

Equality Impact Assessment

Equality Impact Assessment (EqIA) makes services better for everyone. It supports value for money by getting council services right the first time. It helps us make good decisions and evidence how we have met our legal duties¹.

EqIAs need to be done whenever a service, project, policy, strategy, activity or proposal is being started, needs to change, or is being reviewed. If there is potential for an impact on people, then do an EqIA. We use EqIAs to review information, consider possible disproportionate or specific impacts on different people, and then plan actions to reduce or avoid negative impacts and create positive outcomes². Embed any actions you identify into the relevant action plan to get the best outcomes for the Council, people who access services and our staff³.

Our legal duties to identify equality impacts don't stop us taking decisions or introducing changes that are needed. They do require us to take decisions and make changes conscientiously, and to deliberately confront the anticipated impacts on people.

This template sets out how to complete an EqIA. Guidance for sections is in *italics* in each section and in the endnotes. If you have any questions about your EqIA and/or how to complete this form, please use the contact details at the end of this form.

Title of Project / Service / Policy	Crisis and Resilience Fund (CRF) 2026-2029
Team	Partnerships Team
Department	Adult Social Care and Health
Provide a comprehensive description of your project (or service/policy, etc.) including its purpose and scope	The Crisis and Resilience Fund (CRF) is a new Department for Work and Pensions programme for English local authorities running from 1 April 2026 to 31 March 2029. It provides a multi-year, ring-fenced fund for rapid, dignified crisis supports and activity that builds longer-term financial resilience. It replaces the Household Support Fund and incorporates CRF Housing Payments. East Sussex is expected to receive over £7.2 million in each of 2026/27 and 2027/28, excluding Housing Payments paid directly to district and borough councils in those years, with approximately £7.7 million in 2028/29 when Housing Payments are merged into the main fund. The East Sussex delivery framework was approved in March 2026, and the detailed Delivery Plan was approved in June 2026 and submitted to the DWP. The national outcomes are: (1) effective crisis support that prevents hardship escalating; (2) improved individual financial resilience through income maximisation, debt reduction, savings, income smoothing and budget maximisation; and (3) stronger local support networks, coordination and referral pathways. Delivery includes a crisis payments service, CRF Housing Payments, money and benefits advice, community food support, Holiday Activities and Food expansion, crisis support through Children's

	Services practitioners, support with heating oil costs and other preventative or resilience-building activity. The people affected are East Sussex residents on low incomes or experiencing financial shock, including families with children, older people, disabled people, carers, care-experienced people, residents in insecure housing, people with limited digital access, migrants and refugees, and residents in rural communities. Delivery is through ESCC, district and borough councils, commissioned providers, advice agencies, voluntary and community organisations, schools, food partnerships and other local partners. This EqlA covers the overall programme and overall expected impacts. Further equality assessment may be needed where detailed service designs or eligibility rules introduce material new impacts.
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1. Update on previous EqlAs and outcomes of previous actions (if applicable)

What actions did you plan last time? (List them from the previous EqlA)	What improved as a result? What outcomes have these actions achieved?	What <u>further</u> actions do you need to take? (add these to the Action Plan below)
No previous CRF EqlA exists. This assessment draws on the HSF7 EqlA, the Financial Inclusion Programme EqlA and its action plan.	Previous assessments identified positive impacts from targeted financial support and recurring barriers relating to digital exclusion, disability, language, stigma, transport, rurality and inconsistent equality monitoring. HSF delivery reached more than 44,000 households each year, but national and local reviews identified limited evidence about longer-term outcomes.	Apply learning to CRF service design: accessible and non-digital routes; translated and Easy Read information available on request; needs-based decisions; trusted referral partners; countywide reach; proportionate equality monitoring; and annual review of the EqlA and delivery plan.

2. Review of information, equality assessment and potential actions

Consider the actual or potential impact of your project (service or policy) against each of the equality characteristics.

Age - people of all ages are protected under the Equality Act. Consider: older adults, under 5s, transition-aged young people (16-24), working age adults etc.	
(Age) What do you know? Summary of recent data, census information, research and insight about people who access your services and/or staff	East Sussex has an older age profile: Census 2021 recorded 26.1% of residents aged 65+, compared with a median age of 48 locally and 40 nationally. According to Age UK , three out of ten people aged 65 to 74 and two-thirds of those aged 75 and over are not online. Income deprivation affects children and older people unevenly across the county. The Indices of Deprivation 2025 identifies 29 East Sussex neighbourhoods in England's most deprived 10%, with the greatest concentration in Hastings. 16,427 children were eligible for Free School Meals (24.8% of total cohort) in January 2026. HSF reached over 44,000 households annually. In 2025/26 HAF funded 35,563 sessions and recorded 29,928 attendances; 2,453 individual children attended at Easter, 3,992 in summer and 1,781 in winter.
(Age) What do people tell you? Summary of feedback from people who access your service and/or staff feedback	HAF evaluation and previous Financial Inclusion engagement indicate families value local, inclusive holiday provision, food and activities. Older residents, represented at East Sussex Seniors Association in May 2026, and advice partners have highlighted digital exclusion, stigma about debt and difficulty meeting one-off costs such as white goods – which resulted in feedback from ESSA that older people were not always aware of, or able to access, HSF provision. HSF partners reported sustained demand across families, working-age adults and pensioners.

(Age) What does this mean⁴? Impacts identified from data and feedback (actual and potential)	The CRF should have a positive impact across age groups. Families previously receiving holiday vouchers may experience a reduction in universal cash-equivalent holiday support as the local approach shifts toward HAF, crisis payments and resilience services. HAF reaches materially fewer individual children in each holiday than the approximate FSM-eligible population, so not all previously voucher-supported children will attend HAF. Older people may be underrepresented if access relies on online applications.
(Age) What can you do? All potential actions to remove or reduce barriers and increase equality.	Monitor CRF reach by age and household type. Maintain telephone, supported and face-to-face routes. Target communications through schools, Family Hubs, HAF providers, older people's organisations, advice partners, and more widely to underrepresented groups through targeted communication activity and the small grants programme. Monitor HAF reach against the eligible FSM population, where possible, including geographic and SEND participation, and keep the impact of the shift from vouchers under review.
Disability - A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Consider: sensory and mobility impairments; fluctuating, recurring or developmental conditions; learning difficulties; mental health; and people with cancer, multiple sclerosis or HIV. Neurodivergence and effects of menopause can also apply.	
(Disability) What do you know? Summary of data	Census 2021 recorded 83,640 East Sussex households (34.8%) with at least one person disabled under the Equality Act; 45,190 disabled residents said day-to-day activities were limited a lot. Disabled households commonly face extra energy, equipment, transport and care costs and are more likely to experience poverty. Research by The Joseph Rowntree Foundation (JRF) in 2020 found that nearly half of the 7 million people living in poverty in the UK is either disabled or lives with a disabled person. The report identified several drivers of poverty for disabled people in the UK: • disabled people face higher costs of living. • there is a sizeable difference in the highest level of qualification between those who are disabled and those who are not: 19% of disabled adults have a degree or above, compared with 35% of non-disabled adults.

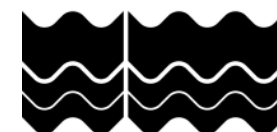
	- disability, ill-health and society's response to these conditions often prevent people from working. For example, disabled people tend to earn less than their non-disabled counterparts even if they have the same qualification levels. 44% of disabled residents were in some form of paid employment on census day, compared to 78.2% of non-disabled residents. HAF 2025/26 included 18 specialist SEND providers; provision also included places for children with SEND and other identified needs.
(Disability) What do people tell you? Summary of feedback	Mental Health Lived Experience Group requested simple application processes and the possibility of reasonable adjustments when applying; interventions designed to support people with neurodivergence and ADHD; financial impacts of mental health crises to be taken into consideration e.g. psychotic episodes; need to publicise support available more widely. The 2023 welfare benefits and debt advice review found accessibility barriers associated with physical and mental ill health, hearing loss, neurodivergence, and learning disability. Disability Rights Reference Group (DRRG) feedback highlighted digital poverty, transport costs, inaccessible telephone or video channels and the importance of trusted advice and reasonable adjustments.
(Disability) What does this mean? Impacts identified	Likely strong positive impact because disabled people may be disproportionately exposed to financial shocks. Risks include inaccessible information, complex evidence requirements, travel to services, digital-only routes and payment methods that do not account for impairment-related costs.
(Disability) What can you do? All potential actions	Require accessible service design and reasonable adjustments for commissioned services. Offer Easy Read, large print, BSL, telephone and supported routes. Avoid digital-only processes. Permit assistance by representatives. Monitor disability and access needs where possible, response times and outcomes. Engage DRRG/IAG and disability organisations during implementation.
Gender reassignment - In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected	
(Gender reassignment) What do you know? Summary of data	Census 2021 recorded 1,640 East Sussex residents aged 16+ (0.4%) whose gender identity differed from sex registered at birth. The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+)¹ Comprehensive Needs Assessment estimates that there may be 5,572 Trans and Gender Diverse (TGD) people (1% of the population) living in East Sussex. National and local needs assessments indicate some trans people face employment discrimination, housing insecurity, homelessness and poorer mental health, which may increase exposure to financial crisis. Stonewall research amongst health and social workers in 2015 found that Trans people were subject to discrimination, with negative remarks or offensive language being heard by 20% of patient-facing staff from their colleagues – increasing reluctance to engage with services.
(Gender reassignment) What do people tell you?	There is limited CRF-specific engagement evidence. Previous LGBTQ+ needs assessment and Financial Inclusion work identified concern about discrimination, lack of trust and preference for safe, inclusive or specialist support.

Summary of feedback	
(Gender reassignment) What does this mean? Impacts identified	No inherent adverse impact is intended, but disclosure requirements, gendered assumptions, mismatched identity documents or fear of discrimination could deter access. Trans young people may face particular housing and family-support risks.
(Gender reassignment) What can you do? • All potential actions	Use inclusive language and privacy-respecting processes. Ensure providers use respectful practice, including when requesting sex or gender identity information. Provide routes through trusted LGBTQ+ organisations and monitor complaints or access barriers.
Pregnancy and maternity - Protection is during pregnancy and any statutory maternity leave.	
(Pregnancy & maternity) What do you know? Summary of data	Pregnancy and a new baby can increase essential expenditure while reducing household income. East Sussex has around 5,000 births per year. Hastings has the highest overall birth rate as well as for women aged 15-19 years. Lewes and then Rother have the highest birth rates for women aged 35-44 years. Young parents, lone parents, families with several children and households affected by maternity-related income reduction may be more exposed to financial shocks.
(Pregnancy & maternity) What do people tell you? Summary of feedback	Previous financial inclusion work identified the cost of essential baby items and financial vulnerability at major life transitions. Children's Services, Family Hubs, health visitors and maternity services are important referral points.
(Pregnancy & maternity) What does this mean? Impacts identified	Likely positive impact through crisis payments, advice and income maximisation. Risks arise if urgent needs are not recognised, applications are complex or evidence requirements delay assistance.
(Pregnancy & maternity) What can you do? All potential actions	Include maternity and baby essentials within needs-based assessment where eligible. Promote referral pathways through Family Hubs, midwifery and health visiting. Ensure awareness of Children's Services crisis payment scheme among relevant practitioners.
Race (ethnicity) - This includes ethnic or national origins, colour or nationality, and includes refugees and migrants⁵, and Gypsies and Travellers.	
(Race / ethnicity) What do you know? Summary of data	Census 2021 recorded 93.9% of East Sussex residents in the broad White category, with increasing diversity since previous Census. 3.7% of residents aged 3+ had a main language other than English. Of residents whose main language was not English, about 2,400 could not speak English well and 430 could not speak English at all. This is significantly lower than the rest of the country, with 5.0% of households in England as a whole, and 3.8% across the South East region consisting entirely of non-native English speakers. The most common main languages, other than English were: Polish (0.4%, 2,380), Romanian (0.4%, 2,020), Portuguese (0.3%, 1,390), and Spanish (0.2%, 1,090).

	A higher percentage of the population in East Sussex identified as Gypsy or Irish Traveller than the national average (0.2% compared to 0.1%). The GRT community face life expectancies between ten and 25 years shorter than the general population, as well as significantly higher prevalence of long-term illness, health problems or disabilities, which limit daily activities or work and increase the risk of financial exclusion. Migrants, refugees, Gypsy, Roma and Traveller communities and households with no recourse to public funds may face language, documentation, insecure work and benefit-access barriers. Applicants with no recourse to public funds are not able to routinely access crisis payments – although exceptions apply.
(Race / ethnicity) What do people tell you? Summary of feedback	The 2023 Seldom Heard work identified distrust of authorities, racism, language barriers and the need to reach communities through trusted organisations. Previous Financial Inclusion engagement highlighted barriers for refugees, asylum seekers and Gypsy and Traveller communities, including digital exclusion, stigma and culturally inappropriate food support.
(Race / ethnicity) What does this mean? Impacts identified	CRF can reduce inequality if eligibility and communications are inclusive. Potential negative impacts include lower awareness, digital and language barriers, difficulty providing ID or bank details, fear about immigration consequences and culturally unsuitable support. National guidance requires accessible promotion and needs-based support.
(Race / ethnicity) What can you do? All potential actions	Offer translated information and interpretation. Use plain English and trusted migrant, refugee, faith and Gypsy/Traveller networks. Develop process for clients with No Recourse to Public Funds to receive further assessment as to whether crisis payments or other interventions can still be made in order to ensure that ESCC complies with statutory duties. Make eligibility and data-use statements clear. Offer alternatives where bank accounts, digital identity or fixed addresses are barriers. Monitor ethnicity and language where proportionate.
Religion or belief - Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.	
(Religion /& Belief) What do you know? Summary of data	Census 2021 recorded 44.7% of East Sussex residents reporting no religion, with Christian and a range of other faith communities across the county. Faith organisations are important food and community-support partners. Dietary, clothing and religious observance needs may affect what support is suitable.
(Religion /& Belief) What do people tell you? Summary of feedback	Previous work found faith organisations provide trusted local access to food and advice. Some communities may experience stigma discussing debt or require culturally appropriate food and non-interest-bearing financial options.
(Religion /& Belief) What does this mean? Impacts identified	No adverse impact is expected. Standardised goods or food support could be unsuitable if dietary or religious needs are not considered. Faith-based delivery must remain inclusive and not require participation in religious activity.
(Religion /& Belief) What can you do?	Ensure commissioned support is inclusive of all religions and none. Offer choice, cash-first payments where appropriate and culturally suitable food. Ensure faith-based providers support residents without proselytising or discrimination.

All potential actions	
Sex - Women and men are protected under the Act.	
(Sex) What do you know? Summary of data	Census 2021 recorded approximately 283,700 female and 262,147 male residents. Women are more likely to be lone parents and unpaid carers and are overrepresented in some lower-paid roles. Financial abuse particularly affects survivors of domestic abuse. Men may be less likely to seek help and are overrepresented among some groups experiencing rough sleeping or offending-related exclusion.
(Sex) What do people tell you? Summary of feedback	Previous Financial Inclusion work identified single mothers, survivors of domestic abuse and women in some ethnic minority communities as facing particular barriers. Services also report stigma and lower help-seeking among some men.
(Sex) What does this mean? Impacts identified	Overall positive impact. A neutral application process may still have differential impacts because caring, safety, housing and income circumstances differ. Joint household payments may be unsafe where there is economic abuse.
(Sex) What can you do? All potential actions	Offer confidential individual access and safe payment arrangements. Ensure providers train staff to recognise economic abuse and safeguarding. Promote through domestic abuse services, organisations for solo parents, housing, men's health and family services. Monitor sex and household composition where proportionate.
Sexual orientation - The Act protects bisexual, gay, heterosexual and lesbian people.	
(Sexual orientation) What do you know? Summary of data	The 2021 East Sussex LGBTQI+ Comprehensive Needs Assessment estimates that there may be between 17,273 and 39,004 LGB+ people living in East Sussex (between 3.1% and 7% of the population). Census 2021 recorded 3.3% of East Sussex residents aged 16+ identifying as lesbian, gay, bisexual or another minority sexual orientation. In adults, the GP patient survey found that mental health condition prevalence was significantly higher in LGB+ people (41%), compared to heterosexual people (11%), especially in bisexual people (56%). The National Institute of Economic and Social Research found that heteronormative assumptions as well as experiences and/or fears of discrimination prevent LGB&T people from accessing mainstream services. For this reason, LGB&T people have a preference for and are more engaged with specialist LGB&T organisations. The local LGBTQ+ needs assessment identified higher risks of poor mental health, housing insecurity and homelessness for some LGBTQ+ groups, particularly younger and trans residents.
(Sexual orientation) What do people tell you? Summary of feedback	Local evidence identifies fear of discrimination and preference for specialist or visibly inclusive services. Some LGBTQ+ people have limited family support or rely on chosen family networks.

(Sexual orientation) What does this mean? Impacts identified	No inherent adverse impact is expected, but assumptions about partners or families and fear of disclosure may deter access. Housing crisis and family rejection may create urgent needs.
(Sexual orientation) What can you do? All potential actions	Use inclusive forms and language. Ensure providers use respectful practice, including when requesting sex or gender identity information. Provide routes through trusted LGBTQ+ organisations and monitor complaints or access barriers.
Marriage and civil partnership - Only in relation to due regard to the need to eliminate discrimination.	
(Marriage & civil partnership) What do you know? Summary of data	Census 2021 recorded 211,810 married East Sussex residents, including 2,000 in same-sex marriages, and 1,270 residents in same-sex civil partnerships. Relationship status is not itself a measure of need. Single-adult and lone-parent households may have less scope to share fixed costs.
(Marriage & civil partnership) What do people tell you? Summary of feedback	Previous engagement noted that one-person households and lone parents can face high fixed housing and energy costs relative to income.
(Marriage & civil partnership) What does this mean? Impacts identified	No differential treatment should arise from marriage or civil partnership. Household-based assessment could inadvertently disadvantage people whose finances are separate or inaccessible, including where relationships have broken down or abuse is present.
(Marriage & civil partnership) What can you do? All potential actions	Base decisions on actual resources and needs rather than assumptions about partner support. Provide confidential access and recognise separation, economic abuse and inaccessible joint funds.
Armed Forces - protected by the Armed Forces Act 2021 which aims to help prevent service personnel, veterans and their families being disadvantaged when accessing public services. The duty applies to specifically housing, education or healthcare functions, but check whether any impacts may apply in your case.	
(Armed forces) What do you know?	East Sussex has a comparatively high veteran population, partly reflecting its older age structure. In 2021, 21,173 people in East Sussex reported that they had previously served in the UK armed forces (4.6% of usual residents aged 16 years and over). There were 19,917 households (8.3% of all households) in East Sussex with at least one person who had served in the UK armed forces.

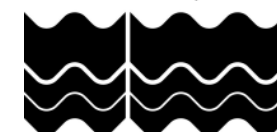


Summary of data	The district with the highest proportion of veterans was Rother (5.3% of the population aged 16 years and over, 4,226). Hastings registered the smallest proportion of veterans. Veterans, reservists and families may face transition, housing, health or employment issues. The Armed Forces duty directly applies to specified housing, education and healthcare functions; CRF delivery should nevertheless avoid service-related disadvantage.
(Armed forces) What do people tell you? Summary of feedback	No CRF-specific feedback is currently available. Armed Forces and veterans' organisations can provide referral and engagement routes.
(Armed forces) What does this mean? Impacts identified	Likely neutral or positive impact. There is a risk that mobile histories, lack of local connection or unfamiliarity with civilian benefits could impede access.
(Armed forces) What can you do? All potential actions	Ensure eligibility rules do not disadvantage service mobility. Include veterans' organisations in referral networks and signpost to specialist benefits and housing advice.
Impacts on community cohesion - Consider impacts on how groups see one another or how the council's resources are seen to be allocated. Include opportunities to positively impact on good relations between groups.	
(Community cohesion) What do you know? Summary of data	Financial hardship is geographically and socially uneven. Indices of Deprivation 2025 identifies 29 East Sussex neighbourhoods in the most deprived national decile; 18 are in Hastings, 8 in Eastbourne and 1 in Rother. Hastings ranks third most deprived among 296 English districts. Transparent, needs-based allocation is important where public resources are perceived as scarce.
(Community cohesion) What do people tell you? Summary of feedback	VCSE and food partners emphasise fair, consistent support and locally trusted access. Stigma can be reduced when support is framed around resilience and entitlement rather than dependency.
(Community cohesion) What does this mean? Impacts identified	Positive impact is expected through stronger local networks and prevention. Risks include perceptions that particular groups or areas receive preferential treatment, and stigma attached to crisis support or food aid.
(Community cohesion) What can you do? All potential actions	Publish clear principles and eligibility information. Use countywide needs data and local delivery. Communicate the distinction between crisis support and broader resilience. Monitor geographic reach and involve communities in service reviews, where possible.

Additional categories

(identified locally as potentially causing or worsening people's experience of inequality)

Rurality - issues can include isolation, access to services (e.g.: GPs, pharmacies, libraries, schools), low income / part-time work, infrequent public transport, higher transport and fuel costs and lack of affordable housing. Deprivation can be more dispersed and less visible.	
(Rurality) What do you know? Summary of data	About 26.3% of East Sussex residents live in rural areas. Rural deprivation is dispersed and may be hidden by area averages. Residents can face limited public transport, higher travel costs, poorer digital connectivity and off-gas-grid heating costs. The 2025 deprivation framework separately identifies barriers to housing and services. CRF has included support for households affected by heating-oil costs.
(Rurality) What do people tell you? Summary of feedback	The welfare benefits and debt advice review reported difficulty travelling to Jobcentres, advice and work; limited and costly transport; and high minimum delivery costs for heating oil. Smaller communities can intensify stigma.
(Rurality) What does this mean? Impacts identified	A countywide CRF is positive, but centralised or digital-only models may under-serve rural residents. Cash-first payments provide flexibility, but access to cash-out or affordable retailers must be considered.
(Rurality) What can you do? All potential actions	Monitor awards and referrals by district and, where possible, rurality. Maintain telephone and outreach routes, remote advice with alternatives for digitally excluded people and flexible payment methods. Work with parish, community, library and VCSE networks.
Carers - A carer is anyone, of any age, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.	
(Carers) What do you know? Summary of data	Census 2021 estimated 61,050 East Sussex residents aged 5+ (11.7%) provided unpaid care; 4.9% provided 20 hours or more weekly. In 2020, DWP figures show that over 10,000 people in East Sussex claimed Carers' Allowance. Caring can restrict employment and add transport, heating and household costs. Young carers may also experience educational and social disadvantage.
(Carers) What do people tell you? Summary of feedback	Previous engagement found parent carers and other carers can struggle to attend appointments or navigate multiple services. Carers organisations identify financial pressure and difficulty accessing help alongside caring responsibilities.
(Carers) What does this mean?	Likely positive impact. Risks include carers being overlooked because support is assessed only by the cared-for person's status or because application processes are inflexible.



Impacts identified	
(Carers) What can you do? All potential actions	Include caring responsibilities in needs assessment. Promote through Care for the Carers, Amaze, social care, schools and health partners. Offer flexible contact and supported applications.
People with care experience: the term ‘care experienced’ refers to anyone who has been, or is currently, in care or from a looked after background at any stage in their life, no matter how short. Consider financial impacts for things like travel or access to projects; maintaining continuity of care and support (including mental and physical health and wellbeing, community and social connections), and access to opportunities.	
(Care experience) What do you know? Summary of data	Care-experienced young people may enter adulthood without family financial support, savings, guarantors or household goods. They can face higher risks of debt, insecure housing, homelessness and digital exclusion. CRF crisis payments and resilience support may be particularly relevant during transition to independence.
(Care experience) What do people tell you? Summary of feedback	Children's Services and leaving-care practitioners identify practical needs including food, utilities, furniture, travel and emergency housing costs. CRF permits professional referral routes through Children's Services.
(Care experience) What does this mean? Impacts identified	Potentially strong positive impact if there is proactive referral and rapid response. General public application routes alone may lead to under-use.
(Care experience) What can you do? All potential actions	Create a clear referral pathway for leaving care and children's practitioners to access the crisis payment scheme delivered via CSD. Align with local offer and statutory entitlements, avoiding substitution for existing duties. Monitor awards and outcomes for care-experienced people.

Other people that may be differently affected and/or whose views are seldom heard - this will vary by service, but includes people who: • are homeless or in insecure housing, • in prison, • with low levels of literacy, • are digitally excluded, • experiencing severe loneliness (a feeling of lack or loss of companionship) • experiencing or in recovery from drug and alcohol addiction (and their families), • have or are experiencing domestic or sexual abuse	
(Other impacts) What do you know? Summary of data	Groups at increased risk include people who are homeless or in insecure housing; survivors of domestic abuse; people with low literacy or no digital access; people experiencing mental ill health, addiction (East Sussex is home to an estimated 2,300 people who use opiates and/or crack) or severe loneliness; people leaving prison; households with no fixed address or bank account; and people in acute fuel, food or housing crisis. HSF reached more than 44,000 households annually, demonstrating the scale of need.
(Other impacts) What do people tell you? Summary of feedback	ESCC Citizen's Panel (April 2026) identified lack of awareness of support available as a key barrier – panel members reported not having heard of previous HSF offer – as well as complex forms, some staff reported as judgemental, unclear eligibility criteria and lack of awareness of support available among front line professionals as additional barriers. Seldom Heard work and provider feedback emphasise stigma, distrust, repeated signposting, complex forms and the need for services to come to people. Advice reviews identified barriers caused by health, literacy, phone and internet costs, travel and fragmented referral systems.
(Other impacts) What does this mean? Impacts identified	CRF's cash-first, needs-based and person-centred model should be positive. Exclusion risks arise from rigid evidence, bank-account requirements, online-only applications, repeat-application restrictions and failure to coordinate housing, safeguarding and advice support.
(Other impacts) What can you do? All potential actions	Adopt no-wrong-door referral pathways, supported applications and alternatives for people without bank accounts, ID or fixed addresses. Include safeguarding and economic-abuse protocols. Refer applicants to advice and resilience support without making that a condition of urgent crisis help. Monitor repeat crisis need and outcomes.
Staff impacts: if your proposal affects staff, have you consulted with the Staff Networks? (contact details are on the equality pages of the intranet: search for 'staff networks')	
Staff impacts are expected to be limited but implementation affects staff administering grants, assessments, referrals, commissioned services and monitoring. Staff and provider training should cover equality duties, accessible communication, trauma-informed and needs-based decision-making, safeguarding, economic abuse, data protection and consistent recording. Staff Networks and unions should be engaged if material workforce changes arise.	

Assessment of overall impacts, summary of actions and any further recommendations

Overall, the CRF is expected to deliver a substantially positive equality impact because low income and financial shocks are not evenly distributed. Disabled people, carers, lone parents, some ethnic minority and migrant households, care-experienced people, residents in deprived neighbourhoods and people facing housing insecurity can be disproportionately affected.

The strongest local evidence of scale includes: more than 44,000 households reached annually by HSF; 16,427 FSM-eligible children reported in January 2026; 29 East Sussex neighbourhoods in the most deprived national decile in the 2025 Indices of Deprivation; and 29,928 HAF attendances across 2025/26. HAF reached 2,435 individual children at Easter, 3,992 in summer and 1,781 in winter, compared with the much larger FSM-eligible cohort. HAF provides valuable food, activity and wellbeing benefits but is not a like-for-like replacement for holiday vouchers received by all eligible children. The possible differential effect on families unable or unwilling to attend HAF should therefore be monitored alongside access to crisis payments and other family support.

The main risks are inaccessible or overly complex processes, digital and language exclusion, uneven geographic reach, stigma, rigid evidence requirements and gaps in equality data. Mitigation includes accessible multi-channel access, cash-first and needs-based support, trusted referrals, translated and Easy Read communication, proportionate monitoring, geographic analysis, provider equality requirements and annual EqIA review.

CRF is a limited, cash-limited fund and cannot remove structural poverty or guarantee support to every low-income household. Decisions must therefore remain transparent, evidence-led and consistent, while allowing reasonable flexibility for individual need. No unlawful discrimination has been identified at this stage. Residual risk remains that demand will exceed resources and that some groups will be underrepresented without active outreach and monitoring.

3. List detailed data and/or community feedback that informed your EqlA.

Source and type of data (e.g. research, or direct engagement (interviews), responses to questionnaires, etc.)	Date	Gaps in data (were there any people you didn't hear from? Does research include information on all characteristics?)	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)
DWP, Crisis and Resilience Fund guidance for local authorities in England, 1 April 2026 to 31 March 2029	Updated 7 April 2026	National guidance does not provide East Sussex equality outcomes	Apply local monitoring and annual review
ESCC Lead Member reports and decisions: CRF East Sussex Delivery Plan Framework and detailed Delivery Plan	Feb-June 2026	Some detailed service monitoring not yet available at implementation stage	Collect quarterly delivery, equality and outcome data
East Sussex in Figures, Indices of Deprivation 2025 briefing	Dec 2025	Area-based measure; does not identify every low-income household and should not be compared directly with IMD 2019	Use alongside benefits, service and household-level monitoring
ESCC HAF Annual Report 2025 to 2026	2026	Counts are by holiday period, so an annual unique-child total cannot be derived by adding periods	Monitor unique participation, eligible population, geography and protected characteristics
ESCC Household Support Fund 7 EqlA and Financial Inclusion Programme EqlA	2023-2025	Some evidence predates CRF and monitoring completeness varied by delivery partner	Refresh evidence through CRF engagement and provider returns
Census 2021 equality, disability, language, carers and demographic data for East Sussex	2021	Population characteristics do not directly measure CRF need or take-up	Compare with service monitoring cautiously and in aggregate
East Sussex welfare benefits and debt advice review; Seldom Heard engagement	2023	Engagement was not designed specifically for CRF	Use established groups for implementation review and targeted engagement
Partnerships Team attendance at East Sussex Seniors' Association, Citizens' Panel, Inclusion Advisory Group, Disability Rights Reference Group; Mental Health Lived Experience Group; Pinch Points	2026	Engagement specifically designed for CRF; feedback welcomed from all those represented; equalities data not collected from individual attendees	Robust collection of equalities data, continual monitoring of impact and identification of gaps as service delivery progresses

Source and type of data (e.g. research, or direct engagement (interviews), responses to questionnaires, etc.)	Date	Gaps in data (were there any people you didn't hear from? Does research include information on all characteristics?)	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)
Children eligible for Free School Meals – updated data provided by CSD	2026	Data specific to CSD	Ongoing monitoring of impacts across this cohort

4. Prioritised Action Plan

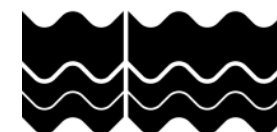
NB: The Council's duties are ongoing: actions must be completed and further equality assessment made if needed.

Review the actions identified above and prioritise by considering actions that will have benefits for multiple characteristics, actions that remove the biggest barriers or have greatest impact, and actions that are possible within current resources.

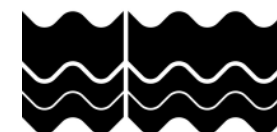
Transfer these actions to service or business plans and monitor to ensure they achieve the outcomes identified.

Your departmental equality lead will follow up at an agreed time to ensure actions are being implemented.

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
<i>To jump back to potential actions identified above, click on the relevant hyperlink: Actions from previous EqIA, Age, Disability, Gender Reassignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race, Religion & Belief, Sex, Sexual Orientation, Armed Forces, Community Cohesion, Rurality, Carers, Care Experience, Other Impacts, Staff Impacts</i>				
All groups: access barriers	Require clear, accessible and early communications (including signposting to Financial Inclusion Cost of Living webpage, hard copy leaflet, CRF website and CRF flyer), include non-digital routes and reasonable adjustments for crisis payment applications	Residents can understand and access support.	Accessibility checks; channel usage; complaints; abandoned applications.	Crisis Payment Service (CPS): From mobilisation; quarterly review Other services: as required
All groups: joined up referral pathways and live provider capacity monitoring	Create no-wrong door referral pathways, and consider using an IT solution that allows partners to share client data in order to expedite referrals and better monitor outcomes	Clarity of journey through financial inclusion system for clients, who have clearer understanding of where they have been referred, why, expected timescales etc; live capacity data available to all referring organisations; ability for CPS and advice partners to monitor client journeys through system to ensure that clients do not 'fall through gaps'	Monitoring client follow-up and outcomes, stronger relationships between advice partners reducing need for repeat crisis applications	Initial conversations underway with advice partners; implementation from Yr 2, implementation is subject to feasibility, partner engagement and costs.
Age and families: transition from holiday vouchers	Monitor the effect of moving from broad FSM holiday vouchers toward HAF, targeted crisis payments and resilience support. Compare HAF reach with the	Children most at risk continue to access food, activities or crisis support.	HAF participation and attendance; crisis awards to families; unmet demand and feedback.	After each holiday period initially and annual review



Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
	eligible FSM cohort, where possible, and analyse geography, age and SEND.			
Disability and neurodivergence	Offer Easy Read, large print, BSL/interpreting, supported applications and flexible contact methods.	Disabled residents are not disadvantaged by service design.	Reasonable adjustments delivered; disability profile of users; complaints and outcomes.	All services: Ongoing
Migrants/ refugees/ asylum seekers with No Recourse to Public Funds (NRPF)	Develop process or policy statement for clients with No Recourse to Public Funds to receive further assessment as to whether crisis payments or other interventions can still be made in order to ensure that ESCC complies with statutory duties.	Vulnerable residents are not disadvantaged by service design; ESCC compliance with statutory duties	Appropriate assessment of individuals' needs in relation to the Care Act, Children's Act and any other relevant legislation	Policy implemented from CPS launch; six monthly review
Sex	Promote services through domestic abuse services, organisations for solo parents, housing, men's health and family services	Neither men nor women are disadvantaged by service design.	CPS application and award monitoring, engagement with specialist services.	All services - ongoing
Rural residents	Monitor geographic reach and use outreach, telephone and flexible payment routes. Work with parish, community and library networks to promote services.	Rural and dispersed need is identified and supported.	Awards and referrals by district/rurality; travel and access feedback.	All services: Annual review
Care-experienced people	Create clear referral pathways through, Children's Services and leaving-care teams to CSD crisis payment scheme	Priority groups access crisis and resilience support promptly.	Referral numbers, completion and outcomes	CSD services: Six monthly - Annual review
Carers	Create clear referral pathways through carers services	Priority groups access crisis and resilience support promptly.	Referral numbers, completion and outcomes, engagement with specialist services.	Annually
People without digital access, bank account, ID or fixed address	Offer supported and alternative verification/payment routes consistent with fraud controls.	Fewer people excluded by administrative requirements.	Number using alternative routes; declined applications by reason; complaints.	Crisis Payment Service (CPS): From service launch Other services: as required



Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
Equality monitoring and governance	Specify a proportionate common monitoring dataset for all CRF services; analyse intersectional and geographic patterns, where possible; protect privacy and allow prefer-not-to-say.	Evidence supports improvement and due regard.	Completeness and quality of returns; annual EqlA update; corrective actions completed.	Six-monthly reporting; Annual EqlA review
Provider capability	Include Equality Act, accessibility, safeguarding, economic abuse awareness, trauma-informed practice and data requirements in contracts/grants and training.	Consistent and lawful delivery across partners.	Contract or grant monitoring; training completion; audit findings.	Mobilisation and annually
Community cohesion and transparency	Publish principles, eligibility and routes to support; explain the balance between crisis and resilience spending.	Reduced stigma and clearer public understanding.	Feedback, complaints, partner intelligence and communications reach. Resident feedback.	Ongoing and updated at least six-monthly as services mobilise.

EqlA sign-off: (for the EqlA to be final the following people must review and agree it)

Staff member completing Equality Impact Assessment:

Date:

Equality lead:

Date:

Directorate Management Team rep or Head of Service:

Date:

Guidance endnotes

¹ Our duties in the Equality Act 2010

Under the Equality Act 2010 we have a legal duty to demonstrate that we have identified and considered the actual and potential impact of our activities on people who share any of the legally ‘protected characteristics’: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership. This applies to policies, services (including commissioned services), and our employees. This template provides evidence of this consideration.

In the Act we must give ‘due regard’ (pay conscious attention) to the need to:

- **avoid, reduce, minimise or eliminate any negative impact** (if you identify unlawful discrimination, you must stop the action and take advice immediately).
- **promote equality of opportunity** by removing or minimising disadvantages; taking extra steps to meet people’s needs; encouraging participation; and treating disabled people differently, including more favourably where necessary.
- **foster good relations** by tackling prejudice and promoting understanding.

² **EqlAs are always proportionate.** The greater the potential adverse impact on a protected group (e.g. disabled people), the more thorough our process must be. Consider:

- The nature of the service, or scope of the policy/strategy
- The resources involved
- The number of people affected
- The size of the likely impact
- The vulnerability of the people affected

³ The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** all Council employees must be aware of our legal duties and comply with them appropriately in our daily work.
- **Timeliness:** assessment must be completed and considered at the time a decision is taken - not afterwards.
- **Real Consideration:** the duty must be an integral, rigorous part of your decision-making process and influence the process.
- **Sufficient Information:** you must assess what information you have and what more is needed to give proper consideration.
- **No delegation:** the Council is responsible for ensuring that any contracted services, which are provided on its behalf, can and do comply with these legal duties.

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- **Review:** this continuing duty applies when you develop/agree a policy or service and when it is implemented and reviewed.
 - **Proper Record Keeping:** you must keep records of the process, the impacts and the actions that you will implement.

⁴ Your EqIA must get to grips fully and properly with actual and potential impacts. Our legal duties to identify equality impacts don't stop us taking decisions or introducing changes that are needed. They do require us to take decisions and make changes conscientiously and deliberately confront the anticipated impacts on people.

⁵ **Refugees and migrants** mean people whose intention is to stay in the UK for at least one year (excluding visitors, short term students or tourists). This definition includes asylum seekers; voluntary and involuntary migrants; people who are undocumented; and the children of migrants, even if they were born in the UK.