



## **Equality Impact and Outcome Assessment (EIA) - 2019**

**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-users<sup>1</sup>. They analyse how all our work as a council might impact differently on different groups<sup>2</sup>. They help us make good decisions and evidence how we have reached these decisions<sup>3</sup>.

See end notes for full guidance. Either hover the mouse over the end note link (eg: Age<sup>13</sup>) 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/Debbie Ludlam)**

### **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 needed<sup>4</sup>.

<b>Title of EIA<sup>5</sup></b>	Seniors Housing Review (Draft)	<b>ID No.<sup>6</sup></b>	
<b>Team/Department<sup>7</sup></b>	Seniors Housing / Neighbourhoods Communities & Housing)		

<p><b>Focus of EIA<sup>8</sup></b></p>	<p>To provide an assessment of the equalities impact of the seniors housing review, especially with regards to the condition of the seniors housing stock and the barriers older people face when moving.</p>
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**2. Update on previous EIA and outcomes of previous actions<sup>9</sup>**

<p><b>What actions did you plan last time?</b> (List them from the previous EIA)</p>	<p><b>What improved as a result?</b> What outcomes have these actions achieved?</p>	<p><b>What further actions do you need to take?</b> (add these to the Action plan below)</p>
<p><b>Review seniors housing lettings</b> We revised guidelines for the supported housing sector to avoid inappropriate allocation and expanded the extra care panel to be more effective in the discussion of applicants with higher support needs.</p>	<p>Processes for ensuring a smoother transition are now in place for people leaving supported housing.</p>	<p>Ensure that staff teams are better aware of the service and eligibility criteria to avoid any inappropriate allocation.</p> <p>Adopt the recommendations of the service review 2019.</p>
<p><b>Produce clear guidelines on the service.</b> We revised our website and information on the Elderly Accommodation Counsel and produced new leaflets for people. We also provided information to Age UK Advice &amp; Information so they were better aware of empty homes within the service. We have also run open days and attended promotional events.</p>	<p>We have seen referrals via the EAC website and we've been able to use publicity to promote the service to people in the community and to organisations.</p>	<p>The information needs reviewing to ensure that it is consistent and to provide more details such as size of homes.</p>
<p><b>Engage with City Wide Connect to address loneliness.</b> We engaged with organisations to promote social connectivity and address loneliness and improve connectivity, including support to those with dementia. The Dementia Action Alliance used Brooke Mead as a base for meetings.</p>	<p>We have successfully engaged with organisations and run a range of activities and events with staff, residents and local organisations. Two schemes run a national award based on resident feedback reflecting the positive engagement.</p>	<p>.</p>

**HOUSING COMMITTEE****Agenda Item 27****Appendix 5**

Brighton &amp; Hove City Council

<p><b>Develop better ways of listening to the BAME community.</b> We ran an event for Windrush Day in 2019 to better promote our service to the BAME community and to start a conversation as to how we could better promote our services.</p>	<p>We had positive feedback from those attending, staff and residents.</p>	<p>We need to continue the consultation with the BAME community both to reflect diversity within the schemes but also to tackle discrimination.</p>
<p><b>Develop better ways of listening to the LGBT community.</b> We have continued to promote the LGBT community and Brooke Mead hosted a Rainbow Café for people in the LGBT community living with dementia.</p>	<p>We have had positive feedback from residents and staff.</p>	<p>We need to continue to see where we can build upon the work so far in developing the working relationship with the LGBT community and LGBT switchboard.</p>
<p><b>Develop better ways of listening to the needs of carers.</b> The service has supported and housed residents and their carers.</p>		<p>We need to better promote the availability of seniors housing to people with carers, especially two bedroom stock which could accommodate an older person and their carer.</p>
<p><b>Remodel studio flats.</b> Studio flats have been remodelled.</p>	<p>Individual dwellings have been modernised.</p>	<p>Continue to modernise schemes to continue improving the seniors housing stock.</p>

### 3. Review of information, equality analysis and potential actions

<b>Groups to assess</b>	<b>What do you know<sup>10</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>11</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>12</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>13</sup>?</b> All potential actions to: <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul>
<b>Age<sup>14</sup></b>	<p>There will be a substantial age increase in Brighton &amp; Hove with an additional 20,000 over 60s by 2035*</p> <p>In seniors housing 46% (418 of 905 residents) are aged 75 and over with 14% (125) aged 85 and over.</p> <p>Brighton &amp; Hove has a relatively large population of older people living alone: 41% of over 65s in the 2011 census. This is projected to increase too.*</p> <p>The risk of loneliness for those 65+ in the city is in the top 20% in England (2011)**</p> <p>Brighton and Hove is below the England average for owner-occupation amongst the</p>	<p>People tell us that some of the current seniors stock doesn't meet their needs and is outdated or institutional.</p> <p>There are some external factors such as schemes in hilly areas or lack of transport which make some schemes unattractive.</p> <p>People and organisations have told us that moving at older age is difficult and especially where there is little help to do so.</p> <p>People have told that our approach to pets in seniors housing is restrictive and can prevent some from moving in.</p> <p>The Police have advised that better CCTV as part</p>	<p>The current standard of housing is not meeting the needs or expectations of current or prospective residents and without change the negative impact will increase as property become more outdated. This can be off-putting for those the accommodation is seeking to attract</p> <p>Without support to do so older people may struggle moving into seniors housing even if this were a better option for them.</p> <p>There is particular impact on older council tenants who are not 'downsizing' since they do not benefit from the Transfer Incentive Scheme.</p>	<p>Improving the seniors housing stock and the help and support to people wishing to move will make accessing and living in seniors housing easier. This will improve wellbeing and help maintain independence longer.</p> <p>Removing restrictive approaches to pets increases the options for pet owners.</p> <p>The use of video as well as audio door entry systems will help in the safety and security of older people.</p>

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	<p>60+ households above the England average for living in social rented housing (19.2% of the total 60+ population)*</p> <p>46% of general stock council housing tenants (12199) are over 55 (5646).</p> <p>35% (2511) are over 55 and live alone.</p> <p>6% (732) are 75 and over and live alone (OHMS data Oct 2019).</p> <p>There are 358 people on the housing register who are able to bid for seniors housing (Oct 2019).</p> <p>The ONS identify that excess winter deaths in 2017-18 were the highest recorded since 1975-6 and that older and females were the most affected. Predominant strain of influenza in 2017-18 impacted the elderly the most.</p>	<p>of door entry systems provision will help with distraction burglaries and community safety. Residents tell us that the ability to see callers as part of the door entry system will help them feel safer.</p>	<p>Restrictive approaches to pets can negatively impact on people's take up of seniors housing and increase loneliness given the companionship pets can bring.</p>	

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<p><b>Disability<sup>15</sup></b></p>	<p>People in Brighton &amp; Hove are living longer in ill health and this is set to increase. 50% of general need council tenants over 60 and 77% of those in age-designated council housing have a self-reported disability or long term health condition.*</p> <p>The % of people in seniors housing with a disability or vulnerability has increased (63.4% in 2013 compared to data above of 77%).</p> <p>While life expectancy (LE) has been increasing healthy life expectancy (HLE) has fallen:            LE: 79.1 for men, 83 for women (2015-17)            HLE: 62.2 for men, 65.3 for women (2015-17)**</p>	<p>People tell us that there is a problem with accessibility in some schemes not only in terms of the communal areas but also in private dwellings. This may be compounded by other factors such as hilly locations.</p> <p>Prospective residents have told us about the difficulty they face when moving due to the practicalities of doing so.</p> <p>Staff tell us that the mobility codes used in Homemove adverts may inadvertently restrict older people from accessing seniors housing because the usage does not recognise the concept of 'care ready' housing and future need.</p>	<p>People with disabilities are finding their homes difficult to use and require adaptation (such as automated door systems).</p> <p>People will be living longer in ill-health and outdated properties may make life more difficult for them.</p> <p>Prospective and disabled residents may be put off from moving or experience difficulty when they do so.</p> <p>There is disruption for people and costs to housing HRA where individual adaptations are required reactively and retrospectively instead of buildings being more 'care ready'.</p>	<p>Improving the design of the seniors housing stock will help better support disabled residents, especially with regards to wheelchair and mobility access and storage. It will also better support those with ill-health at the later stages in their life.</p> <p>Ensure that any proposed refurbishment includes good practice design and the input of the Housing adaptation team (HAOT) and tenant disability network.</p> <p>Review the use of mobility codes for seniors housing and other than wheelchair accessible property enable people to access properties with facilities that might help them age better.</p>

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<b>Gender reassignment<sup>16</sup></b>	0.4% of tenants in age-designated housing identify as transgender, double that within general stock housing. This is likely to be an underestimate. One in three respondents in the 2015 trans community survey run by the University of Brighton and LGBT Switchboard has experienced homelessness.*			Ensure that our future marketing of the seniors housing service positively attracts the transgender community accessing seniors housing.
<b>Pregnancy and maternity<sup>17</sup></b>	We are not aware of any pregnancies or maternity issues within the seniors housing population.			
<b>Race/ethnicity<sup>18</sup></b> Including migrants, refugees and asylum seekers	At the time of the 2011 census 6% of all over 60s were Black & Minority Ethnic (BAME). 11% of current council tenants in age-designated are classified as BAME in the same census.*  BAME households are more likely to be renting privately, and specific BAME groups are more	That celebration of diversity is welcome and that visible commitment to the BAME communities helps address current or historical discrimination.	That more needs to be done to visibly promote diversity of race and ethnicity within the service.	Ensure that our future marketing of the seniors housing service positively attracts the BAME community accessing seniors housing especially extra care at Brooke Mead given the increased risks regarding dementia.



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	likely to own homes in deprived areas or request homeless support.*  Dementia is likely to be more prevalent amongst Asian and Black Caribbean elders because some of the risk factors (high blood pressure, stroke and heart disease) are more common in these communities.*			
<b>Religion or belief<sup>19</sup></b>	OHMS data continues to show diversity of faith in seniors housing. The majority faith is Christian though this has fallen between 2013 and 2019 (46% respondents compared to 67.2%)	Seniors staff advise that two schemes have communal space used by people to practice their faith and that this is welcomed by those who wouldn't be able to easily do so outside of the scheme.	There is a need for faith space.	Ensure that our future marketing of the seniors housing service positively attracts the faith communities accessing seniors housing.  Ensure that the redesign of building can incorporate more faith/reflective space.
<b>Sex/Gender<sup>20</sup></b>	There are more men in seniors housing than women (54% men compared to 46%)	That in schemes where there is a gender imbalance this can have an impact on the	Older women can feel that the scheme is not for them especially if the male residents are	Ensure that the local; delivery of the service reflects gender balance e.g. promoting Men-in-

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	women). This has increased since 2013 (when there were 51% men compared to 49% women).	community, particularly where the majority are men.  Community activities can sometimes be hard to foster in a scheme where the majority are men	younger and/or have a complexity of needs.	Sheds project for older men, encouraging befriending services, tailoring activities to reflect any unmet need.
<b>Sexual orientation<sup>21</sup></b>	4% of residents in council age designated housing identify as LGBT. There has been little change between 2013 and 2019 (5% in 2013).	There has been positive feedback about living and working in BHCC seniors housing especially where the service has been more visible in promoting the LGBT community..	A pro-active approach to ensuring and promoting a more inclusive service can improve the positive 'feel' of a service for communities,	Ensure that our future marketing of the seniors housing service positively attracts and supports the LGBT community accessing seniors housing.
<b>Marriage and civil partnership<sup>22</sup></b>	The majority of residents are single persons.			
<b>Community Cohesion<sup>23</sup></b>				
<b>Other relevant groups<sup>24</sup></b>	There is significant deprivation in the city and 18.4% (7035) of older people of pension age live in poverty compared to 10.1% in the SE and 13.8% in England.	That it is expensive to move especially with regards to removals and where there is a need to decorate or re-carpet or furnish new homes.	Older people may be put off from moving into seniors housing or struggle to do so even if this were a better option for them.	The seniors housing already provides white goods (cookers, fridges) and has piloted carpeting and decorating empty homes before letting. This should continue.

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	<p>Whitehawk, Moulscroomb, Hollingbury and Woodingdean are in the 20% most deprived areas in England.*</p> <p>11% (14,600 people) are estimated to be in fuel poverty (2016)**</p> <p>There are 1751 general stock housing tenants over 55 and over who would not qualify for any help under the current Transfer Incentive Scheme because they are in studio or 1 bedroom flats are not downsizing. (OHMS data Oct 2019). The majority (1419) live alone.</p> <p>There are 1090 people over 55 who live alone in general stock council dwellings of between with between 2-5 bedrooms. This represents 8.9% of council tenants.</p>	<p>Staff tell us that existing mechanisms for assisting with removals can be bureaucratic and do not guarantee timely payment when needed.</p>	<p>A significant number of older council tenants would not receive any financial incentive to move because they are not considered downsizers. The majority live alone where there may be risks of loneliness.</p> <p>There is the potential to release council accommodation if the current occupants chose to live in seniors housing.</p>	<p>The recommended actions within the review aim to encourage more older people to consider the seniors housing option and make it easier for them to move if they decided to do so.</p> <p>Provide more support to council tenants wishing to transfer particularly in respect to removals.</p> <p>Provide more support to carers in the moving process.</p>

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<b>Cumulative impact<sup>25</sup></b>	There may be Cumulative impacts on the wider health and social care economy if good housing is not available. Delayed transfers from hospital, acute bed placements and residential care numbers in Brighton & Hove against comparator areas may reflect this in part.***	That older people may be delayed in hospital or be housed in residential care rather than seniors housing or extra care.	This means that older people may lose independence with resulting impact on their wellbeing.	Ensure that the process of moving into seniors housing and extra care is easy and that these are options are better known.
<b>Assessment of overall impacts and any further recommendations<sup>26</sup></b>				
The overall impact is that the current standard of the BHCC seniors housing stock does not meet the needs or expectations of an ageing population. The D:SE report assesses each scheme against what is considered and overall good design standard, and provides an objective view of the stock. The report echoes the qualitative feedback from residents and prospective residents about the stock being outdated, institutional and unattractive. This means that without change the seniors housing stock becomes less and less viable and prospective residents less likely to move in despite the benefits associated with living in specialist housing. This is reflected in letting data where it takes double the time to let a seniors housing property when compared to general stock housing. The adoption of a new standard and improvements to the stock will improve the quality of accommodation for existing and prospective residents. It will also help attract older people (including 'downsizers') to consider seniors housing.				

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<p>The barriers facing older people moving into seniors housing have been identified at a national and local level and the recommended solutions will make it easier for people to do so. If people find it difficult and expensive to move – as advised in working groups - they may be less likely to move into housing even though this may be better for them. With a high proportion of older people living in the social rented sector, higher and increasing numbers of single older people in the city and significant levels of poverty in Brighton, there is a risk that without change the most vulnerable will be adversely affected. As well as the human impact for those individuals this will also have ramifications in terms of the wider health and social care economy (e.g. residential care placement, delayed transfers, falls).</p> <p>There is an inequality between newer, and higher end retirement housing and the council's seniors housing stock and the ability to access appropriate housing. Without capital investment and addressing the barriers people face when moving there is a risk that those without means will not be able to access good quality housing that would be beneficial in terms of health and wellbeing.</p> <p>As a landlord the evidence that is we have significant numbers of older people living alone in our housing stock who might benefit from seniors housing. Moving into seniors housing may not only have a positive impact for those who move into the service but it may also help release the supply larger council accommodation that is currently under-occupied.</p> <p>As a landlord ensuring that our seniors schemes are more suitable for older and disabled people may reduce the need for re-active adaptations in the future where these can be costly and disruptive for those concerned.</p>				

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#### 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)
*Housing LIN Older Peoples Housing Needs Assessment.	2019		
**Brighton & Hove Health and Wellbeing Strategy	2019		
***Care Quality Commission LA area date profile: older people's pathway 2019	2019		
OHMS (housing) data	October 2019	Carer data	Engage with Adult Social Care to ensure better data on carers.
Design South East (D:SE) reports commissioned by BHCC on good design and seniors housing.	March 2019		
Workshops with residents, prospective residents and staff held between February and March 2019	Feb-Mar 2019		
Seniors Housing Action Group consultative body.	Ongoing		

Windrush Day Event held in seniors housing	June 2019		
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## 5. Prioritised Action Plan<sup>27</sup>

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.				
Age (those over 55) Disability	Improve the quality of the seniors housing stock to reflect better design standards.	More suitable housing for older and disabled people.	Increased numbers of people applying and bidding for seniors housing.  Positive feedback from residents and prospective residents, including consultative groups such as the Tenant Disability Network and Seniors Housing Action Group.	2019
Age (those over 55 with pets)	Remove restrictive pet practices	More people being able to access seniors housing	Increased numbers of people applying and bidding for seniors housing	2019
Age (those over 55)	Improve security	People feel safer in their homes and less vulnerable to crime.	Positive feedback from residents, particularly through tenant groups such as the Seniors Housing Action Group.	
Age (those over 55) Sexual orientation Gender Re-assignment Race/ethnicity Carers	Improve the information for people on seniors housing.	More people know about the seniors housing option	Increased numbers of people applying for seniors housing, especially those who may otherwise be in residential care.	2019-20
Age (those over 55) Sexual orientation Gender Re-assignment	More help for people moving into seniors housing.	More people are attracted into seniors housing as there is more	Increased number of people applying and bidding for seniors	2019-20



Race/ethnicity Carers		assistance.	housing.	
Religion/belief	Enable more communal space to be used for faith practice.	More faith spaces in seniors schemes.	An increase in faith practices within schemes.	
Carers	Ensure there is better data on the number of carers in seniors housing.	Better knowledge of the needs of carers in schemes.	More specific details of carers within schemes.	2019-20

**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: Peter Huntbach**

**Date: October 2019**

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

**Date:**

**CCG or BHCC Equality lead:**

**Date:**

## Guidance end-notes

<sup>1</sup> 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.

### <sup>2</sup> 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 in relation to their '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).
- **advance equality of opportunity.** This means the need to:
  - Remove or minimise disadvantages suffered by people due to their protected characteristics
  - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
  - Encouraging people from protected groups to participate in public life or in other activities where their 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

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<sup>3</sup> 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 within the context

The greater the impacts, the more thorough and demanding the process required by the Act will be.

<sup>4</sup> **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 a specific group or groups (eg: older people)?
- 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.

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

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

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

<sup>8</sup> **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)'

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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.

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

<sup>10</sup> **Data:** Make sure you have enough data to inform your EIA.

- What data relevant to the impact on specific groups of the policy/decision/service is available?<sup>10</sup>
- 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 groups identified above 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.

<sup>11</sup> **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.

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- 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.

<sup>12</sup> 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 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?

<sup>13</sup> 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.

<sup>14</sup> **Age:** People of all ages

<sup>15</sup> **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.

<sup>16</sup> **Gender Reassignment:** A transgender person is someone who proposes to, starts or has completed a process to change their gender. A person does not need to be under medical supervision to be protected

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

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<sup>18</sup> **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.

<sup>19</sup> **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.

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

<sup>21</sup> **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

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

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

<sup>24</sup> **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

<sup>25</sup> **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

<sup>26</sup> **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?

<sup>27</sup> **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.