of housing and care support services has to radically change'. It stated that the role of commissioning services for all adult social care clients is 'to respond to the increasing demand upon all services not only as a result of an ageing population but due to the multiple or complex needs of clients' and to 'manage reducing budgets as a result of a reduction in central government funding'. Once again, within this role description is the need to 'achieve best value'.

The strategy points towards the personalisation agenda as one of the most significant shifts in the transformation of social care and support, with the core principles of providing services based upon the needs of an individual, for services to be of a high standard and with recognition that the levels and types of services will vary significantly between individuals within defined adult social care client groups.

The strategy states that 'KCC commissioners and providers will have to consider the impact of the personalisation agenda upon their business models with increased choice and control over purchasing by individuals. This means that people will be able to choose who delivers their services and whether, particularly for extra care housing and supported accommodation, they will buy in to the services offered on site'.

In conclusion, the strategy states that KCC wants to see 'responsible, flexible and integrated commissioning of services to respond to current and future need' and 'more people residing in accommodation that meets their individual accommodation and care and support needs, evidenced by cross agency needs assessments'.

The *Social Care, Health and Wellbeing Community Support Market Position 2016*, stated that 'good commissioning is person-centred and focuses on the outcomes that people say matter

most to them. It empowers people to have choice and control in their lives and over their care and support'. The 'key messages to the market' states that 'demographic change will significantly increase demand for care and support over the coming years but will not be matched by increases in public funding'; it pledged an increased investment in information and advice, preventative services, assistive technologies to support independent living, and a move away from time and task home care, but instead developing more person-centred models of support that are outcome focussed.

Within the *County Council Autumn Budget Statement 2016*, reference is made towards how major savings within the medium term plan are based upon the Adults Transformation programmes, with the council expecting to see further savings coming through from phases two and three. In addition to this, the statement notes how other key savings are based upon 'more targeted and efficient commissioning in areas such as Housing related support'.

With all this in mind, an end to the funding for generalised support offered by scheme managers in sheltered housing schemes clearly aligns with KCC's strategic direction and necessary efficiency savings needs. For a number of reasons, including duplication of service, through the same provision being offered elsewhere, and lack of assessed need, the service approach currently offered is outdated, and therefore no longer offers best value. Also, many of these services will be included in a 'core offer' for older people, which is currently in development.

6. Alternative services

Due to the changing demographic within sheltered housing, some residents require no support, so these proposed changes will not affect those individuals. For residents who have identified support needs, any risk related to these proposals can be readily mitigated with alternative means of help. Dependant on the specifics of the assessed need, alternative provisions, which are more person-centred, can be utilised, that are already available within the community.

Where a tenant has additional needs that require enhanced housing management, which cannot be defined as personal care or general social care, then the landlord or an agent on its behalf can provide and fund the enhanced support using Intensive Housing Management of Housing Benefit, unless the tenant is self-funding, in which case the Housing related support service does not apply. Those older individuals who are believed to require extra care should be offered a Care Needs assessment, if it is thought they may have a need that meets social care eligibility criteria.

Home Care services seek to support people and thereby avoid, prevent or delay entry into social care and or health services, as outlined in the Care Act 2014. The support offered includes social opportunities, befriending, voluntary transport schemes, falls prevention, bathing, meal delivery services, care navigation, information and advice, and advocacy. This level of care goes far beyond what is provided through the housing related support contract, and can be accessed by anyone deemed eligible following a care needs assessment.

KCC is responsible for providing community prevention and early intervention, as well as statutory services for mental health. Preventative services are universal and help prevent entry into formal social care and health systems, reduce suicide and prevent negative health outcomes associated with poor mental health. Earlier this year, KCC ended a range of differing contracts and grants to develop a new *Community Mental Health and Wellbeing Service*. This new service is outcome focussed and designed to reduce stigma, promote good mental health and wellbeing, preventing issues escalating and enabling people to find the right support at the right time. Throughout the commissioning process it was

acknowledged that ensuring a good range of housing options and services are developed, that support people to find housing and/or maintain their tenure, is critically important. As the new service embeds it will be looking for opportunities to work more closely with housing providers to create opportunities for a mixture of supported housing options that promote independence and reduce reliance on care home placements.

Your Life, Your Home is a key Adult Social Care transformation project, which aims to increase the options for independent living available to adults with learning disabilities and reduce the number of residential placements. In Kent, there are currently over 1200 adults with a learning disability living in residential care. Many people's support needs can be met in alternative settings, other than residential care, which will allow them to lead more independent lives. The project team are involved in ensuring sufficient alternative accommodation is made available for people that choose to move on from residential care, and that a range of community based services that continue to support their independence are in place. Community based services for adults with a learning disability are provided through both an internal provision and commissioned services.

The *Integrated Community Equipment Service* plays a crucial role in helping the most vulnerable people in Kent remain in their own home. Through the provision of equipment, people are enabled to carry out everyday activities, maximise their independence, or to be supported to be cared for at home. Equipment can reduce the likelihood of hospital admission and can assist in timely discharge from hospital. The service is available for citizens of Kent, of all ages, with health needs, physical and sensory impairments.

7. Demographics Profile

Kent has an ageing population with people generally living longer and remaining healthy, fit and active for longer than previous generations. This increasing trend is and will continue to place demands upon housing and care and the support services available.

The number of people aged over 55 is set to increase dramatically over the next twenty years - an estimated population increase of nearly 50% from 490,000 in 2008 to 720,000 by 2031. There has been a huge rise in the number of over 55's who are owner occupiers and this number is set to grow, with three out of four people aged over 55 being a homeowner by 2031. The majority of people aged over 55 in Kent are likely to be in generally good health, economically active and in some form of paid employment.

In line with the general population, the demographic of people using sheltered housing has changed; there are a greater proportion of people using sheltered housing who are of working age, many have no support needs and do not want or need the support on offer.

8. Deep Dives

A deep dive questionnaire was circulated in December 2016 to a select group of small, medium and large sheltered housing providers to gather more insight into the type and level of support provided at each site, in order to inform discussions around the current nature of their services. This questionnaire focused on the specifics of the service currently being provided as part of the HRS contract in sheltered accommodation and hard-wired alarms, compared to what is offered to all residents at the same schemes.

Face-to-face meetings then took place with those providers, where the current service practices and use were discussed, as well as what the future of their services would be. The narrative of these discussions differed by provider; some stated that regardless of the future

of funding, the current service would remain, others stated that client numbers had decreased, as they had plans to use the units for other means, while others stated that the current service would not remain without continued funding. Providers stated that they have been expecting funding levels for these services to be reviewed, and most likely decrease, for some time. All narratives involved an acknowledgement of there being a housing problem, not a care/support problem.

Following feedback and analysis of findings, the questionnaire is being revised to be circulated to all remaining providers, to gather further information about the current offer to people in sheltered accommodation, and a profile of who is receiving them.

The eligibility criteria for most sheltered housing means that any decisions made will have a disproportionate impact on older people, as they must be, in most instances, 55+ to be placed there. Older people are more likely to have limited mobility and disability due to frailty; therefore, those with a disability are more likely to be impacted by these proposals also. We also know that many older people in Kent have caring responsibilities, which could mean that more carers are affected also.

Although we information regarding those currently accommodated, based on the eligibility criteria. More information about these individuals is needed in order to fully realise the potential impact on other protected characteristics. Further information from all providers will be requested.

9. Engagement with Stakeholders

The public consultation, 'KCC Draft Budget proposals 2017/18', was open from 13 October 2016 until 27 November 2016. The high-level draft budget for 2017/18 proposes considerable budget savings for Adults and Older People's Services, which includes the savings associated with housing related support for sheltered housing and hard-wired community alarms.

Engagement with landlords, provider organisations and district/ borough councils will be ongoing until the end of March 2018. This engagement has been, and will be, in the form of formal and informal discussions, questionnaires, a workshop, face-to-face meetings and written communications.

10. Potential Impact

Overall, as the withdrawal of KCC's contribution will happen in tandem with the replacement of the devolved funding through the intensive housing management element of housing benefit, the potential impact for residents should be negligible.

For those affected, the impact will vary according to the circumstances of the individual. For those with an assessed need, the service can be replaced with a more person centred approach, in accordance with their assessed needs from statutory services, or other interventions and services available in the community.

In order to try to mitigate the impacts on these groups the following actions are proposed:

- Older People to be offered Care Needs assessment if it is thought they may have a need that meets social care eligibility criteria;
- For older people who do not meet the eligibility criteria for care or support service,

providers to signpost older people with low level support needs and disabilities to generic support services/networks in the community;

- People with enhanced housing related support needs to be supported using Intensive Housing Management services to intervene at times of crisis;
- Providers to identify where people have existing care packages and inform their care managers of changes to their former Supporting People services;
- Telecare service may replace some of the community alarm services that will be decommissioned for people who meet the eligibility criteria. Other people will be encouraged to seek alternative services, which will include self-funding their own alarm service.

There will be no impact on the level of service received by people living in Extra Care housing schemes.

It cannot be determined whether these proposals will have a disproportionate impact on people on the grounds of race, sexual orientation, gender reassignment, marital status or religion. This is due to data not being available and not having received any complaints comments or feedback from service users or providers about these characteristics. Collation of statistics regarding protected characteristics is now a requirement for all commissioned service.

Mitigation:

Where a tenant has additional needs that require enhanced housing management, which cannot be defined as personal care or general social care, then the landlord or an agent on its behalf can provide and fund the enhanced support using Intensive Housing Management of Housing Benefit, unless the tenant is self-funding, in which case the Housing Related Support service does not apply.

Enhanced housing management includes:

- Assistance to tenants to resolve or prevent housing debts that impinge on their ability to pay for their housing
- Assistance to claim and manage housing benefits
- Advice and assistance in relation to fulfilling tenancy conditions
- Advice and assistance to tenants on how to use equipment in their own home
- Advice and assistance to tenants in relation to their own personal safety and the safety and security of their accommodation
- Advice and assistance to tenants in relation to organising repairs or improvements to their home (property or contents)
- Mediation in tenants' neighbour disputes
- Issuing and enforcing occupancy agreements
- Collection of and accounting for rent
- Organising and repair of properties or their contents
- DIY services
- Monitoring the performance of any additional general social care and personal care services provided by a third party provider care services

The council is planning a provider briefing/workshop in June, where the focus will be on explaining what elements of the current HRS service are eligible for funding through enhanced housing benefit, and how organisations can assist those they accommodate, who are eligible, to apply for this enhanced benefit. This has been successfully achieved in other local authority areas.

Monitoring and Review

This Assessment will be reviewed monthly during the period of implementation.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Signed: Name: Mel Anthony

Date: 08/05/17 Job Title: Commissioning Manager

DMT Member

Signed: Name: Mark Lobban

Date: Job Title: Director of Commissioning

Please forward a final signed electronic copy to the Equality Team by emailing

diversityinfo@kent.gov.uk

The original signed hard copy and electronic copy should be kept with your team for audit purposes.

Equality Impact Assessment Action Plan

Protected Characteris	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Gender	There are older women than men in Kent and that could mean that more women are affected by the proposed change.	<ul style="list-style-type: none"> • KCC will work with providers to identify those who may be impacted • KCC will carry out needs assessment where required • KCC will host a workshop in Jan/ Feb to support providers during transition. 	<ul style="list-style-type: none"> • Clearer picture of the protected characteristics of those affected by the proposal. • Clearer pathway to alternative provision where required. • Smooth transition to new arrangements. • Impact of proposal minimised. • All those who have an assessed need will receive 	Mel Anthony	Jan – March 2018	
Age	Sheltered housing is for people who are 50 years and older (although there are a few under this age). Therefore the proposals will impact older people	<ul style="list-style-type: none"> • KCC will work with providers to identify those who may be impacted • KCC will carry out needs assessment where required • KCC will host a workshop in Jan/ Feb to support providers during transition. 	<ul style="list-style-type: none"> • Clearer picture of the protected characteristics of those affected by the proposal. • Clearer pathway to alternative provision where required. • Smooth transition to new arrangements. • Impact of proposal minimised. • All those who have an assessed need will receive 	Mel Anthony	Jan – March 2018	

Disability	<p>Older people are more likely to have limited mobility and disability due to frailty. Therefore this characteristic is more likely to be impacted by the proposals.</p>	<ul style="list-style-type: none"> • KCC will work with providers to identify those who may be impacted • KCC will carry out needs assessment where required • KCC will host a workshop in Jan/ Feb to support providers during transition. 	<ul style="list-style-type: none"> • Clearer picture of the protected characteristics of those affected by the proposal. • Clearer pathway to alternative provision where required. • Smooth transition to new arrangements. • Impact of proposal minimised. • All those who have an assessed need will receive 	Mel Anthony	Jan – March 2018	
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