

Equality Impact and Outcome Assessment (EIA) Template - 2018

EIAs make services better for everyone and support value for money by getting services right first time.

EIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then action plan to get the best outcomes for staff and service-users¹. They analyse how all our work as a council might impact differently on different groups². They help us make good decisions and evidence how we have reached these decisions³.

See end notes for full guidance. Either hover the mouse over the end note link (eg: Age¹³) or use the hyperlinks ('Ctrl' key and left click).

For further support or advice please contact:

- **BHCC: Communities, Equality and Third Sector Team on ext 2301**
- **CCG: Engagement and Equalities team (Jane Lodge/Meg Lewis)**

1. Equality Impact and Outcomes Assessment (EIA) Template

First, consider whether you need to complete an EIA, or if there is another way to evidence assessment of impacts, or that an EIA is not needed⁴.

Title of EIA⁵	Third Sector Investment Programme	ID No.⁶	NCH33
Team/Department⁷	Communities, Equalities and Third Sector		
Focus of EIA⁸	Re-commissioning of the Third Sector Commission for 2020-23. The Commission uses BHCC and CCG funding to deliver a range of Outcomes.		

2. Update on previous EIA and outcomes of previous actions⁹

What actions did you plan last time? (List them from the previous EIA)	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)
<p>Community Cohesion To ensure through the commission that members of all communities have equality of access to services and are free from discrimination the community development and engagement work will need to undertake community based activities to raise awareness, challenge discrimination and promote equality.</p> <p>Through the Communities and Third Sector Prospectus the Third Sector will work to ensure that people from minority ethnic communities and new emerging communities who are part of groups and organisations or in communities will feel that they are part of the wider community in which they live.</p> <p>Infrastructure support for different community groups will encourage and enable better sharing and exchange of skills and good practice so that groups working with people with different protected characteristics increase their understanding of the challenges and opportunities of working with other people, and can signpost and provide co-ordinated support more effectively.</p>	<p>Investment in the TSIP 2017-20 for community development and community engagement has delivered a focus of work across the city on engaging and supporting a number of key groups and intending to reach out to all communities. Included in this has been funded work to engage with BME communities.</p> <p>Funding for infrastructure support through Community Works and the Resource Centre has enabled support to be provided to both the BME community and BME-led organisations.</p> <p>The inclusion within the CW partnership of the Faith Council, Friends Families and Travellers is another example of the ability to better share and understand the needs and cross overs between different communities</p>	<p>As part of the consultation with CVS organisations across the city, a specific question has been asked on community cohesion and how it can be enhanced across the city.</p> <p>We will use this information, alongside professional knowledge from council colleagues with expertise on community cohesion to inform next steps in this area.</p>
<p>Age (people of all ages) The Communities and Third Sector Policy and commissioning prospectus will complement the integrated commissioning processes for ASC & The CCG as well as the Commissioning Strategy:</p>	<p>£704,500 was invested through the current commission in services for adults, young people, children and families. In addition engagement funding was invested for both older people and children and young people, and all engagement funding was</p>	<p>The balance of funding within the current commission has been predominantly for adult services. Within the context of applying a rigorously equitable procurement process, we are going to ensure that organisations whose work is predominantly</p>

<p>Health & Wellbeing of Children, Young People & Families 2015 - 2020</p> <p>The CETS prospectus 2017-20 will look at the Children and Young people and Families as one strategic outcome and another at people with complex needs. The engagement work needs to address both young and older people in the approach.</p>	<p>aimed at a cross over of ages</p>	<p>with children, young people and families do know about the opportunities within the new commission and are encouraged to bid, including where necessary referring them to infrastructure support organisations to help with the quality of their bids.</p>
<p>Gender reassignment</p> <p>Actions include building awareness amongst trans groups and organisations, sign posting to relevant support agencies and identifying ‘trans champions’ in the city’s main Third Sector infrastructure and community development providers. The CETS Team will work with the CCG to commission a trans led Research and Engagement group as part of the CETS Commission</p> <p>Ensure communities address anti-social behaviour towards trans people and establish effective ways to do this.</p> <p>Ensure services are accessible and friendly. Link to the trans awareness-training programme that is recommended as part of the TNA to ensure that agencies providing advice are ‘trans aware’.</p> <p>Developing an understanding of trans aware across the sector and the council will need targeted support.</p> <p>Establish a clear map of where ‘weak points’ are to enable intelligent funding.</p>	<p>A Trans Needs Assessment Steering Group, including representatives of the statutory, community and voluntary sectors, was setup to oversee the work. The group agreed, in consultation with local trans groups, that the principal areas of focus would be health and wellbeing, healthcare, community safety and housing. The full report was published in 2015</p> <p>Link to.</p> <p>Specific funding was included within the 2017-2020 commission to fund a trans led community health engagement and trans awareness programme. This work has highlighted a number of recommendations for action.</p>	<p>The needs of the Trans community need to be identified clearly and distinctly within the new commission. This may be supported by reflecting on any areas still outstanding from the last commission in relation to trans led community health engagement and trans awareness programme. This could also be informed by any outstanding or follow on recommendations from the Trans Needs Assessment 2015.</p>
<p>Pregnancy and maternity</p> <p>Infrastructure and Community Development organisations should be aware of and encourage consideration of organisations to maternity rights when developing organisations, especially small groups and</p>		<p>There is an expectation that all CVS partners will work in line with the Equality Act and employment law and good practice.</p>

<p>organisations as they are developed.</p>		
<p>Ethnicity Support for Third Sector organisations in the city as the BME needs analysis work continues Check direction of policy and prospectus. How best to integrate findings of snap shot as well as deliver changes on community development, community engagement and capacity building Profiling and monitoring of customers accessing services. Include a more integrated approach to how networking and development of BME specific Third Sector Organizations are supported in the city in terms of infrastructure support as well as community engagement and development. Work with the Communities, Equality and Third Sector team and Economic Development Team to identify other areas of possible support e.g. social enterprise Raise awareness, skills and skills and knowledge of existing providers so that all minority groups receive appropriate services and support. This may include signposting and/or acknowledging that some groups prefer accessing help via 'trusted and safe' organisations Capacity building programme with front line services and agencies (both within the council and externally), for example through training. Strong equalities focus required in all work to ensure those groups most disadvantaged supported.</p>	<p>A number of organisations are funded to carry out community engagement work with BME communities. People using the services are monitored so that comprehensive data is available. None of the community engagement is done by BME led organisations. The infrastructure project includes the BME Consortium Liaison Group (BMECP, BMEYPP, Mosaic) Development of the Racial Harassment Forum, and Refugees and Migrants Forum have further strengthened the reach into BME communities</p>	<p>Given many changes in the sector, we are going to explore if the needs of BME communities are being met through current structures and TSIP. There are a number of ways in which we can support all CVS organisations to increase capacity and support a more intersectional approach to ensure the voices of BME communities across Brighton and Hove are being heard and needs met. This will be explored further in section 3 of this EIA.</p>

<p>Gypsies and Travellers Strong equalities focus required in all work to ensure those groups most disadvantaged supported. Work with Friends, Families and Travellers group to identify locally appropriate actions. As above: services need to be inclusive, friendly and accessible. Encourage applicants to assess need for good quality professional interpreters when needed As part of the development of the translated materials would be useful for Prospectus to work on Challenge instances of racism and discriminatory remarks</p>	<p>Friends Families and Travellers commissioned to carry out engagement with funding from the council and CCG. Have previously not been directly involved and have enabled good links to be built with the groups with specific focus for this community. Sussex Interpreting Services (SIS) funded through infrastructure project</p>	<p>CCG funding will not continue in the new commission, so agreement will have to be reached with both Friends Families and Travellers and the Community Development organisation, Trust for Developing Communities to work out best way to keep the needs of gypsies and travellers clearly identified.</p>
<p>Refugees and migrants See above in relation to BME Provide through the TSIP for migrants to improve their English language skills and become independent. Provide every opportunity for migrants to use their existing skills and qualifications. Community fund to provide opportunities for migrants and non-migrants to work and socialise together. Explore option for joint working between East and West Sussex and Brighton & Hove in particular relation to funding/enforcement and more intelligent allocation of funding. Actively integrate the International Migration needs assessment findings into the commissioning organisations where relevant</p>	<p>The International Migrants Needs Assessment has been published, outlining key information about the population and their needs Link to This report outlines a series of recommendations in regard to:</p> <ul style="list-style-type: none"> • Local migrant communities • Community attributes, networks and integration • Access to services • Housing and homelessness • Employment, skills and adult education • Health and wellbeing • Community safety and criminal justice • Children, young people and schools • Personal finance and financial inclusion • Immigration issues and legal advice 	<p>Specific reference to the needs of Refugees and Migrants should be considered within the new commission</p>

<p>Religion or belief Profiling and monitoring of beneficiaries accessing the services. Develop appropriate responses to the needs of 'excluded groups' e.g. faith based groups and organisations whilst acknowledging the Equality Act Sign posting to appropriate support agencies - this may include mapping faith organisations that provide services, e.g. Off the Fence, Muslim Women's Forum, Railli Hall Developing understanding by Third Sector organisations and groups of specific religions, faiths and beliefs and also to encourage interfaith activity and community cohesion Further develop and clarify relationships between faith groups/organisations and their social justice work and seek opportunities for faith-based and other CVS groups to work better together.) Explore issues in relation to Sharia and Quaker-compliant funding and banking locally</p>	<p>The LGBTQI+ PEOPLE OF FAITH: PREJUDICE & COMMUNITY COHESION IN BRIGHTON & HOVE report published in January 2019 has highlighted both the positive elements and the challenges in the relationships between the two communities</p>	<p>Continue to support the Faith organisations infrastructure services through the new commission. Ensure that the new commission both highlights and encourages the intersectional approach that worked well in the current commission as this both supports community cohesion, capacity building in CVS, and ensures the most disadvantaged people from multiple communities of identity have their voices heard and needs met.</p>
<p>Sex To ensure through the commission that members of all communities have equality of access to services and are free from discrimination the community development and engagement work will need to undertake community based activities to raise awareness, challenge discrimination and promote equality. The Community Engagement and Community Development Commission needs to take account of the changing economic situation. in terms of increasing need for Third Sector services and reducing</p>	<p>Funding through the Community banking partnership ensures that access to financial support and education is targeted at the most vulnerable in the community Taking Account 4 will provide data on gender of people volunteering. Funding through the commission has included projects aimed exclusively at women, services where women are the main beneficiaries</p>	

<p>capacity to contribute to Third Sector Services.</p> <p>The Infrastructure commission could explore why men aren't volunteering in the same numbers as women and look at approaches to encouraging volunteering by men.</p> <p>Organisations that are funded through the Third Sector Investment Programme need to make sure opportunities for people to get involved are as flexible and inclusive as possible.</p>		
<p>Disability</p> <p>Develop appropriate responses to the needs of disabled groups and organisations. Changes as a result of Welfare Reform and Personalisation will impact on disabled people and carers and their families and therefore there is a need for the Third Sector to support some of the work in relation to these changes. This will be introduced into the Commissioning Banking Partnership outcomes.</p> <p>For Third Sector organisations working in health and social care, personalisation will become increasingly important to the way in which their services will be delivered in the future.</p> <p>Physical access to community development, capacity building and engagement processes are key</p> <p>Develop appropriate responses to the needs of disabled groups and organisations.</p>	<p>Funding through the Community banking partnership ensures that access to financial support and education is targeted at the most vulnerable in the community, including disabled people, their families and carers.</p> <p>A number of projects are targeted at disabled groups, including learning disabilities, people with neurodiversity conditions, mental health, and are aimed at both children and young people, their families and adults.</p>	<p>Given the changing context of the welfare reform and impact on disabled people, it is key to explore how the needs of disabled people might be supported through the new TSIP commission, this will be explored further in section 3 of the EIA.</p>
<p>Sexual orientation</p> <p>There is a need to raise the awareness, skills and knowledge of existing providers so that all minority groups receive</p>	<p>Funding through the current commission includes a number of specific projects whose beneficiaries are from the LGBT communities, both younger people and</p>	<p>Consideration should be given to ensuring that further training is funded through the Infrastructure element of the commission to ensure that public and community</p>

<p>appropriate services and support. This may include signposting and/or acknowledging that some groups prefer accessing help via 'trusted and safe' organisations (for example people from LGBT communities may prefer to access support through an LGBT organisation). This should also include enhanced partnership working between agencies.</p> <p>Profiling and monitoring of beneficiaries' accessing the services</p> <p>Capacity building with LGBT organisations and sign posting where appropriate.</p> <p>Develop appropriate responses to the needs of 'chronically excluded groups' e.g. LGB and groups and organisations).</p> <p>In partnership with local public sector organisations and other local community groups, develop appropriate training to raise awareness of the diverse needs of different communities;</p> <p>Hold public services to account regarding LGBT equalities through raising awareness of the public sector equality duties and the ways services should demonstrate compliance;</p> <p>Continue to engage with those public services which are trying to improve services in line with their own equality-related aims.</p> <p>Furthermore, services should work to ensure that staff do not make heteronormative or cisnormative assumptions when dealing with service users. Local LGBT organisations should form a key resource in staff development to tackle normative assumptions.</p>	<p>adults. This includes both direct provision of support services, infrastructure support, capacity building and strengthening of links between organisations.</p> <p>Though not specific to sexual orientation, particular support has been targeted at the Trans community through funding for the Clare project and specific allocations of engagement funding for Trans people within funding for 'LGBT' work more broadly.</p>	<p>organisations have appropriate and relevant staff development programmes.</p>
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<p>Other relevant groups eg: Carers, people experiencing domestic violence, substance misusers, homeless people, looked after children etc</p>	<p>No specific actions were identified in the previous commission EIA, however funding for carers, people experiencing domestic violence, substance misusers has been part of current commission.</p>	
<p>Digital Exclusion The development of community development, engagement and infrastructure support requires face to face work and critically a skilling up of personnel both volunteers and paid staff to be able to develop on-line and IT solutions. Overall, there is insufficient evidence on whether digital exclusion is a critical issue in Brighton & Hove. However, it is clear that some people lack the skills and confidence to access internet based services. The governments welfare reform changes requires people to be digitally literate and therefore the need for the Third Sector to support their beneficiaries in this is vital. We have included digital outcomes as part of the commissioning outcomes.</p>	<p>Support for improving both access to and ability to use digital services has been supported by BHCC outside of the commission. This has been done through Digital Brighton and Hove, a partnership between Citizens Online and BHCC.</p>	<ul style="list-style-type: none"> • Consultation with the sector has identified the need to continue to support increased use of digital for service delivery whilst recognising that digital exclusion remains a significant barrier for many, and that some will never be digitally included through age of disability. The Age UK Brighton and Hove Communication – Challenges and Opportunities in the digital age reported that: Whilst the majority of participants (69%) use digital information, age is a factor as the older the person is, the less likely they are to be digitally engaged. • It was noted that even though some of the participants were online, it wasn't always their preferred method of communication. Assumptions shouldn't be made about how people like to communicate. • Some digital communication was welcomed and clearly made life easier for older people. For example 12 participants liked booking GP appointments online and 19 participants with long term health conditions preferred to communicate by email with their GP. • Less than half the participants would

		<p>look up symptoms or conditions online before seeing a healthcare professional. A minority would only look online and not consult a professional at all.</p> <ul style="list-style-type: none">• Digital exclusion is evident. Those older people who are not digitally engaged, and will never be so, identified with feelings of frustration and feeling excluded (28 participants) and used emotive language to express their concerns about the current situation and the future.• Older people who are currently digitally engaged may not wish to be or able to be so in the future. This is due to physical and cognitive constraints as well as the pace of technological change and will apply to future generations.• Although nearly 50% of respondents were satisfied with the standard of written and phone communication there were a number of suggestions for improvement on a wide range of issues.
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3. Review of information, equality analysis and potential actions

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Age ¹⁴	<p>City median age is 35, lower than SE region and England Lower proportion of children than across England, and lower proportion of 65+ The city's population is both increasing (8% increase by 2030) and older (33% increase in 60-74 range, 30% in 75+). Healthy life expectancy has fallen in the city, meaning that on average a larger proportion of life is now spent in poor health, increasingly with multiple long-term health conditions (women 25% in Brighton & Hove, 23% in England, whilst males in Brighton & Hove are at 22%, compared with England at 20% Brighton & Hove has the highest % of 15 year</p>	<p>As is the case generally with an increasingly ageing population, Brighton & Hove's residents will face a number of challenges as they grow older. Health challenges include conditions where Brighton & Hove's outcomes are not as good as those of England or its CIPFAc comparators. These include: depression and suicide, immunisation, falls, hip fractures, age related macular degeneration, cancer deaths, and NHS Health Checks. The newly commissioned Ageing Well service will work to address many of the issues above. Qualitative data taken from feedback at CVS consultation events identified the need for more services to have a greater family focus.</p>	<p>An older population will place additional stress on health and social care services. People are living longer in ill health. This, alongside rising retirement age, means increasing number so people of working age are living in ill-health.</p>	<p>The Third Sector Commissioning Prospectus 2020-23 will be closely aligned with the Brighton & Hove Health & Wellbeing Strategy 2019-2030. The Prospectus will change the current separation of ages and combine this to include people of all ages, allowing for greater flexibility, and a greater focus on cross generational family work. Community Engagement work needs to address both young and older people in the approach.</p> <p>The evaluation panels will be made up of different officers from across the council which will lead to a lower risk of duplication of council funds, ensuring that</p>

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	<p>olds who smoke, have tried cannabis and the 3rd highest drinking weekly in England (2015), and high Sexually Transmitted infection (STI) rates in young people. 544 per 100,000 10-24 year olds admitted to hospital for self-harm (2016/17) (407 England), 15% of 14-16 year olds say they often/sometimes have suicidal thoughts, 11% say they sometimes/often hurt of harm themselves (2016)</p> <p>Age profile</p>			<p>council funds are best targeted to those in need.</p>
Disability¹⁵	<p>22% of adults aged 20+ have two or more long term physical or mental health conditions, 8% have mental and physical conditions, with a strong link to deprivation (2017). 10% of adults are on GP practice depression registers.</p>	<p>Community members report that hate abuse is an ongoing issue impacting community members</p> <p>The Possability People GIG Young people and Social Isolation report highlighted as recommendations: Although originally only aimed at young disabled people aged up to 30 years old, we have found that</p>	<p>Disabled people are more likely to have poor outcomes than non-disabled people, in respect of education, employment, poverty, health and wellbeing, housing. 19% live in poverty compared to 14% of households</p>	<p>Develop appropriate responses to the needs of disabled groups and organisations.</p> <p>Changes as a result of Welfare Reform and Personalisation will impact on disabled people and carers and their families and</p>

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	<p>Deaf and hard of hearing LGBTQ report on access to health 2018 sets out a series of recommendations for the council and CCG</p> <p>Section 8 of Equalities report Learning Disabilities JSNA Adults with physical disabilities JSNA Adults with sensory impairments JSNA Adults with autistic spectrum JSNA</p> <p>There is no community forum dedicated specifically to work on disability hate crime (ie no equivalent of the Racial Harassment Forum or LGBT Community safety Forum)</p>	<p>social isolation affects everyone, with less low-cost and supported opportunities to socialise for disabled people of working age. The main solutions that emerged from this survey which would help more younger disabled people to feel less socially isolated were to firstly provide activity buddies to support people to attend groups and social activities, and also to encourage more groups and services to have someone meet and greet new attendees to help welcome them into the group or activity.</p> <p>Through collaboration with other organisations and sourcing joint funding opportunities, Possability People will work to fill this gap to be able to find a way to provide a buddying or befriending service. This will enable more people to get out and about across the city and access the things they would like to be involved in, enabling more disabled people have a fulfilling social life, tackling social isolation and loneliness. Building relationships and creating greater networking</p>	<p>without disabled person.</p>	<p>therefore given this wider context, there is a particular need for the Third Sector to support some of the work in relation to these changes.</p> <p>This will be introduced into the Commissioning Banking Partnership outcomes.</p> <p>Physical access to community development, capacity building and engagement processes are key. In addition, alignment to the Joint Health and Wellbeing Strategy will form part of the evaluation of any bids received through the prospectus process.</p>

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		opportunities through the Disability Collective will enable more organisations and services to get to know what support and activities are available for disabled people across the city, helping to increase promotion of social opportunities for disabled people.		
Gender reassignment ¹⁶	Gender identity and trans people JSNA estimated to be 2,760 trans adults living in Brighton and Hove, though true figure is probably bigger. More visit to socialise, study and/or work Section 3 of Equalities Report	Qualitative data from feedback at the CVS engagement events identified the need for closer alignment to the needs of trans and non-binary people. Community members are reporting an increase in organised transphobic activity and this is causing harm and impacting trust and confidence in services leading to further isolation.	a) Trans people face significant barriers to volunteering, employment and discrimination in the work place and many will have advice needs relating to these; b) As a result of the barriers to employment, they may be more likely to be on lower incomes & be reliant on benefits and therefore also experience problems related to debt, benefits and access to suitable	The Third Sector Commissioning Prospectus 2020-23 will support capacity and capability of trans community & voluntary services through specific funding within the Infrastructure element of the Prospectus. Ensure health improvement initiatives address needs of trans people, incorporating physical activity, smoking, mental health and wellbeing, and sexual health. Promote inclusive practice across the whole

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			<p>housing.</p> <p>c) In addition, many trans people experience specific problems in relation to the provision of healthcare services. Gender Trust briefings on supporting trans clients list financial services as one of the services which people undergoing gender transition may have difficulty in accessing.</p> <p>a) Trans communities are relatively small and often very marginalised. Therefore there is a possible impact of this on this community with emphasis on their ability to access funding. Link</p>	<p>range of city services, with involvement of the trans community through highlighting needs of Trans community in the Prospectus.</p>

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Pregnancy and maternity ¹⁷	pregnancy and maternity profile JSNA			There is an expectation that all CVS partners will work in line with the Equality Act and employment law and good practice.
Race/ethnicity ¹⁸ Including migrants, refugees and asylum seekers	One in five people (19.5%) are from a Black or Minority Ethnic Group (14.5% South East, 20.2% England. 18% (52,000) of residents were born outside the UK. Two out of five (42%, 21,000 people) were born in the European Union (EU), a further 6% (3,000 people) were born in Europe but outside the EU, over a quarter (26%, 13,000 people) were born in Asia and 28% (14,000 people) were born somewhere else in the world. At the time of the 2011 Census, 82% (n=35,235) of those Brighton & Hove residents who were born outside the UK were of an	Meetings with Racial Harassment Forum reported that current infrastructure support for BME communities was not working successfully. This was also commented on at March Consultation event attended by 85 CVS organisations from across the city 'gap in BME communities and infrastructure development'. Data from RHF Consultation survey on racially and religiously motivated hate crime that 61% of respondents said they or a family member had been a victim of hate crime and 76% of those did not report. At CVS consultation events people said that we need to recognise the change in context and growth of racism over recent years and within context	BME communities will be less able to have their voices heard, will feel that the issues which confront them are not being expressed through to decision makers in the city, that changes needed to address these issues may or do not happen in a structured and timely way. A failure to address these issues will result in BME communities not being able to fully engage in the life and opportunities of the city.	Encourage Third Sector Commissioning Prospectus 2020-23 funded projects to use volunteer advisors and linguists to develop their work with migrant volunteers to provide advice and information on accessing local services. Support community-led efforts to develop third party reporting mechanisms, and help migrants feel safe in reporting any incident or concern, including racist and religiously-motivated incidents. Ensure Community Banking project's work on financial inclusion continues to recognise

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	<p>ethnicity other than White British. This compares with 8% (n=18,116) of city residents born in the UK with an ethnicity other than White British.</p> <p>The highest proportion of those born outside the UK identified themselves as White Other (39%, n=16,763), this was followed by those are Asian or Asian British (19%, n=8,075). Of those born outside the UK, 18% (n=7,650) identified as White British, which may be due to White British nationals who are born overseas as well as White Irish or White Other migrants who take British citizenship.</p> <p>Vulnerable migrants, Refugees, asylum seekers and undocumented migrants are likely to be among the more vulnerable migrant communities in the city. The most recent immigration legislation, the Immigration Act</p>	<p>of Brexit.</p> <p>At the consultation events it was said that digital methods of communication are not always the best or most accessible for some BME groups</p> <p>Feedback from CVS engagement event on 14 February 2019 fed back that the outcomes of the TSIP should be more explicit that organisations should be committed to intersectionality, for an approach to partnership that ensures the most marginalised people are being targeted with support</p> <p>On migrants, refugees and asylum seekers – feedback from the CVS sector from engagement events has highlighted that this is an area which has seen a rise in issues over the last five years</p>	<p>Asylum seekers are likely to be living in poverty because they are only entitled to subsistence payments from central government and are prohibited from working.</p> <p>The mental health of asylum seekers, refugees (even if they have been given leave to remain in the UK) may be poor – depression, anxiety and PTSD are common. Separation from loved ones and concerns about sending remittances back to home countries can also impact on mental wellbeing and personal finances.</p> <p>This can also be the case for migrant workers – from the</p>	<p>the needs of vulnerable migrants.</p> <p>BME organisational leadership development should form part of the Infrastructure element with the Third Sector Commissioning Prospectus 2020-23. Continue to work with Community and Voluntary sector representatives and gateway organisations, and ensure communities' 'voices' are present in service development and evaluation. This would also be supported by a concerted effort for CVS organisations to increase the diversity of their organisations by recruiting more BME volunteers, paid staff, and trustees.</p> <p>TSIP could also be used</p>

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	<p>2016, focuses on preventing migrants with no permission to remain in the UK from accessing housing, driving licences and bank accounts. Undocumented migrants, including victims of trafficking, have no recourse to public funds and may fear approaching services in view of their immigration status. At a rough estimate, at any one time there may be 200 asylum seekers living in the community in the city, some of whom may be receiving subsistence payment from the Home Office, while some are surviving in other ways.</p> <p>Ethnicity JSNA</p> <p>Vulnerable migrants JSNA</p> <p>International Migrants</p>		<p>EU and from outside the EU.</p> <p>Low paid work, zero hours contracts and overcrowded living conditions are likely to characterise the experiences of many migrants in the city.</p> <p>Barriers to migrants accessing services will include:</p> <p>Being ineligible to access services based on insecure immigration status. Poor English language skills leading to isolation and unemployment. Exploitative labour practices leading to situations of modern slavery.</p> <p>A lack of knowledge about UK systems of accessing services,</p>	<p>to support/take forward the recommendations in the Brighton & Hove City Council Traveller Commissioning Strategy 2012 and the 2012 needs assessment of the health and wellbeing issues for Gypsy and travelling communities.</p> <p>There will be a strong focus on intersectionality and an encouragement of CVS partners taking an intersectional approach within the new commission. This would support all CVS organisations to address issues that BME communities might be facing, regardless of if a CVS organisation is BME-led or BME groups are the core focus of their work.</p> <p>Continued focus on partnership working to support capacity and</p>

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	JSNA Section 5 of Equalities Report		employment and support. Racism and hostility from the host community Poor mental and physical health, in some cases caused by difficult and dangerous journeys to the UK. Women (and men) in the UK on spousal visas may become trapped in abusive relationships because of fears about their immigration status and cultural barriers to seeking help. Further issues such as cultural dislocation, a generation gap when children 'lose their culture' etc can develop.	awareness raising of BME communities and their needs (as well as other underrepresented communities) would be beneficial for the new commission.
Religion or belief¹⁹	Section 6 of Equalities Report Census data (2011) reports lower level of Muslims in the city than	Rise in religiously motivated hate incidents, in particular anti-semitism and islamophobia, with many incidents unreported, causing harm and further	Impact of world or national events on local religious communities.	TSIP could be used as a vehicle to develop appropriate responses to the needs of 'excluded groups' e.g.

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	<p>in England, but are second largest religious group after Christians. People of Jewish faith are next largest group. Muslims are younger, Jews are older.</p> <p>We have two main interfaith groups in the city (Interfaith contact group and Brighton and Hove faith in Action, a Faith Council, and the faith Covenant signed Autumn 2018 which sets principles for the council and faith sector working together.</p> <p>Brighton & Hove has a higher number of Atheists than the general UK population and what we often have reported is general discriminatory perception of people of faith as a whole from atheists as well as the tensions which can exist</p>	<p>isolation to victims and affecting trust and confidence in services.</p> <p>The Switchboard Report LGBTQI and Faith report (available as an Appendix to this report) outlines the challenges faced by LGBTQI people of faith through prejudice within both communities</p>		<p>faith based groups and organisations. It may also be an opportunity to support community cohesion more broadly.</p>

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	between faiths			
Sex/Gender ²⁰	Section 2 of Equalities report Gender JSNA	<p>Current services for Domestic and Sexual Violence, mainly accessed by women, are under continuous pressure through increased demand.</p> <p>There was no reference to any specific needs of women at the consultation events with the CVS sector.</p>	<p>Women (particularly lone parents) are already at increased risk of poverty. Women make up 90% of lone parent households and 43% of children living in poverty are found in lone parent families. The large majority of children living in poverty in Brighton & Hove live in lone parent families. For these families in particular there are major barriers to entering into employment, such as low paid and non-secure jobs, inflexibility of working hours and the cost of childcare among other factors. Once the current changes to</p>	<p>Organisations that are funded through the Third Sector Investment Programme need to make sure opportunities for people to get involved are as flexible and inclusive as possible.</p>

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			benefit entitlement are introduced there is concern that while more people will have to enter work, where jobs are available, working poverty will inevitably increase as a result. There are also barriers for volunteering and participating in Third Sector groups and organisations.	
Sexual orientation ²¹	<p>Section 7 of Equalities report Deaf and hard of hearing LGBTQ report on access to health</p> <p>2018 sets out a series of recommendations for the council and CCG</p> <p>Sexual orientation JSNA Best estimate of numbers of LGB residents is 11%-15% of over 16 year olds.</p>	<p>Count Me in Too survey (2007) reported that LGB people are at higher risk of bullying, abuse, discrimination and exclusion.</p> <p>The LGBT Health Inclusion Project http://lgbt-hip.org/ and the Gender Identity and Trans People JSNA made a series of recommendations including ensuring that the community and voluntary sector capacity and capability was supported.</p>	<p>Without adequate support and investment in LGB and Trans organisations there is a risk that these communities and individuals will not be able to improve both their access to services, have their voices heard, or receive improved services.</p>	<p>There is a need for profiling and monitoring of beneficiaries' levels of access to services.</p> <p>There is a need to raise the awareness, skills and knowledge of existing providers so that all minority groups receive appropriate services and support. This may include signposting and/or acknowledging that some groups prefer</p>

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				accessing help via 'trusted and safe' organisations (for example people from LGBT communities may prefer to access support through an LGBT organisation). This should also include enhanced partnership working between agencies. Ensure that opportunities are available through both infrastructure and service delivery funding.
Marriage and civil partnership²²	No issues identified	No issues identified	No issues identified	No issues identified
Community Cohesion²³	This has been a specific question in the consultations for the new commission, in particular what can be done to improve community cohesion	Responses received at the CVS consultation events included that 'there was a rise in issues over the last 5 years', that there 'has been an increase in racism, that people feel more isolated after every incident', that the 'hostile	People from minority communities, including refugees, migrants and asylum seekers continue to feel threatened as part of their day to day life with a	The TSIP prospectus encourage work to support community cohesion by encouraging intersectional approaches, and by encouraging a focus on

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		<p>environment’ is in a multitude of areas (including both areas of deprivation, and affluent areas)including Hove schools, universities, public spaces, parks, and sports facilities’.</p> <p>Growth of community tension eg. In terms of Brexit and growth of right wing extremism is a key concern. Feedback at consultation events that cohesion work cannot be done digitally, it has to be about people face to face and building relations.</p> <p>Feedback at the consultation events was that the approach to working with diverse community groups needs to be intersectional, recognising complex and multiple identities, there is not ‘One’ BME community (for example) but many different communities that come together in different ways, cohesion work needs to be about everyone. There is a desire from a range of diverse community groups,</p>	<p>subsequent reduction in their willingness and ability to fully engage in the life of the city</p>	<p>increasing the diversity of staff and volunteers within CVS organisations.</p>

Protected characteristics groups from the Equality Act 2010	What do you know ¹⁰ ? Summary of data about your service-users and/or staff	What do people tell you ¹¹ ? Summary of service-user and/or staff feedback	What does this mean ¹² ? Impacts identified from data and feedback (actual and potential)	What can you do ¹³ ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
		<p>eg. At the Unity in our City event, to work together to build unity and cohesion, this needs to be across the city.</p> <p>Feedback at the consultation events stated that we need to tackle the root cause of hate and community tensions (both the material, eg. Poverty and housing, and the narratives of hate).</p> <p>The Switchboard report on LGBT people of faith reported that it was important to consider the relationship between faith and sexual orientation/gender identity and reduce the isolation of LGBT people of faith.</p>		
Other relevant groups ²⁴	Carers Carers JSNA No issues identified Veterans JSNA .			Ensure that the Sussex Armed Forces Network is widely known about in the sector and promoted.
Socio economic factors	Some areas are more affected by deprivation than others. The highest concentration of deprivation is in the Whitehawk,	Feedback from the CVS engagement exercise on 14 February 2019 talked about socio economic focus could be beneficial. This could be whether the TSIP could be	Delivery of services funded through the commission must ensure that residents who need them are able to access them	Ensure that bids are able to describe their active attempts to address accessibility issues in regard to deprivation.

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	<p>Moulsecoomb, and Hollingbury areas. Along the coast, to the west of the city and in Woodingdean there are also pockets of deprivation. All these areas are in the 20% most deprived areas in England</p>	<p>organised on a geographical/ neighbourhoods basis to focus on inequalities and areas of deprivation across the city which might cross cut many different communities of identity experiencing the most disadvantage.</p> <p>“community banking partnership has been really successful in mitigating UC impacts” – CVS engagement exercise 14/2/19</p> <p>“Community Banking Partnership needs to remain distinct to ensure viability of financial inclusion work continues”</p> <p>The CVS consultation event 14/2/19 identified poverty as a priority, that it is on the rise, and that ‘in work poverty’ has got much worse.</p>	<p>throughout the city, including specifically those areas of highest deprivation.</p> <p>Community banking services need to fully supported through funding in new commission, and accessible across the city.</p>	<p>Ensure that outcomes for new community banking part of the commission stress the need for service to be accessible across the city, reaching into communities of need as widely as possible.</p>

Protected characteristics groups from the Equality Act 2010	What do you know¹⁰? Summary of data about your service-users and/or staff	What do people tell you¹¹? Summary of service-user and/or staff feedback	What does this mean¹²? Impacts identified from data and feedback (actual and potential)	What can you do¹³? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Cumulative impact²⁵				
Assessment of overall impacts and any further recommendations²⁶				
<p>Principle impacts described in this EIA relate to the impact on people from BME communities, including especially migrants, refugees and asylum seekers, and the changing political landscape caused by Brexit and the rise in right wing extremism. These will have to be mitigated through strong community organisations supported through the commission infrastructure funding, as will the significant impacts for people in the LGBT communities, including those of faith and with disabilities. The impact, mainly, on women of the rise in poverty, will need to be addressed through the community banking funding.</p>				

4. List detailed data and/or community feedback that informed your EIA

Title (of data, research or engagement)	Date	Gaps in data	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)

5. Prioritised Action Plan²⁷

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.				

EIA sign-off: (for the EIA to be final an email must sent from the relevant people agreeing it or this section must be signed)

Staff member completing Equality Impact Assessment: **John Reading** **Date: 8th July 2019**

Directorate Management Team rep or Head of Service/Commissioning: **Date:**

CCG or BHCC Equality lead: **Anna Spragg** **Date: 8 July 2019**

Guidance end-notes

¹ The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EIA in itself does not meet the requirements of the equality duty. All the requirements above must be fulfilled or the EIA (and any decision based on it) may be open to challenge. Properly used, an EIA can be a tool to help us comply with our equality duty and as a record that to demonstrate that we have done so.

² Our duties in the Equality Act 2010

As a public sector organisation, we have a legal duty (under the Equality Act 2010) to show that we have identified and considered the impact and potential impact of our activities on all people with '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. The level of detail of this consideration will depend on what you are assessing, who it might affect, those groups' vulnerability, and how serious any potential impacts might be. We use this EIA template to complete this process and evidence our consideration.

The following are the duties in the Act. You must give 'due regard' (pay conscious attention) to the need to:

- **avoid, reduce or minimise negative impact** (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- **promote equality of opportunity.** This means the need to:
 - Remove or minimise disadvantages suffered by equality groups
 - Take steps to meet the needs of equality groups
 - Encourage equality groups to participate in public life or any other activity where participation is disproportionately low
 - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **foster good relations between people who share a protected characteristic and those who do not.** This means:
 - Tackle prejudice
 - Promote understanding

³ EIAs are always proportionate to:

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

The greater the potential adverse impact of the proposed policy on a protected group (e.g. disabled people), the more vulnerable the group in the context being considered, the more thorough and demanding the process required by the Act will be.

⁴ **When to complete an EIA:**

- When planning or developing a new service, policy or strategy
- When reviewing an existing service, policy or strategy
- When ending or substantially changing a service, policy or strategy
- When there is an important change in the service, policy or strategy, or in the city (eg: a change in population), or at a national level (eg: a change of legislation)

Assessment of equality impact can be evidenced as part of the process of reviewing or needs assessment or strategy development or consultation or planning. It does not have to be on this template, but must be documented. Wherever possible, build the EIA into your usual planning/review processes.

Do you need to complete an EIA? Consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people (potentially) affected?

If there are potential impacts on people but you decide not to complete an EIA it is usually sensible to document why.

⁵ **Title of EIA:** This should clearly explain what service / policy / strategy / change you are assessing

⁶ **ID no:** The unique reference for this EIA. If in doubt contact your CCG or BHCC equality lead (see page 1)

⁷ **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

⁸ **Focus of EIA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EIA)'

This section should explain what you are assessing:

- What are the main aims or purpose of the policy, practice, service or function?
- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the policy, practice, service or function, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? Eg: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the policy, practice, service or function tell you?
- What is the reason for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

⁹ **Previous actions:** If there is no previous EIA or this assessment if of a new service, then simply write 'not applicable'.

¹⁰ **Data:** Make sure you have enough data to inform your EIA.

- What data relevant to the impact on protected groups of the policy/decision/service is available?¹⁰
- What further evidence is needed and how can you get it? (Eg: further research or engagement with the affected groups).
- What do you already know about needs, access and outcomes? Focus on each of the protected characteristics in turn. Eg: who uses the service? Who doesn't and why? Are there differences in outcomes? Why?
- Have there been any important demographic changes or trends locally? What might they mean for the service or function?
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any groups?
- Do any equality objectives already exist? What is current performance like against them?
- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?
- Use local sources of data (eg: JSNA: <http://www.bhconnected.org.uk/content/needs-assessments> and Community Insight: <http://brighton-hove.communityinsight.org/#>) and national ones where they are relevant.

¹¹ **Engagement:** You must engage appropriately with those likely to be affected to fulfil the equality duty.

- What do people tell you about the services?
- Are there patterns or differences in what people from different groups tell you?
- What information or data will you need from communities?
- How should people be consulted? Consider:
 - (a) consult when proposals are still at a formative stage;
 - (b) explain what is proposed and why, to allow intelligent consideration and response;
 - (c) allow enough time for consultation;
 - (d) make sure what people tell you is properly considered in the final decision.

-
- Try to consult in ways that ensure all perspectives can be considered.
 - Identify any gaps in who has been consulted and identify ways to address this.

¹² Your EIA must get to grips fully and properly with actual and potential impacts.

- The equality duty does not stop decisions or changes, but means we must conscientiously and deliberately confront the anticipated impacts on people.
- Be realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific so decision-makers have a concrete sense of potential effects. Instead of "the policy is likely to disadvantage older women", say how many or what percentage are likely to be affected, how, and to what extent.
- Questions to ask when assessing impacts depend on the context. Examples:
 - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
 - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
 - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
 - If there is negative differential impact, how can you minimise that while taking into account your overall aims
 - Do the effects amount to unlawful discrimination? If so the plan must be modified.
 - Does the proposal advance equality of opportunity and/or foster good relations? If not, could it?

¹³ Consider all three aims of the Act: removing barriers, and also identifying positive actions we can take.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to improve the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EIA which has attempted to airbrush the facts is an EIA that is vulnerable to challenge.

¹⁴ **Age:** People of all ages

¹⁵ **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. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis.

¹⁶ **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

¹⁷ **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

¹⁸ **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers. Refugees and migrants means people whose intention is to stay in the UK for at least twelve months (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.

¹⁹ **Religion and 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.

²⁰ **Sex/Gender:** Both men and women are covered under the Act.

²¹ **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

²² **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

²³ **Community Cohesion:** What must happen in all communities to enable different groups of people to get on well together.

²⁴ **Other relevant groups:** eg: Carers, people experiencing domestic and/or sexual violence, substance misusers, homeless people, looked after children, ex-armed forces personnel, people on the Autistic spectrum etc

²⁵ **Cumulative Impact:** This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else

²⁶ **Assessment of overall impacts and any further recommendations**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Explain what positive impacts will result from the actions and how you can make the most of these.
- Countervailing considerations: These may include the reasons behind the formulation of the policy, the benefits it is expected to deliver, budget reductions, the need to avert a graver crisis by introducing a policy now and not later, and so on. The weight of these factors in favour of implementing the policy must then be measured against the weight of any evidence as to the potential negative equality impacts of the policy.
- Are there any further recommendations? Is further engagement needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?

²⁷ **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.