

# **Appendix 6**

# **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

The Budget EIA process is a legal duty supporting good financial decision-making. It assesses how proposals may impact on specific groups differently (and whether/how negative impacts can be reduced or avoided) so that these consequences are explicitly considered. Decisions must be informed by accurate, well-informed assessment of likely impacts so that they are fair, transparent, and accountable. Budget EIAs provide a record of this assessment and consideration.

Members are referred to the full text of s149 of the Equality Act 2010 – included at the end of this document – which must be considered when making decisions on budget proposals.

|                            | describing impacts on service-users          |    |  |
|----------------------------|--|----|--|
| Directorates               | Services                                     |    |  |
| Families, Children and     | Drove Road and Tudor House                   |    |  |
| Learning                   | Outreach services                            | 2  |  |
|                            | Disability placements                        |    |  |
|                            | School improvement – environmental education | 4  |  |
|                            | Youth led grants                             | 5  |  |
|                            | Family hubs                                  | 6  |  |
|                            | Contact service                              | 7  |  |
|                            | CSC placements                               | 8  |  |
|                            | Partners in Change                           | 9  |  |
| Health & Adult Social Care | Community care                               | 10 |  |
|                            | Provider services                            |    |  |
|                            | Commissioning grant                          | 12 |  |
|                            | Commissioning support with confidence        | 13 |  |
|                            | Sensory services                             | 14 |  |
| Environment, Economy and   | Supported buses                              | 15 |  |
| Culture                    | Parking                                      | 16 |  |
|                            | Public toilets                               | 17 |  |
|                            | Bowling greens                               | 18 |  |
|                            | Brighton Centre facility fee                 | 19 |  |
|                            | Beach hut transfer fee                       | 20 |  |
| Housing, Neighbourhoods    | Homelessness transformation                  | 21 |  |
| and Communities            | Supported accommodation                      | 22 |  |
|                            | Third sector commission                      | 23 |  |
|                            | Communities                                  | 24 |  |
|                            | Fees and charges                             | 25 |  |
|                            | Pest control                                 | 26 |  |
|                            | VAWG   | 27 |  |
|                            | Third party reporting centres                | 28 |  |



# **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Residential, respite and short breaks   |
|---|---|
| Name and title of officer responsible for this EIA: | Georgina Clarke-Green, Assistant Director Health, Special Educational Need and Disability |
| Directorate and Service Name:                       | Families, Children and Learning, Special Educational Needs and Disability                 |
|   | In house provider services  |
| Budget proposal no.                                 | 1   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

To reduce the spend by £504k across the council's in-house respite provisions Tudor House and Drove Road. This will be achieved through changing the purpose of Tudor House to a full-time residential placement for four young people who will be brought back from high cost out of city care placements, and by maximising the accommodation at Drove Road with the intention of providing more short breaks for a wider range of families that will include neurodiverse children without a learning disability.

It is also intended that the flat at Drove Road once vacated will provide an emergency bed for any child or young person who needs to be taken into care on an emergency basis. This will allow more time for the commissioning team to identify a suitable longer-term placement for the child/young person. This should lessen the need for children to placed outside the city and the use unregulated placements.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

There will be a positive impact for those children and young people returning to the city from out of city care placements as they will be nearer their families and can attend their local special school. This will reduce the amount of accommodation available for the provision of short breaks. However, with the remodelling of Drove Road we aim to be able to continue to support those young people who will no longer be able to attend Tudor House and provide some overnights for neurodiverse children and young people without a learning disability.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.



A review will be undertaken by Freedom Training and Consultancy who are experienced in the running of children's homes to consider the proposed model and make recommendations as to how this re-design will be achieved. The views of all stakeholders will be included within the scope of the review, this includes parents/carers who currently access the provision and children and young people where possible. This is due to take place in February 2024. Once this has been completed a consultation will need to take place in March 2024 with staff and unions.

What other budget or service EIAs can assist/have been used to inform this assessment?

| Disability Placements Budget EIA |  |
|----------------------------------|--|
| Disability Flacements Budget LIA |  |
|                                  |  |
|                                  |  |
|                                  |  |

#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES            |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not  | YES            |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | YES            |
| Religion, Belief, Spirituality, Faith, or Atheism  | YES            |
| Gender Identity and Sex (including non-binary and Intersex people)   | YES            |
| Gender Reassignment  | YES            |
| Sexual Orientation   | YES            |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | No             |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | YES            |
| Carers   | YES            |
| Looked after children, Care Leavers, Care and fostering experienced people   | YES            |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | YES            |
| Socio-economic Disadvantage  | YES            |



| Homelessness and associated risk and vulnerability                             | YES |
|--|-----|
| Human Rights   | YES |
| Another relevant group (please specify here and add additional rows as needed) | YES |
| Lone parents   | YES |
| Carers   | YES |
| People facing literacy and numeracy barriers                                   | YES |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

We will seek to establish data on whether the families who are accessing these provisions are Armed Forces personnel, their families or veterans. This can be undertaken through the social care assessment process.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

The monitoring of impact will be undertaken at every step of the re-design process. The recommendations of the review will be considered carefully with a stakeholder panel that will include representatives from PaCC. The transition process will also be monitored through biweekly meetings with the home managers and surveys that will be sent out to the families who are receiving the service to ensure the outcomes identified are being achieved. The children and young people impacted by the changes will also have the support of their Social Worker and review assessments will be undertaken to ensure their needs will continue to be met either within the re-designed in house placements or elsewhere.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.



| Assess impact for different population groups  | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR  |
|--|---|---|
|  | State Yes or No                                       | If no impact is identified, briefly state why.  |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.                              | Yes   | Both providers are registered for young people between the ages of 8 and 18. Therefore, there are several children and young adults who may not benefit from the short break residential provision. However, we do have a respite adult provider in the city Beach House that can support those young people who are 18+. |
|  |   | There will be strong links between Drove Road and Beach House to ensure that there are adequate transitions for those young people reaching 18+ moving into the adult provision.  |
|  |   | We can also explore changing the registration to support those children over the age of 5 years old.  |
| Disability includes<br>physical and sensory<br>disabled, D/deaf,<br>deafened, hard of<br>hearing, blind,<br>neurodiverse people, | No  | Both provisions are accessible to those children and young people with disabilities. There may be some need to adapt some of the physical environment in Drove Road and Tudor House to ensure that both properties are fully accessible in all areas of the provision for the service users.                              |
| people with non-visible disabilities.  |   | Drove Road will also be accessible to those children and young people who have autism without a learning disability. This will increase the range of disability the short breaks provision currently provides in the city.  |
|  |   | Some of our parents/carers may have a disability themselves and therefore we need to ensure that Easy Read versions of information will be made available so that they fully understand the proposed changes.   |



| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers   | Yes | 18% of children and young people with an Education Health and Care plan are either Black or from the Global Majority. Therefore, we need to ensure that both homes reflect the SEND population and that those children and young people who are either Black or from the Global Majority have equitable access to the new respite/ residential provision.  There are several young people who are either Black or from the Global Majority that currently |
|--|-----|---|
|  |     | access both homes and Social Workers will work closely with families to ensure that they continue to receive an offer that meets their child's needs.   |
|  |     | All families will be part of the review and we will ensure that language support, as well as an interpreter, will be sourced upon receiving confirmation and consent from those who would need it.  |
|  |     | The Council will ensure that information is made clear and accessible for all, including translated materials in key languages for the city's migrant populations.  |
|  |     | If children and/or parents/carers indicate that they are experiencing discrimination, there will be signposting in place to ensure that they have the relevant support that they need or access to a relevant discriminatory community group that they can contact for assistance.  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief | Yes | The Specialist Community Disability Service and the Safeguarding and Care service hold data on their children and young people they support in terms of their religion or belief. It is likely there will be range of religions and belief systems within the cohort who may access the short breaks and the residential home provision.  |
|  |     | It is important that both Drove Road and Tudor House actively engage and celebrate religious and faith celebrated days to affirm children to engage further with the communities.   |
|  |     | When looking at placements, consideration will be given to the observance of religious days of significance to ensure that there is ability for children and young people to access the short break provision at a time that fits in with this.   |
|  |     | All activities will ensure observance of religion or belief and will sensitively and inclusively  |



|   |    | considerations towards dietary, spiritual and/or attire.   |
|---|----|--|
|   |    | Information will be made clear and accessible for all, including translated materials in key languages for the city's migrant populations, and for all front-line services to be aware of support available and signpost accordingly.  |
|   |    | If children and/or parents/carers indicate that they are experiencing religious or belief discrimination, there will be signposting in place to ensure that they have the relevant support that they need or access to a relevant community group that they can contact for assistance.                                      |
| Gender and Sex including non-binary and intersex people | No | The gender split of children and young people with SEN and Disabilities is 29% Female and 71% Male. We would therefore expect to see a similar proportionate gender split in those children and young people attending the short breaks respite provision and the residential care home.                                     |
|   |    | Where young people have identified as non-<br>binary or intersex both homes will need to work<br>closely with families and social care to ensure<br>they have the right advice and support them<br>appropriately and adapt any material or make<br>any necessary adjustments to the home<br>environment to meet their needs. |
|   |    | Allsorts is available for support for children in the city and can provide support and advice for home staff should they require it.   |
|   |    | We are aware that parents/carers may be in situations where they are in non-binary families. This doesn't directly impact on short break arrangements. Where we are aware of any circumstances where individuals need support, we will accommodate any bespoke needs.  |
| Gender Reassignment                                     | No | We have not yet identified any disproportionate impacts on this group because the data available about parents/children's gender reassignment is inconclusive.   |
|   |    | We know that parents/carers may not want to disclose information about gender reassignment for reasons such as the perceive lack of support, fear of discrimination, personal choice.  |



|                                   |    | We will take this into account and ensure that very situation is dealt with compassionately and fairly and that bespoke assistance is available if individuals request this.  Brighton & Hove's Trans Toolkit may also be helpful to home managers and their teams and could be adapted to meet the individual needs of children and young people in their care.  If parents/children indicate they need support and assistance, then they will be signposted to the relevant support or discriminatory community group that they can contact for additional assistance.  |
|-----------------------------------|----|---|
| Sexual Orientation                | No | We have not yet identified any disproportionate impacts on this group because the data available about parents/children's sexual orientation is inconclusive. However, we are aware that discrimination against sexual orientation remains a prevalent issue.  Same sex parent/carers couples or LGBTQ single parents are part of the demographic.  We will need to ensure materials aimed at parents/carers reflect the diversity in the city and that parents/carers and their children are referred to and treated with respect reflecting their family situations.  There is likely to be young people attending the both homes who identify as LGBTQ as we have a high demographic in the city.  If we are aware of any circumstances were individuals need support, we will ensure that this group is supported and that the school is also supported in guiding people through to resources and signposting support.  Allsorts is available for support for children in the city. Both Drove Road and Tudor House will be able to work with Allsorts to support any young people who identify as LGBTQ and adapt any material to ensure it meets their individual needs. |
| Marriage and Civil<br>Partnership | No | We have not yet identified any disproportionate impacts on this group because the data available about parent/carer marital or civil partnership status is inconclusive.  |



|   |    | There may be discrimination around civil partnerships and gay marriages and families. If we are aware of any circumstances where individuals need support, home staff will ensure that this group is supported and guided to resources.  The young people attending the short breaks provision, or the residential home will be between the ages of 8 and 18. It is unlikely this would apply. However, if a young person who is between the ages of 16 and 18 and has parental consent to enter a marriage or civil partnership support will be provided to the young person and family concerned. A Mental Capacity assessment will be completed if required.  |
|---|----|--|
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No | We are aware that parents/carers may be in situations where they are on maternity/paternity leave or caring for younger children.  Parents/carers who are pregnant or on maternity leave may find it difficult to get children/young people to the provision. We will work to accommodate any bespoke needs and provide support to all those where we are aware that their circumstances mean that they require additional support.  As the children and young people accessing short breaks or a residential placement will be between the ages of 8 and 18, we do not expect pregnancy, maternity and paternity to apply. However, there are likely to be children and young people who have been fostered or adopted accessing these provisions and where this is the case the appropriate support will be provided through the BHCC fostering and adoption team. |
| Armed Forces Personnel, their families, and Veterans  | No | We have not yet identified any disproportionate impacts on this group because the data available about parent/carer profession is not available.   |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections              | No | There is no comprehensive data available and further work needs to be undertaken into whether any of the children or young people who will be accessing Drove Road and Tudor House are Expatriates, Migrants, Asylum Seekers or Refugees.  |



|  | T  | <u> </u>   |
|--|----|--|
|  |    | Families from with these backgrounds may have experienced previous trauma and / or racism and children and young people and their families may need additional support. Language support will be provided for families and an interpreter can be sourced upon receiving confirmation and consent from those who would need it.   |
|  |    | If children or parents/carers indicate that they are experiencing discrimination, there will be signposting in place to ensure that they have the relevant support that they need or access to a relevant discriminatory community group that they can contact for assistance.   |
|  |    | Information to be made clear and accessible for all, including translated materials in key languages for the city's migrant populations, and for all front-line services to be aware of support available and signpost accordingly.  |
| Carers considering for age, language, and various intersections  | No | More children should be able to access short breaks through maximising the occupancy at Drove Road. This should help support carers for children and young people with a disability.   |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections | No | The children and young people in the residential home will all be looked after children. There will only be a positive impact upon this group as they will be returning to their city, be nearer to their families and attend their local school. There may also be children and young people who are being fostered accessing the short breaks provision. As Corporate Parent, there is a collective responsibility and demonstrable commitment to ensure that children and young people with care experience are enabled to have the same opportunities as any other child or young person and we need to ensure that those children/young people in foster care have access to respite provision. |
|  |    | Those leaving care at the age of 18 will be supported by the Care Leavers team or the 14 - 25 PoD for transitions in the Specialist Community Disability Service.  |



| Domestic and/or sexual abuse and violence survivors   | No | It there are children or young people accessing the short breaks provision who are living in a home where there is domestic abuse or sexual violence, having a break in provision may impact upon family life these families will be supported by their social workers and a review assessment will be undertaken to mitigate against any risk.   |
|---|----|---|
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | No | Additional burdens due to the cost of living could have disproportionate impact on women due to the nature of their employment types and barriers to employment for those with sole childcare. Having a child with a disability and being a single parent/carer can place additional pressure on the family and their ability to cope. This can then lead to a breakdown of the family. |
|   |    | Having a child with a disability also has an impact on a family's potential earnings as one parent or carer often is the primary carer. This can make families with children who are disabled less financially resilient and place additional pressure on the home and the ability to manage.   |
|   |    | Therefore, it is important that the accommodation the Council has is used efficiently and that we ensure we are using all capacity to maximum effect. The additional overnight breaks should support families who are on low incomes or who are disadvantaged to have a short break from caring for their child.  |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No | As far as we are aware none of the families who access short breaks are currently homeless or rough sleeping. Therefore, there is no impact upon this group.  |
| Human Rights  | No |   |
| Another relevant group (please specify here and add additional rows as needed)  |    |   |

- Ex-offenders and people with unrelated convictions
- Lone parents



- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

This proposal would support the £250k saving against the Disability Placements Budget as more families would be able to access overnight short breaks if we were to use Drove Road to its full capacity. It would also contribute managing the spend on this budget as we are bringing back children and young people from high-cost care placements.

If we are aware of any circumstances were individuals need support, we will ensure that this group is supported and that the school is also supported in guiding people through to resources and signposting support. Where there are multi layered impacts, we are willing to assess this on a case-by-case basis with bespoke resources and support to address these barriers. Individual action plans may be appropriate for certain children.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

#### SMART action 1:

Ensure that the review undertaken by Freedom Training and Consultancy includes and considers all stakeholders views, lived experience and ideas to ensure that the transition from two in house short breaks/ respite homes to a residential and short breaks provision is a smooth process. Completed by March 2024

#### SMART action 2:

The Council will undertake biannual surveys of parents/carers undertaken by the homes to ensure that the transition is a positive experience and that any issues/concerns have been addressed.

#### SMART action 3:

The Council will undertake further intersectional data insights work into the race and ethnicity of those children who will be accessing Drove Road and Tudor House to ensure that there is at least proportionate representation and equity of access of those children who identify as Black or from the Global Majority. This will monitored through our quarterly performance boards.



## 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 3 |
|--------------------------|---|

## 8. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:

| n/ | 'a |  |  |  |
|----|----|--|--|--|
|    |    |  |  |  |
|    |    |  |  |  |

### 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:   | Date: DD-MMM-YY |
|---------------------------|-----------------------|-----------------|
| Responsible Lead Officer: | Georgina Clarke-Green | 19-01-24        |
| Accountable Manager:      | Lorraine Hughes       | 19-01-24        |

# **EDI Review and Approval:**

## **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 23-01-24        |



# **Budget Equality Impact Assessment (EIA) Template 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Family Support Services  |
|---|--|
| Name and title of officer responsible for this EIA: | Georgina Clarke-Green, Assistant Director Health, SEN and Disability |
| Directorate and Service Name:                       | Families, Children and Learning, SEN and Disability Outreach service |
| Budget proposal no.                                 | 2  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

To achieve savings of £115k by ceasing funding the Outreach service. The service provides a range of opportunities for disabled children and young people within the community. The service supports those children and young people with complex needs to access a variety of activities and experiences. The service currently supports 11 families and has two staff. Most sessions are on a 1:1 or 2:1 basis and for 3 hours per week or fortnightly. There is a small waiting list for this service.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The Outreach Service currently supports 11 families. 5 of the 11 families are Black and from the Global Majority. 10 of the 11 children and young people using the service are male. There are several single parents/carers receiving respite through this service, these are predominantly women.

As part of this work, we are looking to redesign our in-house respite services and we are anticipating there may be an increased number of respite sessions available to support these families (see in house respite re-design budget EIA). In addition, we are seeking to have a more varied holiday offer through the work the council is undertaking on short breaks and holiday activities. Further work is also planned regarding a new Personal Assistant Co-ordinator role which will help support families to recruit and retain Personal Assistants. All these pieces of work will help to mitigate the impact upon families should this service cease.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.



Consultation with staff will be completed by the 31 March 2024.

A consultation with the families who use this service will also be undertaken in February 2024 as well as a review of their care plans which will be undertaken by their Social Worker to ensure equality impacts including intersectional impacts are fully understood. This will be to ensure that we are planning with the families concerned what other support can be provided if the Outreach Service ceases to operate.

What other budget or service EIAs can assist/have been used to inform this assessment?

In house residential provision budget EIA.

## 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES            |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not  | YES            |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | YES            |
| Religion, Belief, Spirituality, Faith, or Atheism  | YES            |
| Gender Identity and Sex (including non-binary and Intersex people)   | YES            |
| Gender Reassignment  | YES            |
| Sexual Orientation   | YES            |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | No             |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | YES            |
| Carers   | YES            |
| Looked after children, Care Leavers, Care and fostering experienced people   | YES            |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | YES            |
| Socio-economic Disadvantage  | YES            |
| Homelessness and associated risk and vulnerability   | YES            |



| Human Rights   | YES |
|--|-----|
| Another relevant group (please specify here and add additional rows as needed) | YES |
| Lone parents   | YES |
| Carers   | YES |
| People facing literacy and numeracy barriers                                   | YES |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

We will seek to establish data on whether the families who are accessing these provisions are Armed Forces personnel, their families or veterans. This can be undertaken through the social care assessment process.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Reviews of care plans will be undertaken by Social Workers for all the children who access this service to ensure that we are planning with the families concerned what other support can be provided if the Outreach Service ceases to operate. The impact on these families will be monitored through regular reviews by Social Workers.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith |
|---|--|
|---|--|



|   |                 | OR   |
|---|-----------------|--|
|   | State Yes or No | If no impact is identified, briefly state why.   |
| Age including those under 16, young adults, multiple                                | Yes             | The service will no longer be operational and will impact upon those children and young people under 18 who are accessing the service.   |
| ethnicities, those with various intersections.                                      |                 | However, as part of the SEND Short Break commissioning process we will be exploring with our providers their ability to support those families who will be affected. Social workers will work with the families to put a package of support in place that will help to mitigate the loss of their weekly or fortnightly session. When going out to the market the council has also sought providers that will support young people up to the age of 25 so we expect to increase the age range. |
| <b>Disability</b> includes physical and sensory disabled, D/deaf, deafened, hard of | Yes             | All the children impacted by the service ceasing will have learning disabilities and complex needs. Therefore, there will be an impact for this group.   |
| hearing, blind,<br>neurodiverse people,<br>people with non-visible<br>disabilities. |                 | As part of the SEND Short Break commissioning process we will be exploring with our providers their ability to support those families who will be impacted and working towards putting a package of support in place for them. We have specifically asked for providers that can support children and young people with complex needs and expect to have these within our new offer.   |
|   |                 | Family hubs are also bringing together different services in a 'one stop shop' for support and information from a variety of services making it easier to help families.   |
|   |                 | The remodelling of our in-house provision will also support more short break overnight capacity.   |



| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers   | Yes | 5 of the 11 children being supported by the Outreach Service are either Black or from the Global Majority. Therefore, there will be a disproportionate impact upon this population. We will be working closely with these families to ensure that we provide other support that will meet the needs of their children.  Language support, as well as an interpreter, will                                       |
|--|-----|---|
|  |     | be provided should it be required when working with these families to ensure that information on other opportunities for support are accessible include translated materials should they be required.   |
|  |     | We will also ensure that all social workers supporting the families are aware of support available and signpost accordingly. If children and/or parents/carers indicate that they are experiencing discrimination, there will be signposting in place to ensure that they have the relevant support that they need or access to a relevant discriminatory community group that they can contact for assistance. |
|  |     | As part of the SEND Short Break commissioning process we will be exploring with our providers their ability to support those families who will be affected, and we have asked for expressions of interest from providers that would like to run specific sessions for Black and Global Majority children and young people with SEND.  |
|  |     | The remodelling of our in-house provision will also support more short break overnight capacity.  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief | Yes | The Specialist Community Disability Service and the Safeguarding and Care service hold data on their children and young people they support in terms of their religion or belief. It is likely there will be range of religions and belief systems within the cohort who may have accessed or be accessing the support currently.   |
|  |     | We will be working closely with these families to ensure that we provide other support that will meet the needs of their children.  |
|  |     | We will also ensure that all social workers supporting the families are aware of support available and signpost accordingly. If children and/or parents/carers indicate that they are experiencing discrimination, there will be  |



|   |     | signposting in place to ensure that they have the   |
|---|-----|---|
|   |     | relevant support that they need or access to a relevant discriminatory community group that they can contact for assistance.  |
|   |     | As part of the SEND Short Break commissioning process we will be exploring with our providers their ability to support those families who will be affected.   |
|   |     | We expect any new providers supporting these children to make any adjustments required to ensure observance of their religion or belief system and this will be sensitively and inclusively incorporated into the activities of their placement. This includes dietary, spiritual and/or attire.                        |
|   |     | The remodelling of our in-house provision will also support more short break overnight capacity.  |
| Gender and Sex including non-binary and intersex people | Yes | The gender split of children and young people with SEN and Disabilities is 29% Female and 71% Male. The service currently supports 10 males and 1 female. This is primarily because we only have male staff members and are not able to offer support to females currently. Therefore, there may be an impact on males. |
|   |     | There are no children and young people accessing the service who identify as non-binary or intersex.  |
| Gender Reassignment                                     | No  | There are currently no children or young people who identify as trans within the current group of children being supported by this service.  Therefore, there should be no disproportionate impact.   |
| Sexual Orientation                                      | No  | There are currently no children or young people who identify as LGBTQ within the current group of children being supported by this service. Therefore, there should be no disproportionate impact on this group.  |
| Marriage and Civil Partnership                          | No  | It is unlikely there will be any disproportionate impact within this group as 8 of the children and young people supported by this service are under 16 with only 3 over the age of 16. These are under 18 and would require the consent of their parents/carers and may need a Mental Capacity assessment.             |



| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | Yes | We do not hold data about pregnancies of the parents/carers. However, we are aware that parents/carers may be in situations where they are pregnant, on maternity/paternity leave or caring for younger children. It may be that families who have children accessing this service are in within this grouping. When working with the families to identify new provision will ensure we will accommodate any bespoke needs and provide support to all those where we are aware that their circumstances mean that they require additional support.  There are likely to be children and young people who have been fostered or adopted who have accessed this service and where this is the case the appropriate support will be provided through the BHCC fostering and adoption team and their social worker. |
|---|-----|---|
| Armed Forces Personnel, their families, and Veterans  | No  | There are no disproportionate impacts identified for this group at this time.   |
| Expatriates, Migrants,<br>Asylum Seekers, and<br>Refugees considering for<br>age, language, and<br>various intersections  | Yes | We are not aware that any of the families using this service are from within these groups. However, should this be the case there may an impact upon this population. We realise that this group may be particularly vulnerable, and we will be working closely with these families to ensure that we provide other support that will meet the needs of their children.   |
|   |     | Language support, as well as an interpreter, will be provided should it be required when working with these families to ensure that information on other opportunities for support are accessible include translated materials should they be required.   |
|   |     | We will also ensure that all social workers supporting the families are aware of support available and signpost accordingly. If children and/or parents/carers indicate that they are experiencing discrimination, there will be signposting in place to ensure that they have the relevant support that they need or access to a relevant discriminatory community group that they can contact for assistance.   |



|   |     | As part of the SEND Short Break commissioning process we will be exploring with our providers their ability to support those families who will be affected.  The remodelling of our in-house provision will also support more short break overnight capacity.  |
|---|-----|--|
| Carers considering for age, language, and various intersections   | Yes | Carers may rely on this support to have a short break from their caring duties. Therefore, there is likely to be an impact upon this group.  |
|   |     | Social Workers will be working closely with these families to ensure that we provide other support that will meet the needs of their children.   |
|   |     | As part of the SEND Short Break commissioning process we will be exploring with our providers their ability to support those families who will be affected.  |
|   |     | The remodelling of our in-house provision will also support more short break overnight capacity, which may also be of benefit to this group.   |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | No  | There are no children being supported by this service who are looked after by the local authority or who are care leavers or in foster care. Therefore, there should be no disproportionate impact upon this group.  |
| Domestic and/or sexual abuse and violence survivors   | Yes | We are not aware of any children open to the outreach team who live in homes where there is domestic and/or sexual abuse. However, if this were the case closing the outreach service could put further pressure on these families. To mitigate against this social work and assessment support will be provided.                      |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | Yes | Additional burdens due to the cost of living could have disproportionate impact on women due to the nature of their employment types and barriers to employment for those with sole childcare. Having a child with a disability and being a single parent/carer can place additional pressure on the family and their ability to cope. |
|   |     | Having a child with a disability also has an impact on a family's potential earnings as one parent or carer often is the primary carer. This can make families with children who are   |



|  |    | disabled less financially resilient and place additional pressure on the home and the ability to manage.   |
|--|----|--|
|  |    | There are several single parents/carers who benefit from this service and therefore they will be impacted upon. To mitigate against this social work and assessment support will be provided.  |
|  |    | As part of the SEND Short Break commissioning process we will be exploring with our providers their ability to support those families who will be affected. Financial support will be provided for those families who have a low income or who are disadvantaged to access these provisions. |
|  |    | The remodelling of our in-house provision will also support more short break overnight capacity, which may also be of benefit to this group.   |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections | No | The families who will be impacted by this saving are not homeless or rough sleepers.   |
| Human Rights   | No |  |
| Another relevant group (please specify here and add additional rows as needed)                                       |    |  |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers



#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Increasing the access to respite provision through the re-design of Drove Road and Tudor House will mean there may be more opportunities for families to have a short break that may help to mitigate against loss of the outreach service.

We are looking to redesign our in-house respite services and we are anticipating there may be an increased number of overnight respite sessions available to support these families (see in house respite re-design budget EIA). In addition, we are seeking to have a more robust and varied holiday offer. Further work is also planned regarding PA support which should also help to mitigate the service ceasing.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

## SMART action 1:

The council will work with providers to look at how we will address the gaps in provision left by the ceasing of the Outreach Service from March 2024.

#### SMART action 2:

Over the next 6 months the council will continue its work with Family Hubs and in house short breaks providers to develop an improved Early Help offer to prevent family breakdown.

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: 3 | Proposal's impact score: |
|----------------------------|--------------------------|
|----------------------------|--------------------------|

#### 8. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:



# 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:   | Date: DD-MMM-YY |
|---------------------------|-----------------------|-----------------|
| Responsible Lead Officer: | Georgina Clarke-Green | 19-01-24        |
| Accountable Manager:      | Lorraine Hughes       | 19-01-24        |

# **EDI Review and Approval:**

# Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 23-01-24        |



# **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Disability Placements  |
|---|--|
| Name and title of officer responsible for this EIA: | Georgina Clarke-Green, Assistant Director Health, Special Educational Needs and Disability |
| Directorate and Service Name:                       | Families, Children and Learning, Disability Placements                                     |
| Budget proposal no.                                 | 3  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

Achieve £250k of savings through limiting the number of expensive external residential placements through commissioning and brokerage work. This is a demand led budget that must respond to presenting needs, including high-cost placements. This reduction in budget will impact only on children with a learning disability in the care of the local authority.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

£795k pressure funding will offset the £250k saving and this will essentially mean the overall budget will increase by £545K.

Over the last three years we have seen national sufficiency issues regarding placements and a significant increase in the unit cost for a placement with new placements averaging between £7,000 and £10,000 per week for children and young people with complex needs. This is placing great pressure on the system. To assist in bringing down these costs we have a new Head of Commissioning for the Families, Children and Learning Directorate. This post will take a strategic approach that maximises the commissioning opportunities and capitalises on the overlaps in delivery within lower cost early intervention provision and services such as alternative provision, short breaks, and family hubs, with aim of reducing the need of out of city care placements. A focus on cross boundary commissioning of services/provision will also further support efficiency savings through providing a wider base from which to support and challenge private providers.

The re-design of our in-house respite provision is intended to provide more opportunities for respite for families to provide them with a short break and help prevent children coming into care, with the proposal to make Tudor House a full-time residential provision we would be increasing the provision for full time care placement. In addition, we are developing a new short break offer which should provide a wider range of providers that parents/carers will be able to access through their direct payments. Further work is also being undertaken to develop the role of Personal Assistant Co-ordinator to help support families recruit and retain Personal Assistants.

These early intervention measures will help to achieve the savings as fewer children and young people with complex needs should need to come into care.



#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation is planned as savings will need to be achieved through negotiating lower costs with providers and using our own in-house provision more efficiently.

What other budget or service EIAs can assist/have been used to inform this assessment?

In house residential provision budget EIA.

## 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES            |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not                              | YES            |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)                                 | YES            |
| Religion, Belief, Spirituality, Faith, or Atheism  | YES            |
| Gender Identity and Sex (including non-binary and Intersex people)                                     | YES            |
| Gender Reassignment  | YES            |
| Sexual Orientation   | YES            |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum) | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | No             |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | YES            |
| Carers   | YES            |
| Looked after children, Care Leavers, Care and fostering experienced people                             | YES            |



| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | YES |
|--|-----|
| Socio-economic Disadvantage  | YES |
| Homelessness and associated risk and vulnerability   | YES |
| Human Rights   | YES |
| Another relevant group:  | YES |
| Lone parent  | YES |
| Carers   | YES |
| People facing literacy and numeracy barriers   | YES |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

We will seek to establish data on whether the families who are accessing these provisions are Armed Forces personnel, their families or veterans. This can be undertaken through the social care assessment process.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

A robust process is in place for children needing to come into care through the Entry to Care panel, decisions are made at this panel as to whether a child comes into care and whether a foster care or residential care placement is sought. Regular 'Me and My World' reviews are undertaken by Independent Reviewing Officers with all children in care, and placement support meetings are held when required. These meeting include any changes to support needs and negotiations with providers. Social Workers visit children every 6 weeks in their care placement to ensure their needs are being met.

Monthly budget monitoring meetings are in place to monitor spend on providers. Continue to collect and analyse equality data of children in care through quarterly Directorate Management Team performance boards. Impact of early intervention measures will be monitored through quarterly contract meetings with providers.



# 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups  | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  |
|--|---|---|
|  | State Veg or No                                       | OR  |
|  | State Yes or No                                       | If no impact is identified, briefly state why.  |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.  | Yes   | All the children and young people this will impact will be under 18 they will have complex needs and be vulnerable needing to be in care and at risk of requiring a high-cost placement due to their needs.   |
|  |   | It is hoped that the impact in part will be mitigated by a wider range of early intervention provision/ services that will help support families keep their children at home.   |
| Disability includes<br>physical and sensory<br>disabled, D/deaf,<br>deafened, hard of<br>hearing, blind,<br>neurodiverse people,<br>people with non-visible<br>disabilities. | Yes   | All of the children will have learning disabilities and complex needs. Many of them will also have medical needs that will incur joint funding arrangements with the Integrated Care Board. Because of the complexities in need and the pressure families are under some of these young people will need externally provided specialist placements. |
|  |   | It is hoped that the impact in part will be mitigated by a wider range of early intervention provision/ services that will help support families keep their children at home.   |



| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers   | Yes | 41% (7 out of 17) of children and young people who are currently in a disability residential care placement are either Black or from the Global Majority. Therefore, the reduction in funding is likely to impact upon this population.   |
|--|-----|---|
|  |     | Further work needs to be undertaken to identify why such a high percentage of children and young people with a disability who are Black or from the Global Majority are in residential care. This work will inform our commissioning strategy so that we are putting in effective early intervention from a care perspective specifically for these families. This work should help to prevent children coming into care. |
|  |     | As part of the SEND Short Break commissioning process we will be exploring with our providers their ability to support those families who will be affected, and we have asked for expressions of interest from providers who would like to run specific sessions for Black and Global Majority children and young people with SEND.   |
|  |     | The remodelling of our in-house provision will also support more short break overnight capacity and we need to ensure that the access to this provision reflects the diversity within the city.   |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief | Yes | The Specialist Community Disability Service and the Safeguarding and Care service hold data on their children and young people they support in terms of their religion or belief. It is likely there will be range of religions and belief systems within the cohort who may require specialist residential placements. Therefore, there may be an impact on this group.  |
|  |     | Further work will need to be undertaken on this data to inform our commissioning of provision going forward and to ensure that providers actively engage and celebrate religious and faith celebrated days to affirm children to engage further with the communities.   |
|  |     | We would expect all activities to ensure observance of religion or belief and will sensitively and inclusively show considerations towards dietary, spiritual and/or attire. This will be an area that is kept under review through the Me and My World process.  |



| Gender and Sex including non-binary and intersex people                                       | No  | The gender split of children and young people with SEN and Disabilities is 29% Female and 71% Male. However, the decision to place is based upon need and the gender of the child would not negatively impact upon the commissioning of a placement.  |
|---|-----|---|
| Gender Reassignment   | Yes | Some children in care identify as non-binary or trans as well as having complex needs, their vulnerability may require placement in more specialist residential provision and therefore a reduction in budget may impact upon residential placements for these young people.  |
|   |     | It is hoped that the impact in part will be mitigated by a wider range of early intervention provision/ services that will help support families keep their children at home. By keeping young people local access to the Brighton & Hove's Trans Toolkit may also be helpful and could be adapted to meet the individual needs of children and young people.   |
| Sexual Orientation  | No  | We have not yet identified any disproportionate impacts on this group because the data available about children and young people's sexual orientation is inconclusive. However, we are aware that discrimination against sexual orientation remains a prevalent issue. When placing with providers we need to be assured that if there are any circumstances where individuals need support, that they are supported and get access to the right guidance and resources that have been adapted to meet their needs. |
| Marriage and Civil<br>Partnership   | No  | The young people attending in care placements will be under the age of 18. It is unlikely this would apply. However, if a young person who is between the ages of 16 and 18 and has parental consent to enter a marriage or civil partnership support will be provided to the young person and family concerned. A Mental Capacity assessment will be completed if required.  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and | No  | However, there are likely to be children and young people who have been adopted in care placements and where this is the case the appropriate support will be provided through the BHCC adoption team and their Social Worker.  |



|  |     | Ţ  |
|--|-----|--|
| non-binary gender spectrum)  |     |  |
| Armed Forces Personnel, their families, and Veterans   | No  | There are no disproportionate impacts identified for this group at this time.  |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections                                       | Yes | Families from with these backgrounds may have experienced previous trauma and / or racism and children and young people and their families may need additional support. These are a vulnerable group, and some children and young people may need to come into care.  Further work needs to be undertaken as to the prevalence of this group within the specialist disability service so that it can inform our commissioning strategy and our work with providers going forward. Specific early intervention work will need to be commissioned that will help to support these families to prevent family breakdown.  The remodelling of our in-house provision will also support more short break overnight capacity and we need to ensure that the access to this provision reflects the diversity within the city. |
| Carers considering for age, language, and various intersections  | Yes | There may be delays to accessing care placements through not being able to secure a suitable placement and local packages of support will need to be agreed and implemented with carers until a placement can be identified. Therefore, there is likely to be an impact on this group.  The remodelling of our in-house provision will also support more short break overnight capacity, and this is likely to help carers.  |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections | Yes | All children in this cohort will be looked after children. Care leavers will continue to be supported through our 14-25 transitions PoD and/or the Care Leavers team and may be impacted upon.   |
| Domestic and/or sexual abuse and violence survivors  | Yes | A reason for children or young people being placed in full times care could be where they are living in a home where there is domestic abuse or sexual violence. Therefore, this group may be impacted. These families will be supported by  |



|   |     | their social workers and a review assessment will be undertaken to mitigate against any risk.   |
|---|-----|---|
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | Yes | Additional burdens due to the cost of living could have disproportionate impact on women due to the nature of their employment types and barriers to employment for those with sole childcare. Having a child with a disability and being a single parent/carer can place additional pressure on the family and their ability to cope. This can then lead to a breakdown of the family. |
|   |     | Having a child with a disability also has an impact on a family's potential earnings as one parent or carer often is the primary carer. This can make families with children who are disabled less financially resilient and place additional pressure on the home and the ability to manage.   |
|   |     | Therefore, it is likely that this cohort may be impacted upon.  |
|   |     | It is hoped that the impact in part will be mitigated by a wider range of early intervention provision/ services that will help support families keep their children at home.   |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No  | The children and young people who will be impacted by this saving are not likely to be homeless or rough sleepers as they will be in care.  |
| Human Rights  | No  |   |
| Another relevant group (please specify here and add additional rows as needed)  |     |   |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)



#### Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Increasing the access to respite provision through the re-design of Drove Road and Tudor House will mean there may be more opportunities for families to have a short break that may help prevent children coming into care. There will also be an emergency placement available should a child need an emergency placement in a crisis. Our aim is that the re-design of Tudor House will increase the number of full-time care placements in the city.

The removal of the Outreach Service could exacerbate the situation as this will reduce the support for 11 families and therefore will potentially impact upon the family's ability to manage. However, every child will be supported by their social worker and review assessment of their needs will be undertaken. This will also be mitigated by the development of a range of early interventions mentioned previously.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: The Council will continue to negotiate with providers on the framework on reducing the costs of high-cost packages and to develop local providers and provision. The new Head of FCL Commissioning will continue to address seek further ways to make these processes more efficient.

SMART action 2: The Council will continue to work with Family Hubs and in house short breaks providers and external providers to develop an improved Early Help and short breaks offer to prevent family breakdown.

SMART action 3: The Council will explore developing a complex needs in-house foster carer service to reduce reliance on more expensive independent provider provision. This will happen within the next 6 months.

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.



| Proposal's impact score: | 3 |
|--------------------------|---|

#### 8. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:

# 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:   | Date: DD-MMM-YY |
|---------------------------|-----------------------|-----------------|
| Responsible Lead Officer: | Georgina Clarke-Green | 19-01-24        |
| Accountable Manager:      | Lorraine Hughes       | 19-01-24        |

# **EDI Review and Approval:**

# **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 22-01-24        |



# **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | School Improvement (Environmental Education)             |
|---|--|
| Name and title of officer responsible for this EIA: | Mark Storey, Head of Education Standards and Achievement |
| Directorate and Service Name:                       | Families, Children and Learning, Education and Skills    |
| Budget proposal no.                                 | 4  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

A total saving of £61,000 from a budget of £335,000 is proposed in the School Improvement budget. This comprises:

- 1. £20,000 efficiency savings and new source of income. This can be done with negligible impact on staff or service users.
- 2. £41,000 on Environmental Education. This will impact on schools.

This EIA refers to the Environmental Education budget saving only (£41,000 which is 100% of amount spent on Environmental Education). This funds:

- a part-time Environmental Education Officer who designs and delivers the city's Climate Change, Sustainability and Environmental Education programme
- training, advice and support to school leaders and teachers
- the development and regular updating of a dedicated <u>website</u> to share resources and best practice
- opportunities for school staff and pupils from across the city to network with each other and external organisations to initiate change

It does not provide a service directly to children and young people or the public.

There is no statutory requirement for schools to provide environment and sustainability education. The content and breadth is not stipulated in any way. Schools will however still continue to provide environmental education, however it will no longer be co-ordinated centrally and teachers will not have the support of an expert council officer.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

This saving may impact on children and young people as it contributes to their education and helps to give them a voice in an area that is a huge concern to many of them.

We cannot measure the impact as there is no GCSE or other assessment of pupils in this area.



#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

This saving was proposed in January 2024 so there has been insufficient time for detailed consultation. We expect schools and young people to object to the proposal.

There will be consultation as part of the appropriate HR process when deleting a post. This includes consultation with post holder.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

## 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES            |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not                              | Not applicable |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)                                 | Not applicable |
| Religion, Belief, Spirituality, Faith, or Atheism  | Not applicable |
| Gender Identity and Sex (including non-binary and Intersex people)                                     | Not applicable |
| Gender Reassignment  | Not applicable |
| Sexual Orientation   | Not applicable |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum) | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | Not applicable |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | Not applicable |
| Carers   | Not applicable |
| Looked after children, Care Leavers, Care and fostering experienced people                             | Not applicable |



| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | Not applicable |
|--|----------------|
| Socio-economic Disadvantage  | Not applicable |
| Homelessness and associated risk and vulnerability   | Not applicable |
| Human Rights   | Not applicable |
| Children and Young People  | Not applicable |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

| Not applicable |  |  |
|----------------|--|--|
|                |  |  |

What are the arrangements for monitoring, and reviewing the impact of this proposal?

We will meet with the headteachers from the Brighton & Hove Education Partnership in 2024/25 to hear their feedback on the impact of this saving.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

Data and analysis sources may include (not an exhaustive list):

| Assess impact for different population groups Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith |
|---|--|
|---|--|



|   |                 | OR  |
|---|-----------------|---|
|   | State Yes or No | If no impact is identified, briefly state why.  |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.   | Yes             | This service supports school leaders and teachers and not children and young people directly. This cut could mean the quality of 'environmental and sustainability education' that pupils receive is not as robust or effective as it would be had the service continued. |
|   |                 | It could also mean some young people have less opportunity to have their voice heard  |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | No              | Not applicable  |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | No              | Not applicable  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | No              | Not applicable  |
| Gender and Sex including non-binary and intersex people   | No              | Not applicable  |
| Gender Reassignment   | No              | Not applicable  |
| Sexual Orientation  | No              | Not applicable  |
| Marriage and Civil Partnership  | No              | Not applicable  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                               | No              | Not applicable  |
| Armed Forces Personnel, their families, and Veterans  | No              | Not applicable  |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for   | No              | Not applicable  |



| age, language, and various intersections  |    |                |
|---|----|----------------|
| Carers considering for age, language, and various intersections   | No | Not applicable |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | No | Not applicable |
| Domestic and/or sexual abuse and violence survivors   | No | Not applicable |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | No | Not applicable |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No | Not applicable |
| Human Rights  | No | Not applicable |
| Another relevant group (please specify here and add additional rows as needed)  |    |                |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers



#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

No

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

#### SMART action 1:

The Education Adviser for PSHE will pick up the topic of environment and education within schools' PSHE networks from April 2024. Materials of use that are received by the council will be disseminated via the Schools' Bulletin or the PSHE network. As far as possible we will encourage conversation on this topic at this network.

#### SMART action 2:

The Head of Education Standards and Achievement will add environment and sustainability to headteacher meeting agendas on an annual basis. At these meetings we will aim to share activity and ideas that are happening with the city.

#### SMART action 3:

The Head of Education Standards and Achievement will request that schools pick up some of this work including the running of networks for sharing practice; opportunities for young people to have their voice heard; running of a website. This will be addressed in the chairs of partnerships meeting by May 2024.

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 3 |
|--------------------------|---|

#### 8. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:



## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:   | Date: DD-MMM-YY |
|---------------------------|---|-----------------|
| Responsible Lead Officer: | Mark Storey   | 18/01/2024      |
|                           | Head of Education Standards & Achievement                             |                 |
| Accountable Manager:      | J. hyprs  | 19/01/2024      |
|                           | Jo Lyons  |                 |
|                           | Assistant Director, Families Children & Learning (Education & Skills) |                 |

# **EDI Review and Approval:**

## Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 23-01-24        |



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Youth led grants                             |
|---|--|
| Name and title of officer responsible for this EIA: | Jo Templeman, Head of Family Hubs            |
| Directorate and Service Name:                       | Families, Children and Learning, Family Hubs |
| Budget proposal no.                                 | 5  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

The proposal is to cease the Youth Led Grants funding in total; a saving of £80,000.

Young people are responsible for the distribution of funding allocated to the annual Youth Led Grants programme. Young people take a lead on how this money is spent, making decisions on the priorities, framework for allocating funds, and writing and evaluating the bids. The current agreed priorities for this programme are:

- Improving young people's mental health ·
- Reducing the harm from young people's alcohol and substance misuse
- Increasing volunteering and work experience opportunities
- Increasing opportunities for young people to participate in new and challenging experiences
- Supporting young people who have faced additional disadvantage due to Covid-19

The eligibility criteria include:

- Benefiting young people aged 11-19 (up to 25 if they have special educational needs)
- Ensuring distribution of funding takes into account the geographical areas of the city and groups of young people facing challenges in their lives, particularly around equality issues
- Working in partnership with one of the lead Youth Service Grant Providers listed above
- Succeeding in encouraging participation with the voice of young people being embedded
  across all work, broadening the area of influence for young people. Your project will have
  a clear approach as to how young people are involved in and shape the activities and be
  part of the offer.
- Operating in a manner compliant with the Equalities Act 2010 (see below)

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:



All funded projects target disadvantaged young people. A reduction in funding would result in between 20 -25 different youth projects/activities not being funded, and this would impact on young people aged between 11 – 19 years (up to 25 if they have special educational needs), particularly those with SEND, those financially disadvantaged, Black and Global Majority young people, gender specific groups and those impacted by Covid (particularly worsened mental health).

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

| There has been no consultation regarding this saving. |  |
|---|--|
| There has been no consultation regarding this saving. |  |
|   |  |
|   |  |
|   |  |

What other budget or service EIAs can assist/have been used to inform this assessment?

23/24 budgets savings EIA for this same grant programme.

#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES - 11 to 25 years olds |
|--|---------------------------|
| Disability and inclusive adjustments, coverage under equality act and not                              | yes                       |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)                                 | yes                       |
| Religion, Belief, Spirituality, Faith, or Atheism  | Not applicable            |
| Gender Identity and Sex (including non-binary and Intersex people)                                     | yes                       |
| Gender Reassignment  | NO                        |
| Sexual Orientation   | NO                        |
| Marriage and Civil Partnership   | Not applicable            |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum) | Not applicable            |
| Armed Forces Personnel, their families, and Veterans   | Not applicable            |



|  | ·   |
|--|-----|
| Expatriates, Migrants, Asylum Seekers, and Refugees  | NO  |
| Carers   | NO  |
| Looked after children, Care Leavers, Care and fostering experienced people   | NO  |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | NO  |
| Socio-economic Disadvantage  | yes |
| Homelessness and associated risk and vulnerability   | NO  |
| Human Rights   | NO  |
| Another relevant group (please specify here and add additional rows as needed)   | NO  |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

| Equal opportunities is part of the application and assessment process. |  |
|--|--|
|  |  |
|  |  |

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Feedback from organisations currently receiving a grant via this programme.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.



| Assess impact for different population groups   | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR |
|---|---|--|
| _   | State Yes or No                                       | If no impact is identified, briefly state why.   |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.   | Yes   | This will impact on young people aged between 11 years – 19 years (up to 25 years if they have special educational needs). There will be no funding for project for this group.              |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes   | This programme awards funding to specific programmes for young people with SEND. There will be no funding for project for this group.  |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | Yes   | This programme awards funding to activities for Black and Global Majority young people. There will be no funding for project for this group.   |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | No  | No disproportionate impact for this group.   |
| Gender and Sex including non-binary and intersex people   | Yes   | This programme awards funding to activities for young women and men re: gender-related issues and disadvantages. There will be no funding for project for this group.                        |
| Gender Reassignment   | No  | No disproportionate impact for this group.   |
| Sexual Orientation  | No  | No disproportionate impact for this group.   |
| Marriage and Civil Partnership  | n/a   |  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                               | n/a   |  |
| Armed Forces Personnel, their families, and Veterans  | n/a   |  |



| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections  | Yes | This programme awards funding to activities for Black and Global Majority young people, within this cohort of young people some will identify as refugee and or migrant. There will be no funding for project for this group. |
|---|-----|---|
| Carers considering for age, language, and various intersections   | No  |   |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | No  | Groups currently funded by in house council funding, so not impacted by youth led grants.   |
| Domestic and/or sexual abuse and violence survivors   | n/a |   |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | Yes | Young people financially disadvantaged are particularly targeted for the funded projects. There will be no funding for project for this group   |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | n/a |   |
| Human Rights  | n/a |   |
| Another relevant group (please specify here and add additional rows as needed)  |     |   |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery



- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The Youth Service Grants Programme 2021-2025 aims to assist organisations financially so that they can deliver the desired outcomes, building on the assets of the third sector, promoting enterprise and social value.

This funding is to:

- Provide safe physical, digital and outreach spaces in the community that delivers open access, non-formal education to young people that will support their personal and social development through activities that young people need, want and value.
- Deliver regular activities and opportunities for young people to participate in decision making forums, social action and volunteering.
- Provide targeted and specialist youth work to engage young people with specialist needs, disadvantaged young people or marginalised population groups.
- Work in partnership with the Council, other youth providers and specialist agencies, acting as a bridge and supporting young people to access other services and being part of a multi-agency group where appropriate.
- Empower young people to co-design and co-produce activities, projects and services This funding is sustained for 24/25 and will ensure services are still delivered and help mitigate the impact of this budget saving.

The significant reduction of the council's annual grant fund to the community and voluntary sector – the Communities Fund – will likely have a worsening impact on this proposal as it will not offer a viable alternative for providers to bid to.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Youth providers will be directed to the Holiday Activities Funding which can support projects like those funded through the youth-led grant programme.

(note: HAF only applicable for young people eligible for Free School Meals)

SMART action 2: Youth providers will be supported to seek and apply for other funding opportunities via BHCC youth manager

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.



1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 1 |
|--------------------------|---|

#### 8. Publication

| All Equality Impact Assessments will be published. If you are recommend | ding, and choosing not to |
|---|---------------------------|
| publish your EIA, please provide a reason:                              |                           |
|   |                           |
|   |                           |
|   |                           |

#### 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:                           | Date: DD-MMM-YY |
|---------------------------|---|-----------------|
| Responsible Lead Officer: | Jo Templeman – Head of Service<br>Family hubs | 22.1.23         |
| Accountable Manager:      | Jo Lyons – Assistant director                 | 22.1.23         |

## **EDI Review and Approval:**

#### **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 23-01-24        |



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Cease funding external service level agreement with:  Brighton unemployed families project centre £11,000  Brighton Oasis creche support £2,000 |  |
|---|---|--|
|   |   |  |
|   | • Amaze £1,000  |  |
| Name and title of officer responsible for this EIA: | Jo Templeman, Head of Family Hubs   |  |
| Directorate and Service Name:                       | Families, Children and Learning, Family Hubs  |  |
| Budget proposal no.                                 | 6   |  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

The funding for the Brighton unemployed centre supports the delivery of childcare for adults accessing the centre, withdrawing funding could impact on under 5's, women and disadvantaged families.

The funding for the Brighton Oasis Creche provides childcare for women accessing the service provided by Oasis for substance misuse support, withdrawing funding could impact on under 5's and women.

The funding for Amaze is to provide one off groups for early years children with SEND.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Impact on children under 5. Removal of funding would reduce the service for under 5s via creche, childcare and stay and play session.

Removing funding from Amaze may impact on the delivery of service for children with SEND.

Any reduction in childcare provision disproportionately affects women who tend to have responsibility for these arrangements. The childcare workforce is overwhelmingly female.

Brighton Unemployed Families Project and Oasis all run in Tarner children's centre area with a focus on supporting disadvantaged children.

Oasis provides support to women experiencing substance misuse issues.



#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Feedback and insight from previous dialogue with the providers has been used to inform this assessment.

What other budget or service EIAs can assist/have been used to inform this assessment?

23/24 budgets savings EIA for the same proposal.

#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES            |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not                              | No             |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)                                 | No             |
| Religion, Belief, Spirituality, Faith, or Atheism  | Not applicable |
| Gender Identity and Sex (including non-binary and Intersex people)                                     | Yes            |
| Gender Reassignment  | Not applicable |
| Sexual Orientation   | Not applicable |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum) | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | Not applicable |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | No             |
| Carers   | Not applicable |
| Looked after children, Care Leavers, Care and fostering experienced people                             | Not applicable |



| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | Not applicable |
|--|----------------|
| Socio-economic Disadvantage  | No             |
| Homelessness and associated risk and vulnerability   | yes            |
| Human Rights   | Not applicable |
| Another relevant group (please specify here and add additional rows as needed)   | Not applicable |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

| This data will be requested from the providers. |  |
|---|--|
|   |  |

What are the arrangements for monitoring, and reviewing the impact of this proposal?

| Discussion with providers via monitoring meetings. |  |
|--|--|
|  |  |

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| different population groups | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR |
|-----------------------------|---|--|
|-----------------------------|---|--|



|   | State Yes or No | If no impact is identified, briefly state why.  |
|---|-----------------|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.   | Yes             | Impact on children under 5. Removal of funding could reduce the service for under 5's via creche and childcare.   |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes             | Removing funding from Amaze may impact on the access to service for parents/carers of disabled children.  |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | Unknown         | Service user data by ethnicity is unavailable and therefore impact cannot be determined.  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | Unknown         | Service user data by faith/belief is unavailable and therefore impact cannot be determined.   |
| Gender and Sex including non-binary and intersex people   | Yes             | Any reduction in childcare provision disproportionately affects women who tend to take responsibility for these arrangements. The childcare workforce is overwhelmingly female. |
| Gender Reassignment   | N/a             |   |
| Sexual Orientation  | N/a             |   |
| Marriage and Civil Partnership  | N/a             |   |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                               | N/a             |   |
| Armed Forces Personnel, their families, and Veterans  | N/a             |   |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections  | Unknown         | Service user data by immigration status is unavailable and therefore impact cannot be determined.   |



| Carers considering for age, language, and various intersections   | N/a     |  |
|---|---------|--|
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | N/a     |  |
| Domestic and/or sexual abuse and violence survivors   | Yes     | Oasis provides services to women experiencing substance misuse. Their clients often have complex backgrounds and experiences including domestic/sexual violence. |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | Yes     | Brighton Unemployed Families Project and Oasis all run in Tarner children's centre area with a focus on supporting disadvantaged children.                       |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | Unknown | Service user data by tenure is unavailable and therefore impact cannot be determined.  |
| Human Rights  |         |  |
| Another relevant group (please specify here and add additional rows as needed)  |         |  |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- · People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers



#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

| None know. |  |  |
|------------|--|--|
|            |  |  |

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Family navigators in the Family Hubs will provide support to families to access alternative support and childcare provision.

SMART action 2: Family Hub Community Managers to support providers to seek additional funding

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 1 |
|--------------------------|---|

#### 8. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:

#### 9. Directorate and Service Approval

| Signatory:                | Name and Job Title: | Date: DD-MMM-YY |
|---------------------------|---------------------|-----------------|
| Responsible Lead Officer: | Jo Templeman        | 19/01/24        |



|                      | Head of Service – Family Hubs  |          |
|----------------------|--|----------|
| Accountable Manager: | J. hyprs   | 19/01/24 |
|                      | Jo Lyons   |          |
|                      | Assistant Director, Families, Children and Learning (Education & Skills) |          |

## **EDI Review and Approval:**

#### **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 23-01-24        |

# Notes and recommendations (if any) from Head of CETS Service reviewing this assessment:

Given the lack of data and consultation available to inform this EIA it is advisable to undertake a consultation exercise before implementation of the saving. This will ensure that the impact is fully understood, and all mitigating actions considered.



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Contact service  |
|---|--|
| Name and title of officer responsible for this EIA: | Julie Dreher, Head of Children's Safeguarding and Care |
| Directorate and Service Name:                       | Families Children and Learning, Safeguarding and Care  |
| Budget proposal no.                                 | 7  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

£72k saving from contact service – combination of £22k efficiencies and possible £50k staffing (1.2 FTE posts). Work is currently underway to look at non-staffing costs, such as transport, to see if savings can be made elsewhere in the budget.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

This service provides contact to children in care whose contact with their families has to be supervised for safeguarding reasons. These children are generally below the age of 13 and often below 10. Contact is often within court proceedings, where assessment of parenting capacity is being made and is court directed.

The contact service also supervises contact where final orders have been issued, where their parents pose such a risk to the child it is not deemed safe or appropriate for their carer to oversee contact.

A reduction in posts in the contact service could result in a budget pressure (due to need to use sessional workers) in that children will continue to need to have contact at a level directed by the courts.

BHCC has corporate parenting responsibilities for children in care and has a duty to ensure regular contact with family members as appropriate. A reduction in staffing could result in a budget pressure (due to need to use sessional workers) as children must have contact in line with their needs.

A reduction in posts in the contact service may also mean that to comply with statutory responsibilities this work will fall to social workers. This is a more costly expenditure and could result in an increased workload and impact upon timeliness of statutory duties.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?



If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

The contact service was reviewed in the summer of 2023, with staff consulted and work undertaken to establish the staffing level to meet the demands of the court for contact time. As a result of this the service was redesigned and a budget saving made, reduced the staffing level by 0.5fte. This budget proposal is in addition the 0.5fte identified through the review and restructure.

What other budget or service EIAs can assist/have been used to inform this assessment?

Partners in Change EIA and Placements EIA

#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES            |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not  | YES            |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | YES            |
| Religion, Belief, Spirituality, Faith, or Atheism  | Not applicable |
| Gender Identity and Sex (including non-binary and Intersex people)   | YES            |
| Gender Reassignment  | Not applicable |
| Sexual Orientation   | Not applicable |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | Not applicable |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | Not applicable |
| Carers   | Not applicable |
| Looked after children, Care Leavers, Care and fostering experienced people   | YES            |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | YES            |



| Socio-economic Disadvantage   | YES            |
|---|----------------|
| Homelessness and associated risk and vulnerability  | YES            |
| Human Rights  | Not applicable |
| Another relevant group : those experiencing substance misuse and living with substance misuse parents | YES            |
|   |                |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

| n/a |  |
|-----|--|
|     |  |

What are the arrangements for monitoring, and reviewing the impact of this proposal?

| This | will be | reviewed | through | the | contact | service | monitoring | already | ı in | place |
|------|---------|----------|---------|-----|---------|---------|------------|---------|------|-------|
|      |         |          |         |     |         |         |            |         |      |       |

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith |
|---|---|--|
|   |   | OR   |
|   | State Yes or No                                       | If no impact is identified, briefly state why.   |



| Age including those under 16, young adults, multiple ethnicities, those with various intersections.   | Yes     | Children may be impacted by this saving, particularly those under 13, where it is more likely that they will require supervised contact with their parents and those in large sibling groups.                               |
|---|---------|---|
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes     | A disproportionate number of children in care will have SEN needs, this could therefore impact on them.   |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  |         | There are a disproportionately number of black and global majority children in care, this could therefore impact on them  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | Unknown | No data and insight available at this time  |
| Gender and Sex including non-binary and intersex people   |         | This could impact on woman and mothers most as most children in care will have present mothers but not all will have present fathers and therefore could disproportionately impact on children's contact with their mothers |
| Gender Reassignment   | No      | No disproportionate impact expected.  |
| Sexual Orientation  | No      | No disproportionate impact expected.  |
| Marriage and Civil Partnership  | No      | No disproportionate impact expected.  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                               | No      | No disproportionate impact expected.  |
| Armed Forces Personnel, their families, and Veterans  | No      | No disproportionate impact expected.  |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections  | No      | No disproportionate impact expected.  |
| Carers considering for age, language, and various intersections   | No      | No disproportionate impact expected.  |



| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | Yes | This saving will only impact on children in care, as the service only support children in care to have family time with their parents and siblings.  |
|---|-----|--|
| Domestic and/or sexual abuse and violence survivors   | Yes | Many children in care may have experienced and witnessed DV and are receiving support to see their parents through supervised contact. This could therefore have a significant impact on them.                           |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections |     | Many/most families in care proceedings will be social-economic disadvantage.   |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | Yes | Some of the fathers where contact is supervised are homeless or rough sleepers. It could reduce their ability to spend time with their children.   |
| Human Rights  |     |  |
| Another relevant group:  Those experiencing substance misuse and living with substance misuse parents   | Yes | Many children in care may have experienced parenting from a parent affected by substance misuse and are receiving support to see their parents through supervised contact. This could have a significant impact on them. |
| Lone parents  | Yes | Many children in care have only one present parent, therefore will disproportionately impact on children's contact with their lone parent.   |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)



Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The placement saving target could impact on the placements and may result in some placements not agreeing to supervise contact, this will put more pressure on the contact service.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Currently looking across the budget to find saving from non-staffing costs. A redesign was undertaken in summer 2023, to ensure it was working at its most effective. In doing that we took the service to the minimum staffing needed to deliver a statutory service.

SMART action 2: As the level of contact fluctuates dependent on the court demand, age and risks to children, size of sibling groups etc, there are periods of time where the service is busier than others. We could hold vacant posts and use sessional staff to relive the pressure in busy periods.

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 3 |
|--------------------------|---|

#### 8. Publication

| All Equality Impact Assessments will be published | I. If you are recommending, | and choosing not to |
|---|-----------------------------|---------------------|
| publish your EIA, please provide a reason:        |                             |                     |
|   |                             |                     |



## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title: | Date: DD-MMM-YY |
|---------------------------|---------------------|-----------------|
| Responsible Lead Officer: | Julie Dreher        | 18.01.23        |
| Accountable Manager:      | Anna Gianfrancesco  | 18.01.23        |

# **EDI Review and Approval:**

# Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 26-01-24        |



### **Budget Equality Impact Assessment (EIA) 2024/25 - Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Placements  |
|---|---|
| Name and title of officer responsible for this EIA: | Anna Gianfrancesco, Assistant Director Children's Safeguarding & Care |
| Directorate and Service Name:                       | Families, Children & Learning, Safeguarding and Care                  |
| Budget proposal no.                                 | 8   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

A £ 2.004 m saving on the cost of agency placements for children in the care of Brighton & Hove City Council. This will be achieved by:

- continuing to work through the social work model of practice to hold the numbers of children in care.
- work to further increase the number of in-house foster placements and reduce reliance on more expensive independent provider provision.
- provision of high quality, value for money provision though contracted services with external providers supported by the children's services framework contract arrangements and preferred provider guidelines.
- agreed commissioning framework with health for children who need specialist accommodation when discharged from hospital.
- block contract commissioned placements for some Unaccompanied Asylum Seeking Children (UASC)
- development of framework and commissioning for care leavers.
- relationship based social work practice and the specialist adolescence service to continue to divert children from the care system.
- for those already in care, a stepping down to in house and/or less expensive placements.
- continued scrutiny of placement costs contributing to a reduction in unit costs.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

This reduction in budget will impact on children in care of the local authority. A quarter of the children receiving the service are Black and Global majority children, and a significant number of all the children in the service are disabled children with mental health illness, and some of these children are also neurodiverse.

Over the last two years we have seen national sufficiency issues regarding placements, for every 1 placement provided by external commissioned providers there are roughly 100 children seeking to be placed. This means that children with more complex problems, trauma, mental



health needs are becoming more difficult to place, with providers choosing to take those children with less complex needs. It also means that providers will charge more for more vulnerable children. This is placing great pressure on the system and leaving the most vulnerable children at risk of no placement or being placed in unregistered provision, which nationally are often the only ones who will take highly vulnerable children.

A reduction in the funding and planned reduction in the use of agency placements places more pressure on foster carers to manage young people whose needs are better met in residential provision.

There has been a downturn nationally in the number of people coming forward to become foster carers. This creates pressure on the care system and results in young people who need a foster placement being difficult to place.

The budget reductions mean there is less capacity to absorb the increasing costs of independent providers. The council is part of the Department for Education initiative to develop regional fostering recruitment hubs and a Mockingbird fostering support scheme, that supports complex placements. It is hoped this will bring in more carers regionally, reduce the risk of placement breakdowns and mitigate some of the risk of this budget saving.

This saving will impact on children requiring care. It will necessitate managing high risk cases in the community especially with adolescents. While these decisions will be based on safeguarding risk, holding more risk in the community for longer puts pressure on the system, and risks burn out of staff.

In terms of a national context, from 2019 to 2023 the number of children in care has risen by 7.9%, with a decrease in fostering placements available. 93% of children homes are now run by private and voluntary sector organisations while 43% of foster carers are within the Independent Fostering sector. Spending by local authorities on residential care has increased by 105% and on foster care by 26%.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation is planned, however work has been undertaken and continues with social work teams and managers to look at how we reduce the number of children in care and the need for high-cost placements, as well as work with external partners including health to reduce the demands.

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|-----|-----|-------|--------|--------------|----------|-------------|--------|-----------|---------------|-------------|
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| None |  |  |
|------|--|--|



#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES            |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not  | YES            |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | YES            |
| Religion, Belief, Spirituality, Faith, or Atheism  | YES            |
| Gender Identity and Sex (including non-binary and Intersex people)   | YES            |
| Gender Reassignment  | YES            |
| Sexual Orientation   | Not applicable |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | Not applicable |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | YES            |
| Carers   | YES            |
| Looked after children, Care Leavers, Care and fostering experienced people   | YES            |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | YES            |
| Socio-economic Disadvantage  | YES            |
| Homelessness and associated risk and vulnerability   | Not applicable |
| Human Rights   | Not applicable |
| Another relevant group:  | YES            |
| Those experiencing substance misuse  |                |

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers



- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

| Not applicable |  |  |
|----------------|--|--|
|                |  |  |

What are the arrangements for monitoring, and reviewing the impact of this proposal?

This will be monitored through Entry to Care and Placement Review board as well as quarterly fostering placement and permanency board which included placement budget management review.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups   | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR  |
|---|---|---|
|   | State Yes or No                                       | If no impact is identified, briefly state why.  |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.   | yes   | All the people this will impact will be under 18 and will be among the most vulnerable children in society, needing not only to be in care but those at risk of high-cost placement due to their needs  |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | yes   | Many of the complex, hard to place young people will be either neurodiverse and or have a mental health illness. This creates complexities for their care and will put placements under pressure. Often resulting in these young people needing externally provided specialist placements |



| <b>Ethnicity,</b> 'Race', ethnic heritage including Gypsy, Roma, Travellers  | yes | 35% of children in care in Brighton & Hove are Black or from the Global Majority. Of which there are currently 50 UASC.   |
|--|-----|---|
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief   | no  | no disproportionate impact for this group   |
| Gender and Sex including non-binary and intersex people  | Yes | A number of children in care identify as non-<br>binary or trans. These young people will often<br>also have additional complex needs and<br>vulnerability and may require placement in more<br>specialist residential provision. Cuts in<br>residential placements will impact these young<br>people.  |
| Gender Reassignment  | N/a | N/a   |
| Sexual Orientation   | N/a | N/a   |
| Marriage and Civil Partnership   | N/a | N/a   |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                          | N/a | N/a   |
| Armed Forces Personnel, their families, and Veterans   | N/a | N/a   |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections                                       | yes | It will impact on all our UASC young people and UASC are leavers.  UASC are often placed in external providers, due to their age and needs, any reduction in budget and reduction in the use of agency placements will not only affect the Black and global majority children in care but also on the commissioning of placements for the UASC young people as they arrive. |
| Carers considering for age, language, and various intersections  |     |   |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections | yes | All the children will be looked after or care leavers and it will impact in their placements and decisions made at times will be budget led.  |



| Domestic and/or sexual abuse and violence survivors   | yes | Children in care are more likely to have come from families that have experienced DV, therefore any cuts in services that impact on children in care will impact on those children affected by DV                             |
|---|-----|---|
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | yes | Children in care are more likely to have come from families in poverty, therefore any cuts in services that impact on children in care will impact on those children affected by childhood poverty                            |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | n/a | n/a   |
| Human Rights  |     |   |
| Another relevant group:<br>Substance misuse   | Yes | Children in care are more likely to have come from families who have experienced substance misuse, therefore any cuts in services that impact on children in care will impact on those children affected by childhood poverty |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Cuts in the contact service may lead to additional charges in this area if we need to ask carers and care providers to supervise contact.



#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

#### SMART action 1:

We are a demand lead service and are therefore not able to reduce the demand as such, while doing everything possible to prevent children coming into care, when needed children are taken into care.

Due to the pressure above it is likely that even reducing the numbers of children in care will not see the overall costs reduce. Any reduction in budget will make it hard to place our most vulnerable young people.

However we are working with the new national program to develop a regional fostering hub and of Mockingbird, a national programme to support foster cares via small community hubs, it is anticipated this will reduce placement breakdown and enable those requiring more support that may currently need to move to residential provision stay with foster carers. These will both come on line within the next year.

SMART action 2: we have developed 3 support post that will come on line April 2024, they will work to prevent children coming into care or placement breakdown

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 4 |
|--------------------------|---|
|--------------------------|---|

#### 8. Publication

| All Equality Impact Assessments            | s will be published. If you are recommending, and choosing not to |  |  |
|--|---|--|--|
| publish your EIA, please provide a reason: |   |  |  |
|  |   |  |  |
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## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title: | Date: DD-MMM-YY |
|---------------------------|---------------------|-----------------|
| Responsible Lead Officer: | Anna Gianfrancesco  | 10.01.24        |
| Accountable Manager:      | Anna Gianfrancesco  | 10.01.24        |

# **EDI Review and Approval:**

## Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 23-01-24        |



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Partners in Change Hub  |
|---|---|
| Name and title of officer responsible for this EIA: | Tom Stibbs, Principal Children and Families Social Worker and Head of Specialist Services |
| Directorate and Service Name:                       | Families, Children and Learning, Safeguarding and Care, Partners in Change Hub            |
| Budget proposal no.                                 | 9   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

A £75k saving on the Partners in Change Hub budget, which is equivalent to 1fte post. This will be achieved by reducing management hours and other non-staffing and staffing costs.

The Partners in Change Hub provides specialist support to social workers and families and this includes for example, input regarding domestic abuse, mental health or substance misuse.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

This reduction in budget will impact on the Partners in Change Hub's ability to provide specialist support to social workers and families. This will have a disproportionate impact on children and young people. It will also disproportionately impact on children in care and care experienced young people, children who identify as 'mixed / dual' ethnicity and on parents, women, those with substance misuse and / or mental health issues and those who have experienced domestic or sexual abuse.

A reduction of support from the Hub to social workers also increases the pressures on the social work system, which already faces the challenges of the impact of poverty on families, the increase in emotional and mental health issues for young people, and the national shortage of social workers.

Due to the relatively small size of the budget saving proposal, it is possible to put in place mitigations, by reducing management costs and reviewing the structure of the Hub, which will limit the impacts of the proposals and the impact for the groups identified above. As part of the review of the Hub, key support and interventions for the vulnerable groups identified in this document will be prioritised.



#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Consultation is planned with the staff in the Partners in Change Hub, including an engagement event for all staff. In addition, the views of the wider service are being sought in terms of the impact of the support offered by the Partners in Change Hub. The engagement will take place across February 2024 and will include a formal consultation process. The views of families that receive support from the Hub are sought on an ongoing basis regarding their experience of the service.

What other budget or service EIAs can assist/have been used to inform this assessment?

The EIAs for the budget saving proposal for the Contact and Family Time Service and for Placements for Children in Care.

#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES            |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not                              | YES            |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)                                 | YES            |
| Religion, Belief, Spirituality, Faith, or Atheism  | YES            |
| Gender Identity and Sex (including non-binary and Intersex people)                                     | YES            |
| Gender Reassignment  | YES            |
| Sexual Orientation   | YES            |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum) | YES            |
| Armed Forces Personnel, their families, and Veterans   | No             |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | YES            |
| Carers   | YES            |



| Looked after children, Care Leavers, Care and fostering experienced people   | YES  |
|--|--|
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | YES  |
| Socio-economic Disadvantage  | YES  |
| Homelessness and associated risk and vulnerability   | YES  |
| Human Rights   |  |
| Another relevant group (please specify here and add additional rows as needed)   | <ul> <li>Lone parents</li> <li>People facing literacy and numeracy barriers</li> <li>People who have experienced female genital mutilation (FGM)</li> <li>People who have experienced human trafficking or modern slavery</li> <li>People with experience of or living with addiction and/or a substance use disorder (SUD)</li> </ul> |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

It is not possible to capture armed forces data on the IT system the council uses for this service.

What are the arrangements for monitoring, and reviewing the impact of this proposal?



Annual reports are completed for the Partners in Change (PIC) Hub, which include consideration of protected characteristics, and these factors are also considered throughout PICs work in the delivery of specific interventions by the hub, for example mental health, substance misuse and parenting support, and at the regular reviews of these interventions.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups   | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  |
|---|---|---|
|   |   | OR  |
|   | State Yes or No                                       | If no impact is identified, briefly state why.  |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.   | yes   | The Partners in Change Hub provides support to children and young people, this will include care leavers up to the age of 25, and their families or carers. The Partners in Change Hub also includes the baby team, which provides support as part of pre-birth processes and to new parents. The impact of this proposal will, therefore, have a potential negative impact on vulnerable young people and children disproportionately. |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | yes   | Many of the children that the Partners in Change Hub supports will experience additional complexities and this includes emotional and mental health issues and/or neurodiversity. The hub provides specialist support to children and young people with emotional and mental health issues and neurodiversity and so these children would be negatively impacted by a reduction in service.   |



| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | yes    | 35% of children in care in Brighton & Hove are Black or from the Global Majority. We know that children of 'mixed/dual' ethnicity are over-represented as children in care. This is also reflected in the children that the Partners in Change Hub offers support to. These children would, therefore, be disproportionately impacted by any reduction in services.  |
|---|--------|--|
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | no     | no disproportionate impact identified.   |
| Gender and Sex including non-binary and intersex people   | yes    | Social work services and the Partners in Change Hub engages with a higher number of those who identify as women than men and this is reflected in interventions such as parenting groups and domestic abuse support. Women could, therefore, be disproportionately impacted by the proposals.  |
| Gender Reassignment   | yes    | A number of children in care identify as non-<br>binary or trans and these young people will<br>often also have additional complex needs and<br>vulnerability, which may result in additional<br>support from the Partners in Change Hub.  |
| Sexual Orientation  | no     | no disproportionate impact identified.   |
| Marriage and Civil Partnership  | n/a    | n/a  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | yes    | The Partners in Change Hub includes the baby team, which provides support as part of pre-birth processes and to new parents. The impact will, therefore, have a potential negative impact on parents. The Partners in Change Hub also provides specialist support to permanence processes within social work services, including decisions regarding adoption care plans for children and so this would be negatively impacted if these services were reduced. |
| Armed Forces Personnel, their families, and Veterans  | Unknow | No data or insight   |
| Expatriates, Migrants,<br>Asylum Seekers, and<br>Refugees considering for<br>age, language, and<br>various intersections  | yes    | The Partners in Change provides specialist support to Unaccompanied Asylum-Seeking Children and Care Leavers seeking asylum.   |



| Carers considering for age, language, and various intersections   | yes   | As well as support to parents, the Partners in Change Hub provides support to other adults that are in caring roles, whether these are formal or informal, as well as children that take on caring responsibilities   |
|---|---|---|
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | yes   | The Partners in Change Hub provides support to children in care, care leavers and care experienced children as well as children in need and children with child protection plans. These children would, therefore, be negatively impacted by a reduction in the service offered by the Hub. |
| Domestic and/or sexual abuse and violence survivors   | yes   | The Partners in Change Hub provides specialist support to adults and children who have experienced domestic or sexual abuse and so these survivors would be impacted if these services were reduced.  |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | yes   | The Child Welfare Inequalities Project, has shown that children who receive social work support are more likely to have experienced socio—economic disadvantage. If services are reduced from the Partners in Change hub these children would be negatively impacted.                       |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | no  |   |
| Human Rights  | no  |   |
| Another relevant group:   | Parents with substance misuse and / or mental health issues | The Partners in Change Hub provides support to parents with substance misuse and / or mental health issues and these parents and their children would be negatively impacted if these services were reduced.  |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery



- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Budget proposals to reduce funding for the contact service and placements may have a negative impact on children in care and, therefore, worsen the impact of any reduction of support from the Partners in Change Hub for these children, especially within the context of increased poverty and the national context of increasing numbers of children in care.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: The budget savings proposal to be partially met by a reduction in management hours and a restructure of the Partners in Change Hub to support this change – consultation process to be completed in February 2024

SMART action 2: A review of the Partners in Change Hub budget to take place to confirm any non-staffing savings that can be made – January 2024

SMART action 3: If budget savings proposal cannot be met via reduction in management hours and non-staffing costs, a reduction in staffing costs to be co-ordinated so that it does not reduce the services identified above in Section 4 and direct support to children and families are protected – consultation process to be completed in February 2024

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 3 |
|--------------------------|---|
|--------------------------|---|

#### 8. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:



## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:   | Date: DD-MMM-YY |
|---------------------------|---|-----------------|
| Responsible Lead Officer: | Tom Stibbs, Principal Children and Families Social Worker and Head of Specialist Services | 17.01.24        |
| Accountable Manager:      | Tom Stibbs, Principal Children and Families Social Worker and Head of Specialist Services | 17.01.24        |

# **EDI Review and Approval:**

## Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 23-01-24        |



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Community Care Budget                        |
|---|--|
| Name and title of officer responsible for this EIA: | Steve Hook, Assistant Director of Operations |
| Directorate and Service Name:                       | Health and Adult Social Care, Operations     |
| Budget proposal no.                                 | 10   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

The overall net budget for this service area is £68.387m and the proposed saving is £3.008m.

This is proposed to be done by continuing with the agreed direction of travel for Adult Social Care focusing upon reducing demand through several approaches:

- increase the reablement offer to those who require it
- focus on preventative interventions and promoting independence in line with the target operating model, including advice, and signposting and increasing the use of technology enabled care
- reduction of long-term care placements through improved care pathways.
- supporting adults with learning disabilities to move on from high-cost placements into new living arrangements which promote independence
- ensure reviews demonstrate support services are adequate to meet needs and represent efficiency and value for money
- maximising income through financial assessment reviews in line with the annual state benefit increases by increasing the number of reviews undertaken
- reviewing adult learning disabilities block contracts
- reprovisioning Shared Lives to deliver greatest financial efficiencies
- managing provider fee uplifts considering the current market fee position

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Older people, people with disabilities and carers are groups who are affected when changes are made in Adult Social Care, considering intersectional impacts. However, due to the nature of these changes being focused on prevention of admission into long term residential and nursing care, promoting independence in the community and ensuring value for money, there are no identified negative disproportionate impacts for these groups.



#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

The results of the NHS Digital Adult Social Care User Survey 2022-23 have been reviewed to understand what is important to people who use adult social care services.

Continued engagement with partners, people with learning disabilities and their families through the Learning Disability Partnership Board.

Discussions with individuals and their families/carers, and with Grace Eyre, will take place prior to any alterations to the service provision of Shared Lives.

We regularly engage with care and support providers and will continue our ongoing engagement. We will continue to negotiate with providers throughout the year on fee uplift requests so that services can continue to meet the care and support needs of the individuals within their care.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

#### Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES            |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not                              | YES            |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)                                 | YES            |
| Religion, Belief, Spirituality, Faith, or Atheism  | YES            |
| Gender Identity and Sex (including non-binary and Intersex people)                                     | YES            |
| Gender Reassignment  | NO             |
| Sexual Orientation   | YES            |
| Marriage and Civil Partnership   | NO             |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum) | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | NO             |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | NO             |



| Carers   | YES            |
|--|----------------|
| Looked after children, Care Leavers, Care and fostering experienced people   | Not applicable |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | NO             |
| Socio-economic Disadvantage  | NO             |
| Homelessness and associated risk and vulnerability   | YES            |
| Human Rights   | NO             |
| Another relevant group (please specify here and add additional rows as needed)   | NO             |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Equalities data is gathered in line with statutory guidelines as indicated by DHSC and NHSE. Assessments and reviews of individuals gather further information to fully understand the strengths and needs of each person requiring care and support. Although this is not monitored currently for trends and analysis, each individual's needs are considered throughout their care and support planning. Where we do not have data available, we will seek to improve this and continue to engage with people in the community to understand the impacts further. Further work is underway corporately to adopt new standards on data collection for protected characteristics which we will use as appropriate to our services.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

The Executive Director for Health and Adult Social Care retains the responsibility for professional leadership and operational delivery for meeting statutory need and will ensure governance arrangements support social work professional practice to ensure that statutory duties and responsibilities are appropriately met and best practice is followed.



We will continue to review the impacts of this proposal through annual service user surveys and bi-annual carer surveys, as well as monitoring compliments and complaints. We will also gather stakeholder feedback through existing partnership boards and forums. Any impacts to individuals are assessed through reviews and care and support planning.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups  | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR |
|--|---|--|
|  | State Yes or No                                       | If no impact is identified, briefly state why.   |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.  | No  | Focus on prevention of admission into long term residential and nursing care and promoting independence in the community.  |
| Disability includes<br>physical and sensory<br>disabled, D/deaf,<br>deafened, hard of<br>hearing, blind,<br>neurodiverse people,<br>people with non-visible<br>disabilities. | No  | Focus on prevention of admission into long term residential and nursing care and promoting independence in the community.  |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers   | No  |  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief   | No  |  |
| Gender and Sex including non-binary and intersex people  | No  |  |
| Gender Reassignment  | No  |  |
| Sexual Orientation   | No  |  |
| Marriage and Civil<br>Partnership  | No  |  |
| Pregnancy, Maternity,<br>Paternity, Adoption,  | No  |  |



| Menopause, (In)fertility<br>(across intersections and<br>non-binary gender<br>spectrum)   |    |  |
|---|----|--|
| Armed Forces Personnel, their families, and Veterans  | No |  |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections  | No |  |
| Carers considering for age, language, and various intersections   | No |  |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | No |  |
| Domestic and/or sexual abuse and violence survivors   | No |  |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | No |  |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No |  |
| Human Rights  | No |  |
| Another relevant group (please specify here and add additional rows as needed)  | No |  |



- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Any changes in Health Service provision in the city can impact particularly on those people impacted by this proposal. This will be closely monitored through the integrated health agenda and other joint planning mechanisms.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

1. No mitigation actions are available due to no disproportionate impacts identified

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 1 |
|--------------------------|---|
|--------------------------|---|

#### 8. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:



## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title: | Date: DD-MMM-YY |
|---------------------------|---------------------|-----------------|
| Responsible Lead Officer: | Steve Hook          | 18/01/24        |
| Accountable Manager:      | Rob Persey          | 18/01/24        |

# **EDI Review and Approval:**

## Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 23-01-24        |



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Health and Adult Social Care Provider Services                                     |
|---|--|
| Name and title of officer responsible for this EIA: | Michelle Jenkins, Assistant Director of Resources,<br>Safeguarding and Performance |
| Directorate and Service Name:                       | Health and Adult Social Care, Safeguarding and Performance                         |
| Budget proposal no.                                 | 11   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

The budget for this area is £14.358m and the proposed saving is £1.297m

This is proposed to be achieved through;

- ceasing the provision of the learning disability community support service (£182,000)
- ceasing the provision of services at Cromwell Road (£327,000)

Additional to the above proposals, a saving of £577,000 is proposed through the following:

- ensuring Housing Benefit for residents living in Glenwood Lodge and New Steine Mews hostels is optimised (£344,000)
- reduce service at Ireland Lodge Resource Centre from 34 to 24 bed (£211,000)
- deleting vacant posts at Independence at Home Service (£100,000)
- deleting vacant posts at Wellington House Day Service (£75,000)
- reduced premises costs due to an office move (£30,000)
- reduced costs from change of contract for staffing absence process (£28,000)

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Disabled people are disproportionately impacted by the closures proposals as these services are directly providing in response to the needs of disabled people.

Cromwell Road is a learning disability care home for two residents. As part of the closure these residents' care will be reviewed and their future care plan to be agreed and actioned within the closure timescales. Future needs will be met through the private sector.

The learning disability community support service provides support to 78 people with learning disabilities living in the community. As part of the closure of this service, all service users will



require their care to be reviewed and reprovisioned to alternative providers of community support in the private sector.

Ireland Lodge Resource Centre is a residential care home, currently providing 24 residential placements for people requiring 24-hour care due to living with dementia. The additional 10 beds are not required as there is alternative provision available.

Independence at Home is a home care service managed by Brighton & Hove City Council, delivering a service to those who are requiring care in their own homes, especially reablement. Deletion of vacancies in the Independence at Home service does not impact on immediate delivery of care as the service has not required recruitment to these posts for a significant amount of time in order to deliver the service. Deletion of these posts would mean future growth of the service, if required, is not possible, and would need to be met through the private sector.

Wellington House Day Service is a service providing day care for adults with a learning disability, managed by Brighton & Hove City Council. Deletion of vacancies in this service does not impact on immediate delivery of day care as the service has not required recruitment to these posts for a significant amount of time in order to deliver the demand for the service. Deletion of these posts would mean future growth of the service, if required, is not possible, and would need to be met through the private sector.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Consultation would be planned prior to the closure of Cromwell Road with residents and their families to ensure the best outcomes for their future care. We have reviewed the capacity of the private market to ensure there is enough provision available for those with services that will be ceasing.

Discussions are planned, prior to ceasing the provision of the Community Support service, with service users and their families to ensure the best outcomes for their future care. We have reviewed the capacity of the private market to ensure there is enough provision available for those with services that will be ceasing.

| what other budget or service EIAs can assist/have been used to inform this assessme | ent? |
|---|------|
|---|------|

| None |  |  |
|------|--|--|
|      |  |  |



#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES            |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not  | YES            |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | YES            |
| Religion, Belief, Spirituality, Faith, or Atheism  | YES            |
| Gender Identity and Sex (including non-binary and Intersex people)   | YES            |
| Gender Reassignment  | NO             |
| Sexual Orientation   | YES            |
| Marriage and Civil Partnership   | NO             |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | NO             |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | NO             |
| Carers   | YES            |
| Looked after children, Care Leavers, Care and fostering experienced people   | Not applicable |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | NO             |
| Socio-economic Disadvantage  | NO             |
| Homelessness and associated risk and vulnerability   | YES            |
| Human Rights   | NO             |
| Another relevant group (please specify here and add additional rows as needed)   | NO             |

# Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas



- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Equalities data is gathered in line with statutory guidelines as indicated by DHSC and NHSE. Assessments and reviews of individuals gather further information to fully understand the strengths and needs of each person requiring care and support. Although this is not monitored currently for trends and analysis, each individual's needs are considered throughout their care and support planning. Where we do not have data available, we will seek to improve this and continue to engage with people in the community to understand the impacts further. Further work is underway corporately to adopt new standards on data collection for protected characteristics.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

The Executive Director for Health and Adult Social Care retains the responsibility for professional leadership and operational delivery for meeting statutory need and will ensure governance arrangements support social work professional practice to ensure that statutory duties and responsibilities are appropriately met and best practice is followed.

Through the commissioning strategy and cycle, we will continue to engage with providers, partners, service users and their families/carers to monitor the impact of this proposal. We will use data from our brokerage team to monitor demand and supply. Reviews will consider the impact to individuals and carers. The annual service user survey and biannual carers surveys, as well as customer feedback through compliments and complaints, will also feed into our monitoring and review of this proposal.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith |
|---|---|--|
|   |   | OR   |
|   | State Yes or No                                       | If no impact is identified, briefly state why.   |



| Age   | No  | The services are for adults. Approximately 20%  |
|---|-----|---|
| including those under 16, young adults, multiple ethnicities, those with various intersections.   |     | of people impacted by ceasing learning disability provision are over 65.  |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | People with learning disabilities impacted by ceasing provision at Cromwell Road and Community Support.   |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | Yes | The service users impacted by the ceasing of provision at Cromwell Road and the Community Support service are predominantly White British (over 90%). |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | No  |   |
| Gender and Sex including non-binary and intersex people   | No  | Approximately 55% of people impacted by ceasing learning disability provision are male.   |
| Gender Reassignment   | No  |   |
| Sexual Orientation  | No  |   |
| Marriage and Civil Partnership  | No  |   |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                               | No  |   |
| Armed Forces Personnel, their families, and Veterans  | No  |   |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections  | No  |   |
| Carers considering for age, language, and various intersections   | Yes | Changes in care arrangements for those accessing Community Support may impact carers.   |



| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | No  |  |
|---|-----|--|
| Domestic and/or sexual abuse and violence survivors   | No  |  |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | Yes | Cromwell Road and Community Support service provide support to people whose only source of income is welfare benefits. |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No  |  |
| Human Rights  | No  |  |
| Another relevant group (please specify here and add additional rows as needed)  | No  |  |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).



Any changes in Health Service provision in the city can impact particularly on those people impacted by this proposal. This will be closely monitored through the integrated health agenda and other joint planning mechanisms.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Engagement with those impacted will happen through the individual reviews

SMART action 2: Full EIA for Learning Disability services due to cease and wider engagement with the Learning Disability community at the Learning Disability Partnership Board

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1 - 5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 2 |
|--------------------------|---|
|--------------------------|---|

#### 8. Publication

| All Equality Impact Assessments will be  | published. If you | u are recommending | , and choosing not to |
|--|-------------------|--------------------|-----------------------|
| publish your EIA, please provide a reaso | n:                |                    |                       |

#### 9. Directorate and Service Approval

| Signatory:                | Name and Job Title: | Date: DD-MMM-YY |
|---------------------------|---------------------|-----------------|
| Responsible Lead Officer: | Michelle Jenkins    | 18/01/24        |
| Accountable Manager:      | Rob Persey          | 18/01/24        |



# **EDI Review and Approval:**

## Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 23-01-24        |



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Grants  |
|---|---|
| Name and title of officer responsible for this EIA: | Andy Witham, Assistant Director of Commissioning & Partnerships |
| Directorate and Service Name:                       | Health and Adult Social Care, Commissioning & Partnerships      |
| Budget proposal no.                                 | 12  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

This proposal seeks to cease funding of the following grants with a total savings target of £87,060:

- Community Transport Easylink Shopping Service (£40,400)
- Shopmobility (£26,100)
- Disability Advice Centre (£20,560)

The Easylink Shopping service is a door-to-door transport service for people that find it difficult or not possible to use the city's bus service Monday to Friday. This includes some wheelchair users and people who need to take a carer/companion. People pay a minimum £6 charge. Ceasing the funding grant to this service will impact running costs so the provider may need additional income to continue running the service as is.

Shopmobility is a low-cost mobility scooter and wheelchair hire service operating in 3 areas of the city, Monday to Friday 10 am to 4 pm. Residents and non-residents can hire a scooter. The service traditionally has high satisfaction rates – in 2018 the percentage of people who would use the service again and recommend the service to someone they know was 89% whilst 91% of customers rated their overall experience of accessing the service good or excellent. The sum is a contribution towards the costs of running the service. People pay £5-£10. Ceasing the funding grant to this service will impact running costs so the provider may need additional income to continue running the service as is.

The Disability Advice Centre offers support and advice to disabled people, their families and carers. The sum is a contribution towards the costs of running the Centre which deals with approximately 4,500 enquiries per year (2023 figures is comparable to 2017). Since the introduction of Personal Independence Payment the majority of enquiries have involved disability benefits. Support is provided to complete paperwork and challenge decisions. This grant contributes to a small proportion of the running costs so ceasing the funding to this service may mean the provider needs additional income to continue running the service as is.



Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

All three savings proposals will disproportionately impact on disabled people as they are services provided specifically to support the access requirements of disabled people.

The Easylink service will impact on older and female people. Data gathered for Budget EIA in 2017-18 revealed that all users of Easylink were over the age of 55, with 90% over the age of 70. 88% identified as female. At the current time it is not known if this still reflects the current user group as the service did not run during the pandemic (it delivered shopping instead).

Equality data is not requested in the grant agreements covering these saving proposals.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has been carried out to inform this assessment.

Discussions with current providers of these services prior to ceasing funding of these grants.

What other budget or service EIAs can assist/have been used to inform this assessment?

2017-18 EIA for Community Transport

#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age   | NO |
|---|----|
| Disability and inclusive adjustments, coverage under equality act and not | NO |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)    | NO |
| Religion, Belief, Spirituality, Faith, or Atheism                         | NO |
| Gender Identity and Sex (including non-binary and Intersex people)        | NO |
| Gender Reassignment   | NO |
| Sexual Orientation  | NO |
| Marriage and Civil Partnership  | NO |



| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | NO |
|--|----|
| Armed Forces Personnel, their families, and Veterans   | NO |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | NO |
| Carers   | NO |
| Looked after children, Care Leavers, Care and fostering experienced people   | NO |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | NO |
| Socio-economic Disadvantage  | NO |
| Homelessness and associated risk and vulnerability   | NO |
| Human Rights   | NO |
| Another relevant group (please specify here and add additional rows as needed)   | NO |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

None of this data is requested in the grant agreement. Data can be requested from the service providers.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Feedback will be requested from the service providers to understand the impact of the proposal.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.



| Assess impact for different population groups  | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR  If no impact is identified, briefly state why. |
|--|---|--|
| Ama  | Vee   | ,  |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.                              | Yes   | Older people are a key demographic for the Community Transport services.   |
| Disability includes<br>physical and sensory<br>disabled, D/deaf,<br>deafened, hard of<br>hearing, blind,<br>neurodiverse people, | Yes   | The Easylink Shopping service is set up as a door to door transport service for people that find it difficult or not possible to use the city's bus service. Community Transport has a set of criteria for access to the service.            |
| people with non-visible disabilities.  |   | Shopmobility supports people who are less able to walk.  |
|  |   | The Disability Advice Centre supports disabled people.   |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers   | Unknow  | Unknown  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief   | No  |  |
| Gender and Sex including non-binary and intersex people  | Yes   | Women were traditionally the majority of users of the Easylink Shopping service so would be more impacted assuming that is the current situation.  |
| Gender Reassignment  | No  |  |
| Sexual Orientation   | No  |  |
| Marriage and Civil Partnership   | No  |  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)        | No  |  |



| Armed Forces Personnel, their families, and Veterans  | Unknown | Unknown   |
|---|---------|---|
| Expatriates, Migrants,<br>Asylum Seekers, and<br>Refugees considering for<br>age, language, and<br>various intersections                                  | Unknown | Unknown   |
| Carers considering for age, language, and various intersections   | Yes     | The Disability Advice Centre supports families and carers of disabled people.   |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | No      |   |
| Domestic and/or sexual abuse and violence survivors   | No      |   |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | Unknown | Users must pay £6 (if booked) or £8 (on the day) to use the Easylink Shopping service.  Users must pay £5-10 to use Shopmobility scooters or wheelchairs.  The Disability Advice Centre provides advice on benefits and debt. |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No      |   |
| Human Rights  | No      |   |
| Another relevant group (please specify here and add additional rows as needed)  | No      |   |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas



- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Budget savings across the council that impact disproportionately on disabled people are likely to worsen the impact of this proposal.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Further engagement with current providers of these services to understand the impact of this proposal and explore potential mitigating actions.

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 2 |
|--------------------------|---|

#### 8. Publication

| All Equality Impact Assessments will be publishe | d. If you are recommending, a | nd choosing not to |
|--|-------------------------------|--------------------|
| publish your EIA, please provide a reason:       |                               |                    |

#### 9. Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|------------|---------------------|-----------------|
|------------|---------------------|-----------------|



| Responsible Lead Officer: | Andy Witham | 18/01/24 |
|---------------------------|-------------|----------|
| Accountable Manager:      | Rob Persey  | 18/01/24 |

# **EDI Review and Approval:**

## Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 23-01-24        |



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Commissioning – Support with Confidence funding                 |  |  |
|---|---|--|--|
| Name and title of officer responsible for this EIA: | Andy Witham, Assistant Director of Commissioning & Partnerships |  |  |
| Directorate and Service Name:                       | Health and Adult Social Care, Commissioning & Partnerships      |  |  |
| Budget proposal no.                                 | 13  |  |  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

Ceasing Support with Confidence contract (£10,000)

Support with Confidence is a joint scheme between Health & Adult Social Care and Trading Standards to help people register to become approved Personal Assistants. Personal assistants (PAs) help people that need care and support. They can help with things like shopping, cleaning, food preparation, social activities, and personal care.

The scheme offers the following support:

- free training
- free background checks
- reference checks

Trading Standards no longer have the resource to administer non-statutory trader approved schemes on behalf of Adult Social Care. There is also a wider review of support for Personal Assistants and support for people using Direct Payments who employ Personal Assistants.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

No significant impacts on an equality groups as last personal assistant sign up to this scheme was in 2022.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.



| There has been no consultation or engagement in relation to this assessment. |
|--|
| There has been no consumation of engagement in rotation to time deceasion.   |
|  |
|  |

What other budget or service EIAs can assist/have been used to inform this assessment?

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## 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | NO |
|--|----|
| Disability and inclusive adjustments, coverage under equality act and not  | NO |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | NO |
| Religion, Belief, Spirituality, Faith, or Atheism  | NO |
| Gender Identity and Sex (including non-binary and Intersex people)   | NO |
| Gender Reassignment  | NO |
| Sexual Orientation   | NO |
| Marriage and Civil Partnership   | NO |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | NO |
| Armed Forces Personnel, their families, and Veterans   | NO |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | NO |
| Carers   | NO |
| Looked after children, Care Leavers, Care and fostering experienced people   | NO |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | NO |
| Socio-economic Disadvantage  | NO |
| Homelessness and associated risk and vulnerability   | NO |
| Human Rights   | NO |



| Another relevant group (please specify here and add | NO |
|---|----|
| additional rows as needed)                          |    |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

As the scheme will be ending and hasn't been active since 2022 there is no plan or feasible way to monitor the impact of the scheme.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

As the scheme will be ending and hasn't been active since 2022 there is no plan or feasible way to monitor the impact of the scheme.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups    | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR  If no impact is identified, briefly state why. |
|--|---|--|
|  |   | ii no impact is identified, briefly state wify.  |
| Age  | No  |  |
| including those under 16, young adults, multiple |   |  |



| ethnicities, those with various intersections.  |    |  |
|---|----|--|
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | No |  |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | No |  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | No |  |
| Gender and Sex including non-binary and intersex people   | No |  |
| Gender Reassignment   | No |  |
| Sexual Orientation  | No |  |
| Marriage and Civil<br>Partnership   | No |  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                               | No |  |
| Armed Forces Personnel, their families, and Veterans  | No |  |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections  | No |  |
| Carers considering for age, language, and various intersections   | No |  |
| Looked after children,<br>Care Leavers, Care and  | No |  |



| fostering experienced<br>people considering for<br>age, language, and<br>various intersections  |    |  |
|---|----|--|
| Domestic and/or sexual abuse and violence survivors   | No |  |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | No |  |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No |  |
| Human Rights  | No |  |
| Another relevant group<br>(please specify here<br>and add additional rows<br>as needed)   | No |  |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

| None |
|------|
|------|



| _  | A 41   |   |           |      |
|----|--------|---|-----------|------|
| 6. | Action | n | Ianni     | nn   |
| o. | Action |   | iai II II | IIIQ |

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to: no disproportionate impacts identified

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 1 |
|--------------------------|---|

#### 8. Publication

| All Equality Impact Assessments w  | ill be published. If | If you are recomn | nending, and | I choosing not to |
|------------------------------------|----------------------|-------------------|--------------|-------------------|
| publish your EIA, please provide a | reason:              |                   |              |                   |

#### 9. Directorate and Service Approval

| Signatory:                | Name and Job Title: | Date: DD-MMM-YY |
|---------------------------|---------------------|-----------------|
| Responsible Lead Officer: | Andy Witham         | 18/01/2024      |
| Accountable Manager:      | Rob Persey          | 18/01/2024      |

## **EDI Review and Approval:**

**Equality Impact Assessment sign-off** 

| Signatory: | Name: | Date: DD-MMM-YY |
|------------|-------|-----------------|
|------------|-------|-----------------|



| Head of Communities,                       | Emma McDermott | 23-01-24 |
|--|----------------|----------|
| Equality, and Third Sector (CETS) Service: |                |          |
| (OL 13) Selvice.                           |                |          |



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Sensory contracts   |
|---|---|
| Name and title of officer responsible for this EIA: | Andy Witham, Assistant Director of Commissioning & Partnerships |
| Directorate and Service Name:                       | Health and Adult Social Care, Commissioning & Partnerships      |
| Budget proposal no.                                 | 14  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

The overall budget for the sensory services is £67,785 with a savings target of **£41,000**. The sensory contracts provide preventative services to people with hearing or visual loss with the goal of providing support to prevent or delay the need for more costly statutory social care services.

The savings target will result in savings of:

- 1. 100% of the funding to the Achieve Together Tuesday Group (saving of £6,842)
- 2. 100% of the funding to the Royal National Association of the Blind (RNIB) Eye Clinic Liaison Officer (saving of £19,590)
- 3. 35% of the funding to the **East Sussex Vision Support** service (current funding is £41,353 = saving of £14,568)

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

- 1. Tuesday Group: Achieve Together hold a fortnightly group attended by approximately 10 D/deaf people who use British Sign Language (BSL) to meet to socialise, gain peer support and receive information and advice about any social care or health issues. It is run by staff trained in BSL. The loss of this service will negatively impact a small number of people who are D/deaf and have additional social care needs. We do not hold intersectional data for these participants. All of these people also receive HASC funded services from Achieve Together either from their community support service or their residential care home so the removal of the service should not put them at risk of harm but does remove an opportunity to reduce social isolation and promote wellbeing.
- 2. The RNIB Eye Clinic Liaison Officer (ECLO) service assisted over 1,000 people with information and practical and emotional support in 2022/23. The ECLO is based at the Sussex Eye Hospital in Brighton and supports people at the point of diagnosis or a deterioration of an eye condition. They provide information, support people to register for their Certificate of Visual Impairment and refer or signpost onto other organisations that



can support people. The Council fund 50% of the service and RNIB fund the other 50%. In East & West Sussex, East Sussex Healthcare Trust and University Hospital Sussex Trust have arrangements with RNIB that they jointly fund the ECLO and it is recommended that this approach is taken in Brighton & Hove. If this is not achieved it may not be possible for RNIB to continue to provide the role and this would have an impact on people with sight loss as well as clinicians at the hospital (RNIB report that 76% of clinicians agreed that the ECLO Service reduces the amount of time clinic staff would otherwise need to spend with patients, and 87% agreed that the ECLO support for family and carers increases the capacity of the clinic team).

3. East Sussex Vision Support (ESVS) support people who are blind, partially sighted and deaf & blind. In 2022/23 they received 128 referrals for people needing support. They support people by recruiting and training volunteers who visit people at home and provide telephone contact. They also have social groups and activities to help alleviate social isolation and promote wellbeing, including blind tennis. ESVS also provide an important role in engaging with people with sight loss on behalf of the Council and contribute to needs assessments, falls prevention and promote public health initiatives. A 35% reduction in funding would have an impact on staffing within the service and affect their ability to recruit and manage volunteers and provide support, advice and the social groups. In addition to being blind or partially sighted, 71% of people using the service are over 65, 16% have a long standing illness, 9% a mental health condition and 12% a physical impairment. The reduction in provision of practical support, information and advice and social groups for older people with sight loss via ESVS may lead to an increase in social isolation, a reduction in wellbeing and in increase in falls. People who use ESVS report, amongst other outcomes, feeling more useful, more able to deal with problems, more relaxed and closer to people.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has yet taken place. Information has been taken from performance indicators and contract monitoring information.

If these savings recommendations are agreed engagement will take place with the 3 providers to discuss how to mitigate against any potential negative impacts set out in this report.

What other budget or service EIAs can assist/have been used to inform this assessment?

| N/A |  |  |
|-----|--|--|
|     |  |  |



#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES for 2 and 3 |
|--|-----------------|
| Disability and inclusive adjustments, coverage under equality act and not  | YES for 3       |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | YES for 2 and 3 |
| Religion, Belief, Spirituality, Faith, or Atheism  | YES for 3       |
| Gender Identity and Sex (including non-binary and Intersex people)   | YES for 3       |
| Gender Reassignment  | YES for 3       |
| Sexual Orientation   | YES for 3       |
| Marriage and Civil Partnership   | Not applicable  |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Not applicable  |
| Armed Forces Personnel, their families, and Veterans   | YES for 3       |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | YES for 3       |
| Carers   | YES for 3       |
| Looked after children, Care Leavers, Care and fostering experienced people   | Not applicable  |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | Not applicable  |
| Socio-economic Disadvantage  | Not applicable  |
| Homelessness and associated risk and vulnerability   | Not applicable  |
| Human Rights   | Not applicable  |
| Another relevant group (please specify here and add additional rows as needed)   | NO              |

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- · People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas



- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

| n/a |  |  |  |
|-----|--|--|--|
|     |  |  |  |

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Meetings will take place with the 3 organisations to discuss the impact and actions set out below.

### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups                         | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR  |
|---|---|---|
|   | State Yes or No                                       | If no impact is identified, briefly state why.  |
| Age including those under 16,   | Yes   | The majority of people using these services are over 65.  |
| young adults, multiple ethnicities, those with various intersections. |   | Brighton & Hove has an increasing population of older people with the largest increases in ages 65-69 (36%) and 80-84 (33%). The rates of agerelated macular degeneration (preventable sight loss) will therefore increase locally and reflect the national average of 82 in every 100,000 65+ year olds. |
|   |   | The intersection of aging and hearing and sight loss can increase the risk of depression, falls and hip fractures, loss of independence and isolation.  |



| Disability includes<br>physical and sensory<br>disabled, D/deaf,<br>deafened, hard of<br>hearing, blind,<br>neurodiverse people,<br>people with non-visible<br>disabilities. | Yes | All of the people in receipt of these services are deaf, hard of hearing, blind, partially sighted or deaf/blind. In addition, some of the people have a physical health and/or a mental health condition.  The numbers of people with sight loss are predicted to increase due to increasing levels of obesity, associated diabetes and related vision difficulties. Risk of sight loss is heavily influenced by health inequalities, including ethnicity, deprivation and age. |  |  |  |  |  |  |
|--|-----|--|--|--|--|--|--|--|
|  |     | In Brighton and Hove, it is estimated that there were 124 people aged 18-64 with a serious visual impairment in 2014. This is expected to be 134 people in 2030. It is estimated that in 2020, there were 1,283 people aged 18-70 with severe hearing loss. This is predicted to be 1,494 in 2030.   |  |  |  |  |  |  |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers   | No  | People that use these services are predominantly White British (87% using the ECLO service and 91% White British or White Other using the ESVS service).   |  |  |  |  |  |  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief   | No  |  |  |  |  |  |  |  |
| Gender and Sex including non-binary and intersex people  | No  | Within the ECLO service there is over representation, so slightly disproportionate, impact on men (61%) but this is the opposite within the ESVS service with a slightly disproportionate impact on women (63%).   |  |  |  |  |  |  |
| Gender Reassignment  | No  |  |  |  |  |  |  |  |
| Sexual Orientation   | No  |  |  |  |  |  |  |  |
| Marriage and Civil Partnership   | No  |  |  |  |  |  |  |  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)  | No  |  |  |  |  |  |  |  |
| Armed Forces Personnel, their families, and Veterans   | No  |  |  |  |  |  |  |  |



| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections  | No |
|---|----|
| Carers considering for age, language, and various intersections   | No |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | No |
| Domestic and/or sexual abuse and violence survivors   | No |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | No |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No |
| Human Rights  | No |
| Another relevant group (please specify here and add additional rows as needed)  | No |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery



- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The removal of funding from the Disability Advice Centre could also impact on people with sensory impairments as they also provide information, advice and signposting.

Any changes in Health Service provision in the city can impact particularly on those people impacted by this proposal. This will be closely monitored through the integrated health agenda and other joint planning mechanisms.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

Work with Achieve Together to identify any people that attend the Tuesday Group that have no other support and identify whether they require an Adult Social Care assessment for support services or signposting to other support services such as Ageing Well.

Work with the ICB and University Hospitals Sussex Trust to ensure that there is alternative funding for the Eye Clinic Liaison Officer to reflect the arrangements across the rest of Sussex.

Work with East Sussex Vision Support to minimise the impact of a reduced service, for example charging for some services, linking them in with the Ageing Well service and applying to join the Community Support approved provider list.

### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: 3 |
|----------------------------|
|----------------------------|



#### 8. Publication

| Α  | Il Equality Impact Assessments will be published. If you are recommending, and choosing not to |  |
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| рі | ublish your EIA, please provide a reason:  |  |
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## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title: | Date: DD-MMM-YY |  |  |  |
|---------------------------|---------------------|-----------------|--|--|--|
| Responsible Lead Officer: | Andy Witham         | 18/01/24        |  |  |  |
| Accountable Manager:      | Rob Persey          | 18/01/24        |  |  |  |

## **EDI Review and Approval:**

## **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 25-01-24        |



## **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Bus subsidy for services 77 & 79 (Breeze)             |
|---|---|
| Name and title of officer responsible for this EIA: | Owen McElroy, National Bus Strategy Programme Manager |
| Directorate and Service Name:                       | Economy, Environment & Culture, City Transport        |
| Budget proposal no.                                 | 15  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

Remove the subsidy that enhances the weekend and public holiday route 77 Devils Dyke bus route between Easter and mid-June.

Remove the subsidy to the 79 Ditchling Beacon bus route which runs at weekends and bank holidays all year round

The subsidy is £29,000 for each route, total £58,000 at current figures. Contract prices are subject to a 10% uplift on 24<sup>th</sup> September 2024.

The budget saving will remove the enhancement to the weekend and public holiday operation of the 77 Devils dyke bus between Easter and mid-June reducing it from two buses an hour to one bus an hour. The service does not run at all between September and Easter.

The budget saving will remove the entire subsidy to the route 79 Ditchling Beacon resulting in the complete withdrawal of the service.

The Breeze services 77& 79 provide access to the South Downs National Park in conjunction with the route 78 to Stanmer Village. The Department of Transport Bus Service Improvement Plan (BSIP) funds the Monday to Friday operation of the 78 Stanmer village and the Council funds the weekend operation of the service 78. The summer services of the 77 & 79 are operated commercially by B&H buses. All supported operations from part of the same contract with B&H Buses.

They are an interlinked recreational access network where people travel to one destination and walk or cycle to another node. They also serve communities and facilities on their route. The service 78 is the only bus to serve Stanmer village and the Stanmer Park agricultural college (Plumpton extension).

Cuts to one route are therefore likely to weaken patronage on another route.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Impacts identified on the following groups: Age (older and younger), Gender (women), Disability, Race, Religion/Belief.



Supported Bus routes are provided for geographically further out areas of the city where there are likely to be less services and higher car usage. These areas are poorly served by commercially funded bus services.

Reductions to services will affect those with fewer transport choices. Evidence for this EQIA (Equality Impact Assessment) is based on:

- 2014 Supported Bus route passenger survey
- Background research used to compile the latest Local Transport Plan (LTP5)
- The National Highways and Transportation Public Satisfaction Survey

Reductions to the supported bus route services will affect protected characteristic groups as follows, women, older and younger people and disabled people who place more importance and rely more on good local bus services than the general population.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Consultation with Lead Member for Transport prior to budget decision, consultation with Enhanced Partnership (statutory) in February 2024, consultation with BusWatch March 2024

The Enhanced Partnership is a forum of bus operators, stakeholders and the Local Authority set up under the Bus Services Act 2017 whose purpose is to ensure that the Bus Service Improvement Plans aims and schemes and measures are progressed, and a vote is required where any scheme such as enhancements to bus routes are varied. The Council has a veto power over decisions that commit money.

BusWatch is a charity that looks after the interests of bus passengers and is officially recognised as a statutory stakeholder by the Department of Transport

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| None |  |  |
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#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age | YES |
|-----|-----|
|-----|-----|



| Disability and inclusive adjustments, coverage under equality act and not  | YES            |
|--|----------------|
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | YES            |
| Religion, Belief, Spirituality, Faith, or Atheism  | YES            |
| Gender Identity and Sex (including non-binary and Intersex people)   | YES            |
| Gender Reassignment  | Not applicable |
| Sexual Orientation   | Not applicable |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | Not applicable |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | Not applicable |
| Carers   | Not applicable |
| Looked after children, Care Leavers, Care and fostering experienced people   | Not applicable |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | Not applicable |
| Socio-economic Disadvantage  | YES            |
| Homelessness and associated risk and vulnerability   | Not applicable |
| Human Rights   | Not applicable |
| Another relevant group (please specify here and add additional rows as needed)   | Not applicable |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?



What are the arrangements for monitoring, and reviewing the impact of this proposal?

Data on bus satisfaction levels is collected via regular surveys from Transport Focus "Our Bus Journey" funded through the council's Bus Service Improvement Plan. Other sources are the National Highways & Transportation survey and customer surveys. Bus usage data is provided by bus operators.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups   | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups for example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  |
|---|---|---|
|   | _   | OR  |
|   | State Yes or No                                       | If no impact is identified, briefly state why.  |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes   | There are 31,643 older persons bus pass holders in the city. These bus passes provide national travel for eligible holders between 9am and 4am weekdays and anytime at the weekend.   |
|   |   | The Supported Bus Route Passenger Survey indicates a higher-than-average percentage of older people using supported services. Older people living in outlying areas of the city are at particular risk from social isolation when bus services are cut, and the supported network routes link some of the geographically remote parts of the city. They are less likely to be drivers as age increases, especially where there are associated health conditions/disabilities. Access to leisure activities (the countryside and in particular, to health walks at Stanmer Park may be curtailed by the loss of the Breeze up to the Downs services) in addition to retail and doctors/hospital appointments may be more difficult or costly for people to attend. |



|   |     | Younger people show the highest levels of importance for good local bus services. The Breeze services serve schools on their route and if cut, there may be barriers to education as well as social and leisure activities as young people are less likely to have access to any other form of transport. The council may provide pre-paid key cards for pupils with a long hometo-school distance but whether commercial services can fill the gaps in a lack of service needs further investigation. |
|---|-----|--|
| Disability includes<br>physical and sensory<br>disabled, D/deaf,<br>deafened, hard of | Yes | Nearly one in five (51,797 people, 19%) are disabled in Brighton and Hove. Higher than seen in both the Southeast (16%) and England (17%) (Census 2021).   |
| hearing, blind,<br>neurodiverse people,<br>people with non-visible<br>disabilities.   |     | Residents with a disability under the Equalities Act are concentrated in city's outer areas: central/eastern area of the city particularly in East Brighton, Queens Park, and Hollingbury & Stanmore wards. There are also higher proportions of disabled people in the east in Woodingdean and to the west in Hangleton & Portslade. (Census 2021).   |
|   |     | There are approximately 6,500 disabled concessionary bus pass holders in the city. These bus passes provide free bus travel (24 hours) for eligible holders within Brighton and Hove and are available for use during statutory times 0930- 2300 in other areas.   |
|   |     | Certain people may be more reliant on buses than the general population especially people on lower and fixed incomes. Disabled people spend more of their income on daily living expenses and may have less disposal income for leisure activities, this route with a concessionary bus provides access to the National Park on the city's doorstep.   |
|   |     | Levels of mental health illness in the wider region, are generally higher than national levels. Any reduction in bus services may reduce opportunities for getting out and about for disabled people specially access green open space, leading to social isolation.   |



| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers                          | Yes | The supported route bus passenger survey shows a higher percentage of people from ethnic minorities as users of the service (20%).  Census 2021 shows that resident who are BME live disproportionately in and around the city centre and in outer lying neighbourhoods.  |
|---|-----|---|
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief                        | Yes | 38% of the city's population reported having a religion in the 2021 Census.  There are a limited number of faith schools and religious buildings in the city, and which may warrant longer travel distances to attend these. A reduction in bus services, particularly those that stop near faith schools or religious buildings, may have a disproportionate effect on faith groups.   |
| Gender and Sex including non-binary and intersex people                                       | Yes | The gender split of Brighton & Hove's population is almost even (51%/49% female/male Census 2021)  Women tend to be the primary carer at home, and the head of single parent households and are less likely to be in full time employment.  In the city, 58% of carers are women rising to 62% of those providing care for 50 hours or more a week. The majority of caregivers, at home and in our communities, are also women. Women were over-represented as users in the Supported Bus route passenger survey; cuts to bus services will directly affect their means of travel. In the Supported Bus User Survey over 15% of women travellers responded as having care responsibilities and the supported route a key part of enabling them to manage these responsibilities |
| Gender Reassignment   | No  | No disproportionate impacts identified  |
| Sexual Orientation  | No  | No disproportionate impacts identified.   |
| Marriage and Civil<br>Partnership   | No  | No disproportionate impacts identified  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and | Yes | 21% of households in the city have dependent children (Census 2021)  Women were over-represented as users in the Supported Bus route passenger survey; cuts to  |



| non-binary gender spectrum)  |     | bus services will directly affect their means of travel to appointments and services.   |
|--|-----|---|
| Armed Forces Personnel, their families, and Veterans   | No  | No disproportionate impacts identified  |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and   | Yes | One in five residents (54,343 people, 20%) were born outside of the UK. Higher than seen in the Southeast (16%) and England (17%). (Census 2021).   |
| various intersections  |     | Despite the overall number of residents only increasing by 1%. The number of residents born outside of the UK has increased by 27% (11,456 people) since 2011, with the proportion increasing from 16% to 20%.  |
|  |     | Just under one in six residents (15%) having lived in the UK for less than 2 years. Both figures are higher then found in the Southeast and England.  |
|  |     | Some refugees and migrants are on low and fixed incomes. Therefore, like other population cohorts on low and fixed incomes are impacted by the reduction in public transport options making it more difficult to get to their places of work, education, leisure, social and worship.   |
| Carers considering for age, language, and various intersections  | Yes | Residents providing unpaid care live in all areas of the city but there are proportionally fewer in central areas of the city compared to outer areas. (census 2021). Carers and disabled people are more likely to have lower and/or fixed incomes. Reduction is bus services for carers may reduce their access to support for themselves and the person they care for and to carry out daily activities. |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections | No  | No disproportionate impacts identified  |
| Domestic and/or sexual abuse and violence survivors  | No  | No disproportionate impacts identified  |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,   | Yes | (Index of Multiple Deprivation 2019) Approximately 17.2% of Brighton and Hove residents live in one of the most deprived 20% of areas in England  |



| ethnicity, expatriate  |  | 18.7% of older people are income deprived.  |
|--|--|---|
| background, and various intersections  |  | 68% of passengers using supported bus services said they would not have an alternative means of making their journey if the bus service did not exist.  |
|  |  | Areas which don't benefit from higher frequency services tend to be those served by the supported bus network.  |
|  |  | Child poverty - The loss of the support network in particular areas of the city may disproportionately affect children from family units where the family is living on less than 60% of NMI.  |
|  |  | Other groups - Changes in the ratio of car ownership levels and bus patronage: The Local Transport Plan 5 for the city lays out a number of strategies for improvements in transport and for mitigating the effects of transport on health and well-being and economic prosperity. The city has lower than average car ownership levels and a corresponding higher than average levels of bus patronage. Any cuts to bus services may result in increasing levels of car use. |
|  |  | Health and well-being: cuts to bus services may lead to reduced rates of physical activity and social isolation and in turn impact in additional pressure on NHS and public health services.  |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections | No   | No disproportionate impacts identified  |
| Human Rights   | No   | No disproportionate impacts identified  |
| Another relevant group<br>(please specify here<br>and add additional rows<br>as needed)                              | Schoolchildren<br>and parents/<br>guardians of<br>schoolchildren | If commercial services are to be used instead of the supported service, this may lead to longer journeys for some adding to length of the school day. Where parents then replace the bus journey by driving their children to school as a preferably option, there may be more congestion on roads and less independence for children   |



- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Other budget savings across the council that disproportionately impact on disabled people, older people, and residents on low and fixed incomes may worsen the impact of this proposal.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Approach local bus operators to see if they can step in to provide a full or partial commercial service to cover these routes

SMART action 2: Bid for funding from future Bus Support schemes grants from the Department of Transport. May be able to reinstate lost services but there could be a cliff edge when funding runs out

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 4 |
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#### 8. Publication

| All Equality Impact Assessments will be published. If you are recommending, and choosing not to |  |  |  |  |  |
|---|--|--|--|--|--|
| oublish your EIA, please provide a reason:  |  |  |  |  |  |
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## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:  | Date: DD-MMM-YY |  |
|---------------------------|--|-----------------|--|
| Responsible Lead Officer: | Owen McElroy National Bus Strategy<br>Programme Manager    | 22.01.24        |  |
| Accountable Manager:      | Andrew Westwood Transport Projects and Engineering Manager | 22.01.24        |  |

## **EDI (Equality, Diversity, and Inclusion) Review and Approval:**

## **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 22-01-24        |



## **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Parking fees and charges                       |
|---|--|
| Name and title of officer responsible for this EIA: | Charles Field, Head of Parking Services        |
| Directorate and Service Name:                       | Economy, Environment & Culture, City Transport |
| Budget proposal no.                                 | 16   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

Parking service fees and charges proposals consisting of:

- Raising the price of resident, visitor and other permits
- Increasing on-street tariffs
- Increasing tariffs in off-street barrier and surface car parks
- Reviewing localised parking to generate additional revenues.
- Fees for unauthorised bay suspensions

The increases are to meet inflationary requirements of 3.5% taking into account demand loss, and also to contribute towards savings. They will further meet traffic management objectives including improving air quality, reducing demand and congestion, as well as achieving a higher turnover of spaces and supporting economic growth in the city.

Fee increases are targeted at areas where parking is at capacity to help provide drivers with better access to currently congested areas. There is also good coverage of the city centre/seafront by our public transport network, so there are alternatives for people wanting to access these areas where car park charges are increasing.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Any increase in parking fees and charges is balanced against a decrease in demand from users. Members of the public may choose not to, or not be able to afford to, pay to park on or off-street due to price increases. This may disproportionately impact residents on lower incomes and cause an inclusion issue and could create additional barriers and disadvantage for some older and disabled people who rely on private vehicles / visitors to access facilities and services.

However, these proposals are in line with the council's transport objectives of supporting sustainable transport options and reducing vehicle use in the city. It is recognised and understood that not all disabled people can use public transport to make the journeys they need to.



It may also mean carers have to pay more if they live in a different parking zone to the person they visit although there are carers' permit or visitor permits available.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

The service receives valuable feedback and intelligence about the experience of disabled car users and their carers via the Disabled Car Users Group, which is informing Parking proposals.

What other budget or service EIAs can assist/have been used to inform this assessment?

2022/2023 Budget EIA – Parking Services

#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES |
|--|-----|
| Disability and inclusive adjustments, coverage under equality act and not                              | YES |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)                                 | NO  |
| Religion, Belief, Spirituality, Faith, or Atheism  | NO  |
| Gender Identity and Sex (including non-binary and Intersex people)                                     | NO  |
| Gender Reassignment  | NO  |
| Sexual Orientation   | NO  |
| Marriage and Civil Partnership   | NO  |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum) | NO  |
| Armed Forces Personnel, their families, and Veterans   | NO  |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | NO  |



| Carers   | YES |
|--|-----|
| Looked after children, Care Leavers, Care and fostering experienced people   | NO  |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | NO  |
| Socio-economic Disadvantage  | NO  |
| Homelessness and associated risk and vulnerability   | NO  |
| Human Rights   | NO  |
| Another relevant group (please specify here and add additional rows as needed)   | NO  |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

No equality data for parking users at the point of use, however equality data for parking permit holders and consultations on the introduction of parking schemes will be collected and used to inform the service's understanding of the impact of price increases.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Regular internal review meetings are held to analyse on-street and off-street parking usage and there are also regular meeting with the Disabled Car User group to get direct feedback on the experience of disabled car users and their carers.

Learning from customer complaints and feedback will also be used to monitor and review the impact of the changes.

Parking Services have applied for and been awarded People's Parking accreditation in October 2023. This scheme was set up to provide independent feedback about the facilities and public car park experience from a disabled user perspective, with regular monitoring and reviews.



Parking Services have also received Park Mark accreditation in October 2023 from the police for our off-street car parks as safe car parks to use. It is nationally recognised and we receive significant feedback that we were chosen via the Park Mark website.

Parking Services produce an annual Parking Annual Report for Committee providing transparency and meaningful insight into the performance of the overall service including how and where funding is raised and distributed.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups   | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR  |
|---|---|---|
|   | State Yes or No                                       | If no impact is identified, briefly state why.  |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.   | Yes   | Age UK tell us that many older people face a difficult existence in retirement as a result of having a limited income combined with the extra costs of ageing. Increases in parking charges add to financial pressures. Link to research <a href="mailto:lr-6064-age-uk-financial-hardship-final_v1.pdf">lr-6064-age-uk-financial-hardship-final_v1.pdf</a> (ageuk.org.uk)  |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes   | Research carried out by Scope found that the cost of living with a disability or families with disabled children is significantly higher than households with no disabled people. Transport was identified as one of the main drivers for this increase in costs. Increasing parking fees will add to financial pressures on these families. Link to research. Disability Price Tag Disability charity Scope UK  The intersection of disability and faith is also a consideration for disabled people requiring the use of a vehicle to attend their place of worship. There are few non-Christian religious buildings in the city, meaning that disabled members of certain faith communities who need the use of their car are likely to have to travel across the city to worship. |



| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | No  |  |
|---|-----|--|
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | Yes | See text above under Disability  |
| Gender and Sex including non-binary and intersex people   | Yes | The intersection of gender and disability and caring is a consideration. 90% of lone parent households with dependents in the city are headed up by women. The percentage of women providing unpaid care is 58% in comparison to men (42%).  |
|   |     | Using a vehicle is important for them and those they their care for to carry out daily living activities, from shopping to doctor's appointments to leisure activities. Increasing fees may reduce their choice and access as well as increase financial pressures especially for families on low and fixed incomes. |
| Gender Reassignment   | No  |  |
| Sexual Orientation  | No  |  |
| Marriage and Civil Partnership  | No  |  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No  |  |
| Armed Forces Personnel, their families, and Veterans  | No  |  |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections              | No  |  |
| Carers considering for age, language, and various intersections   | Yes | Research carried out by Carers UK found that many unpaid carers experience financial hardship because of their caring role. Increases in parking charges will add to the financial pressures. Link to research Research:  Financial pressure of caring unpaid for a loved one intensifies over time - Carers UK      |



| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | No  |  |
|---|-----|--|
| Domestic and/or sexual abuse and violence survivors   | No  |  |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | Yes | Households on low fixed incomes may experience increased financial pressures with increase parking fees. |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No  |  |
| Human Rights  | No  |  |
| Another relevant group (please specify here and add additional rows as needed)  | No  |  |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).



In 22/23 we expanded Concessionary travel scheme for disabled passes for 24-hour use which will mitigate some of the impacts from increases to fees & charges by encouraging / improving access to public transport use.

There may be other budget saving proposals across the council that impact on disabled people that may worsen the impact of this budget proposal.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

Ongoing work to identify Blue Badge fraud will free up parking spaces for eligible blue badge holders and we will continue with Blue Badge fraud investigation work to protect disabled bays from misuse.

Surplus parking income is mainly spent on providing free concessionary bus passes for elderly and disabled people to encourage alternative sustainable transport choices.

Blue badges are issued to disabled people who are drivers or non-drivers allowing free parking for an unlimited amount of time in pay and display bays and parking in disabled bays. Where the blue badge can be used has been extended to include all permit bays in light touch schemes which cover a significant area of the controlled parking zones in Brighton & Hove.

The hours residents of Brighton and Hove can use an older person's concessionary travel pass have been extended to between 9.30am – 4.30am on weekdays and 24hrs a day on weekends. Those unable to use the concessionary travel pass can swap the pass for an annual allocation of £70 worth of Taxi Vouchers.

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 2 |
|--------------------------|---|

#### 8. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:



| <b>L</b> |  |  |
|----------|--|--|

## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:                           | Date: DD-MMM-YY |
|---------------------------|---|-----------------|
| Responsible Lead Officer: | Charles Field, Head of Parking                | 24/01/2024      |
| Accountable Manager:      | Mark Prior, Assistant Director City Transport |                 |

## **EDI Review and Approval:**

Equality Impact Assessment sign-off

| Signatory:  | Name: | Date: DD-MMM-YY |
|---|-------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: |       |                 |



## **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Amend public toilets opening hours to end early opening and enable single, daytime staff shifts |
|---|---|
| Name and title of officer responsible for this EIA: | Lynsay Cook, Head of Strategy & Service Improvement   |
| Directorate and Service Name:                       | Economy, Environment & Culture, City Environment  |
| Budget proposal no.                                 | 17  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

The Council is responsible for 36 public toilet sites across the city.

Under the Public Health Act 1936, local authorities in England and Wales have a power, but not a duty, to provide toilets for use by the public. Public toilets are not a statutory service.

The 2024/25 budget proposal is to amend the opening hours of public toilet sites across the city to enable single, daytime staff shifts.

Existing opening hours are:

#### Summer:

- 8am-8pm Shelter Hall, West Pier Arches, Kings Road Playpark, The Colonnade, Daltons
- 8am-6pm all other sites

#### Winter:

- 8am-6pm Shelter Hall, West Pier Arches, Kings Road Playpark, The Colonnade, Daltons
- 8am-4pm all other sites

#### The proposed opening hours are:

#### Summer:

- 8am-8pm Shelter Hall, West Pier Arches, Kings Road Playpark, The Colonnade, Daltons
- 10am-6pm all other sites

#### Winter:

- 8am-6pm Shelter Hall, West Pier Arches, Kings Road Playpark, The Colonnade, Daltons
- 10am-4pm all other sites

The budget proposal assumes that public toilets at the Royal Pavilion Gardens continue to remain closed until a new facility is developed, and the toilets in the Velo Café at the Level remain closed. New public toilets (and an adjoining café) are to be created at The Level in The MacLaren Pavilion. The toilets at this location will be maintained by the tenant of the new café.



Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Reducing the opening hours of public toilets may have a greater impact on people who need to use facilities more frequently, those with limited mobility, and those with limited alternative means for accessing facilities. This may include older people, small children and their carers, disabled people and individuals with some health issues, and rough sleepers.

### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Feedback from the public via the public toilet mailbox and Stage 1 complaints have been used to inform the EIA.

What other budget or service EIAs can assist/have been used to inform this assessment?

Public Toilet closure EIA, Environment, Transport & Sustainability Committee, 17 January 2023

#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age   | NO |
|---|----|
| Disability and inclusive adjustments, coverage under equality act and not | NO |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)    | NO |
| Religion, Belief, Spirituality, Faith, or Atheism                         | NO |
| Gender Identity and Sex (including non-binary and Intersex people)        | NO |
| Gender Reassignment   | NO |
| Sexual Orientation  | NO |
| Marriage and Civil Partnership  | NO |



| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | NO |
|--|----|
| Armed Forces Personnel, their families, and Veterans   | NO |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | NO |
| Carers   | NO |
| Looked after children, Care Leavers, Care and fostering experienced people   | NO |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | NO |
| Socio-economic Disadvantage  | NO |
| Homelessness and associated risk and vulnerability   | NO |
| Human Rights   | NO |
| Another relevant group (please specify here and add additional rows as needed)   | NO |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Public toilets are available for anyone who lives and works in, or visits, the city to use. As such, equality data is not held on service users.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

The impact of the proposal will be monitored through customer feedback and feedback from services who work with residents in vulnerable groups, e.g., rough sleepers.



## 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups   | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith                                      |
|---|---|---|
|   | State Yes or No                                       | OR If no impact is identified, briefly state why.   |
| Age including those under 16, young adults, multiple ethnicities, those with          | Yes   | Older people may have mobility issues which limit access to other toilets. They may need to use the toilet more often and will have less opportunity to.  |
| various intersections.  |   | Parents and carers may need more frequent access to public toilets for baby changing facilities. Small children have less control over their bladders and outings can be abruptly shortened if a child needs to use a toilet. |
| Disability includes<br>physical and sensory<br>disabled, D/deaf,<br>deafened, hard of | Yes   | Some disabled people and people with long term and or fluctuating health conditions may need to use toilet facilities more frequently may be disproportionately impacted.   |
| hearing, blind,<br>neurodiverse people,<br>people with non-visible<br>disabilities.   |   | Some people with mobility issues may have limited access / opportunity to use other toilets.  |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers                  | No  |   |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief                | No  |   |
| Gender and Sex including non-binary and intersex people                               | Yes   | Women and girls may need to use the toilet more often due to menstruation or experiencing the menopause but will have less opportunity to do so.  |
| Gender Reassignment   | No  |   |
| Sexual Orientation  | No  |   |
| Marriage and Civil<br>Partnership   | No  |   |
| Pregnancy, Maternity,<br>Paternity, Adoption,<br>Menopause, (In)fertility             | Yes   | Pregnant people may need to use the toilet more often and will have less opportunity to.  |



| (across intersections and non-binary gender spectrum)   |     |   |
|---|-----|---|
| Armed Forces Personnel, their families, and Veterans  | No  |   |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections  | No  |   |
| Carers considering for age, language, and various intersections   |     |   |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | No  |   |
| Domestic and/or sexual abuse and violence survivors   | No  |   |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | Yes | People on lower incomes may be disproportionately affected as businesses may expect their facilities to be used by only paying customers.   |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | Yes | Rough sleepers may be disproportionately impacted as they have limited alternative access to toilet and handwashing facilities.  They may feel a greater stigma when using other facilities and may not feel welcome. |
| Human Rights  | No  |   |
| Another relevant group<br>(please specify here<br>and add additional rows<br>as needed)   | No  |   |

• Ex-offenders and people with unrelated convictions



- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Other budget proposals that disproportionately impact on older and disabled people may worse the impact of this proposal.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

Continue publicising other toilets available, such as museums, shopping centres etc.

Place signage on the closed toilets, directing people to the nearest alternative and to the council website for more information.

Provide information on the facilities available to rough sleepers, including First Base, Antifreeze and the Clocktower Sanctuary.

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 2 |
|--------------------------|---|
|--------------------------|---|



#### 8. Publication

| All Equality Impact Assessments will be published. If you are recommending, and choosing not to |
|---|
| publish your EIA, please provide a reason:  |
|   |
|   |
|   |

## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:   | Date: DD-MMM-YY |
|---------------------------|---|-----------------|
| Responsible Lead Officer: | Lynsay Cook, Head of Strategy & Service Improvement                   | 05-Jan-24       |
| Accountable Manager:      | Rachel Chasseaud, Assistant Director<br>City Environmental Management | 05-01-24        |

## **EDI Review and Approval:**

## Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 18-01-24        |



## **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:                                   | Transfer of Bowling Greens to clubs (or closure) to save maintenance costs |
|--|--|
| Name and title of officer responsible for this EIA:                      | Robert Walker, Head of City Parks  |
| Directorate and Service Name: Economy, Environment & Culture, City Parks |  |
| Budget proposal no.  | 18   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

The proposal is to transfer the management of council-run bowling greens to bowls clubs or close the greens to save on the cost of maintenance.

The council manages nine bowling greens across the city. The clubs have between 31 and 75 season ticket holders (an average of 46 per club) and an overall total of more than 410 members. Bowlers can also pay an hourly rate or by session to play casually and this includes a concessionary price for over 65s.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The most significant impacts are likely to be on older and disabled people. The main group of people affected will be the existing 410+ club members.

If the management of a bowling green is not transferred as a community asset, bowls club members may be able to join another self-managed club, or one of the other private clubs in the city.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Consultation with bowls clubs and members will take place whilst exploring options to transfer council-managed greens as community assets.

What other budget or service EIAs can assist/have been used to inform this assessment?

N/A



#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES |
|--|-----|
| Disability and inclusive adjustments, coverage under equality act and not  | YES |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | NO  |
| Religion, Belief, Spirituality, Faith, or Atheism  | NO  |
| Gender Identity and Sex (including non-binary and Intersex people)   | NO  |
| Gender Reassignment  | NO  |
| Sexual Orientation   | NO  |
| Marriage and Civil Partnership   | NO  |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | NO  |
| Armed Forces Personnel, their families, and Veterans   | NO  |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | NO  |
| Carers   | NO  |
| Looked after children, Care Leavers, Care and fostering experienced people   | NO  |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | NO  |
| Socio-economic Disadvantage  | NO  |
| Homelessness and associated risk and vulnerability   | NO  |
| Human Rights   | NO  |
| Another relevant group (please specify here and add additional rows as needed)   | NO  |

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers



- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

No equality data is collected on season ticket holders and the sale of concession tickets to non-members / casual players is managed directly by bowls clubs, so is not able to be monitored.

There is no plan to introduce equality monitoring as the bowling greens will no longer be in the management of the city council once the budget proposal is implemented.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Feedback from bowls clubs and customer enquiries/complaints.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups   | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith   |
|---|---|--|
|   |   | OR   |
|   | State Yes or No                                       | If no impact is identified, briefly state why.   |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes   | Bowls is traditionally a sport enjoyed by older people as a social activity. It is a particular sport that can be continued into old age and offers many health and wellbeing benefits. If the number of bowling greens reduces due to closure this will have a potentially negative impact on older people in the city in terms of limiting access to sport and leisure facilities. |
| <b>Disability</b> includes physical and sensory disabled, D/deaf,                                   | Yes   | Bowls is considered an accessible 'sport for all' and people with a disability can play and compete with or against non-disabled bowlers.  |



| deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.   |         | The potential closure of bowling greens could disproportionately impact disabled people by limiting accessible physical activities available to them, as well as opportunities for social interaction. |
|--|---------|--|
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers   | unknown | no data or insight available   |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief   | unknown | no data or insight available   |
| Gender and Sex including non-binary and intersex people  | unknown | no data or insight available   |
| Gender Reassignment  | unknown | no data or insight available   |
| Sexual Orientation   | unknown | no data or insight available   |
| Marriage and Civil Partnership   | unknown | no data or insight available   |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                          | unknown | no data or insight available   |
| Armed Forces Personnel, their families, and Veterans   | unknown | no data or insight available   |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections                                       | unknown | no data or insight available   |
| Carers considering for age, language, and various intersections  | unknown | no data or insight available   |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections | unknown | no data or insight available   |



| Domestic and/or sexual abuse and violence survivors   | unknown | no data or insight available |
|---|---------|------------------------------|
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | unknown | no data or insight available |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | unknown | no data or insight available |
| Human Rights  | unknown | no data or insight available |
| Another relevant group (please specify here and add additional rows as needed)  | n/a     |                              |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

### 5. Cumulative impacts

| Are there other | er budget proposals | from other service  | areas that might    | worsen or mitigate the |     |
|-----------------|---------------------|---------------------|---------------------|------------------------|-----|
| impacts from    | your proposal? Plea | se give a brief des | scription including | name of other service( | s). |

| None know. |  |  |
|------------|--|--|
|            |  |  |
|            |  |  |



### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: The facilities will be offered as an opportunity for asset transfer to the current bowls clubs.

SMART action 2: Alternative bowling green facilities will be shared with current club members.

### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 2 |
|--------------------------|---|
|--------------------------|---|

### 8. Publication

| All Equality Impact Assessments v  | will be published. | If you are re | commending, | and choosing n | ot to |
|------------------------------------|--------------------|---------------|-------------|----------------|-------|
| publish your EIA, please provide a | a reason:          |               |             |                |       |

### 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:                  | Date: DD-MMM-YY |
|---------------------------|--------------------------------------|-----------------|
| Responsible Lead Officer: | Robert Walker, Head of City Parks    | 24/01/2024      |
| Accountable Manager:      | Chenine Bhathena, Assistant Director |                 |

# **EDI Review and Approval:**

Equality Impact Assessment sign-off

| Signatory: | Name: | Date: DD-MMM-YY |
|------------|-------|-----------------|
|------------|-------|-----------------|



| Head of Communities,                       | Emma McDermott | 26-01-24 |
|--|----------------|----------|
| Equality, and Third Sector (CETS) Service: |                |          |



## **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

### 1. Budget Proposal

| Title of budget saving being assessed:              | Increase of the Brighton Centre Facility Fee by £0.50 (from £1.50 to £2.00) per ticket sold from January 1st 2024 |
|---|---|
| Name and title of officer responsible for this EIA: | Howard Barden, Head of Tourism & Venues   |
| Directorate and Service Name:                       | Economy, Environment & Culture – Culture, Tourism & Sport   |
| Budget proposal no.                                 | 19  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

Increase of the Brighton Centre Facility Fee by £0.50 per ticket sold from £1.50 to £2.00 on all ticket sales at the Brighton Centre from January 1st, 2024.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The increase of a £0.50 facility fee will impact on ticket buyers; ticket buying for events is a personal decision and the facility fee will form part of the overall cost to attend the event. Younger people, older people, working age people on benefits, disabled people, single parent households and those in socio-economic disadvantage are likely to be impacted by circa 33% fee increase.

### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

None – this is a commercial decision and in line with industry standards and broadly in line with other venues of a similar scale in terms of what they are charging as a facility fee on ticket purchases.

What other budget or service EIAs can assist/have been used to inform this assessment?

Budget Equality Impact Assessment Template 2023/24 – the introduction of a £1.50 facility fee on all tickets sold at the Brighton Centre.



### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | NO   |
|--|--|
| Disability and inclusive adjustments, coverage under equality act and not  | NO   |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | NO   |
| Religion, Belief, Spirituality, Faith, or Atheism  | NO   |
| Gender Identity and Sex (including non-binary and Intersex people)   | NO   |
| Gender Reassignment  | NO   |
| Sexual Orientation   | NO   |
| Marriage and Civil Partnership   | NO   |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | NO   |
| Armed Forces Personnel, their families, and Veterans   | NO   |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | NO   |
| Carers   | Carers receive a free ticket to attend events and will not be subject to the Facility Fee charge, this is in line with industry standards. |
| Looked after children, Care Leavers, Care and fostering experienced people   | NO   |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | NO   |
| Socio-economic Disadvantage  | NO   |
| Homelessness and associated risk and vulnerability   | NO   |
| Human Rights   | NO   |
| Another relevant group (please specify here and add additional rows as needed)   | NO   |

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:



- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Monitoring is based on ticket sales post the introduction of the £1.50 facility fee in 2023. Currently we are not seeing any reduction in the appetite for ticket purchases at the Brighton Centre. Our best gauge on this are the more marginal annual events that we host and currently there appears to be no reduction in ticket sales for these events and ticket sales remain consistent prior to the introduction of the £1.50 facility fee on tickets sold.

However, there is no evidence to say if there has not been an impact on the affordability of attending events at the Brighton Centre for customers who are on lower incomes.

In addition, we currently have not seen any evidence of a decrease in ticket sales by customers with access requirements for events with the introduction of Facility Fees at the Brighton Centre.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

| None – other than above |  |  |
|-------------------------|--|--|
|                         |  |  |

### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups        | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith               |
|--|---|--|
|  |   | OR   |
|  | State Yes or No                                       | If no impact is identified, briefly state why.   |
| Age including those under 16, young adults, multiple | Yes   | By increasing the facility fee, this will increase the cost to attend events at the Brighton Centre. This may impact on the affordability of attending events at the Brighton Centre for customers who |



| ethnicities, those with various intersections.  |     | are on lower and fixed incomes. This would include older people on fixed incomes, working age people on benefits and young adults in low paid employment, all living in a city with high housing costs.  |
|---|-----|--|
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | The increase of the facility fee may have an impact on the affordability of attending events at the Brighton Centre for customers who are on lower incomes. Disabled People are more likely to have lower incomes and spend a greater portion of their incomes on daily living expenses and therefore have less disposal income for leisure and social activities. We currently have not seen any evidence of a decrease in ticket sales for customers with access requirements for events at the Brighton Centre due to the introduction of a Facility Fee at the Brighton Centre. This is based on some of our annual repeat business shows where we have seen no impact on ticket sales from previous years when the facility fee was not in place. |
| <b>Ethnicity,</b> 'Race', ethnic heritage including Gypsy, Roma, Travellers   | No  |  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | No  |  |
| Gender and Sex including non-binary and intersex people   | Yes | 90% of single parent households in the city are female. Single parent households are often on low incomes/fixed incomes.   |
|   |     | By increasing the facility fee, this will increase the cost to attend events at the Brighton Centre. This may impact on the affordability of attending events at the Brighton Centre for customers who are on lower and fixed incomes.   |
| Gender Reassignment   | No  |  |
| Sexual Orientation  | No  |  |
| Marriage and Civil Partnership  | No  |  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                               | No  |  |



|   | T   |  |
|---|-----|--|
| Armed Forces Personnel, their families, and Veterans  | No  |  |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections  | No  |  |
| Carers considering for age, language, and various intersections   | No  | Carers receive a free ticket to attend events with a customer with access requirements paying a full price ticket, and the carer will not be subject to the Facility Fee charge, this is in line with industry standards.  |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | No  |  |
| Domestic and/or sexual abuse and violence survivors   | No  |  |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | Yes | By increasing the facility fee, this will increase the cost to attend events at the Brighton Centre. This may impact on the affordability of attending events at the Brighton Centre for customers who are on lower and fixed incomes  |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | Yes | By increasing the facility fee, this will increase the cost to attend events at the Brighton Centre. This may impact on the affordability of attending events at the Brighton Centre for customers who are on lower and fixed incomes including households in temporary and emergency accommodation. |
| Human Rights  | No  |  |
| Another relevant group<br>(please specify here<br>and add additional rows<br>as needed)   | N/A | N/A  |



- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Other services across the council are likely to be increasing charges and fees and therefore households/individuals on low/fixed incomes may be impacted by multiple proposals.

### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to: commercial decision and in line with industry standards and broadly in line with other venues of a similar scale in terms of what they are charging as a facility fee on ticket purchases.

### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 2 |
|--------------------------|---|

### 8. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:



| n/a |  |  |
|-----|--|--|
|     |  |  |

## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:   | Date: DD-MMM-YY |
|---------------------------|---|-----------------|
| Responsible Lead Officer: | Howard Barden, Head of Tourism & Venues                       | 11/12/2023      |
| Accountable Manager:      | Chenine Bhathena, Assistant Director Culture, Tourism & Sport | 22/01/2024      |

# **EDI Review and Approval:**

# Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 22-01-24        |



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

### 1. Budget Proposal

| Title of budget saving being assessed:              | Introduction of Beach Hut Transfer Fee                   |
|---|--|
| Name and title of officer responsible for this EIA: | Toni Manuel, Seafront Development Manager                |
| Directorate and Service Name:                       | Economy, Environment & Culture, Culture, Tourism & Sport |
| Budget proposal no.                                 | 20   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

#### Introduction of Beach Hut Transfer Fee

In November 2023 the CHSTE Committee agreed to change the beach hut administration fee from £82 to a transfer fee calculated at 10% of the sale price of the beach hut or four times the annual licence fee, whichever is greater. Beach huts are currently for sale with a guide price or have sold for between £23,000 - £38,000.

The beach huts are privately owned, and the owner pays an annual licence to place the hut on council land at Hove seafront. The annual licence fee payable to the council is currently £503.60 including VAT.

There was no mechanism in the previous licences for increasing the administration charge / transfer fee. To introduce the transfer fee, the only option available to the council is to terminate the licences and issue new licences to the beach hut owners on different terms. This requires the consent of the owners.

Following a consultation process with beach hut owners, a new licence containing modernised terms including the new transfer fee was agreed by the CHSTE Committee. The new licence is being sent to all hut owners in January 2024 to sign and return to the Seafront Office. If beach hut owners do not agree to the new terms, their hut will be unlicenced and the council will have grounds to enforce and remove the hut from the site.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

A beach hut can only be bought by residents of Brighton & Hove. The terms of the licence state the hut cannot be re-sold for a minimum of 3 years after purchase – except under extenuating circumstances.

All existing beach hut owners would be impacted by this proposal but only if/when they choose to sell their beach hut.



If a hut owner wishes to leave their beach hut in their will to a family member, who is a Brighton and Hove resident, the transfer fee will not be payable. This allows beach huts to be passed down through generations to local people without incurring additional costs.

### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Prior to the CHSTE Committee a consultation was undertaken to provide an opportunity for all beach hut owners to input into the proposed changes to the licence. Emails including a copy of the proposed licence were sent to all beach hut owners who have provided the council with an email address.

Letters were also sent to the home address (held on record by the council) of each beach hut owner to ensure that everyone received the information and had an opportunity to feedback on the proposals.

The consultation period ran initially for three weeks. The council extended the consultation by a further four days over a weekend to allow time for any additional responses following the Hove Beach Hut Association's Annual General Meeting.

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| None |  |  |  |
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|      |  |  |  |

### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age   | NO |
|---|----|
| Disability and inclusive adjustments, coverage under equality act and not | NO |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)    | NO |
| Religion, Belief, Spirituality, Faith, or Atheism                         | NO |



| Gender Identity and Sex (including non-binary and Intersex people)   | NO |
|--|----|
| Gender Reassignment  | NO |
| Sexual Orientation   | NO |
| Marriage and Civil Partnership   | NO |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | NO |
| Armed Forces Personnel, their families, and Veterans   | NO |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | NO |
| Carers   | NO |
| Looked after children, Care Leavers, Care and fostering experienced people   | NO |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | NO |
| Socio-economic Disadvantage  | NO |
| Homelessness and associated risk and vulnerability   | NO |
| Human Rights   | NO |
| Another relevant group (please specify here and add additional rows as needed)   | NO |

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Equality monitoring of beach hut ownership is not currently in place. The proposal is to introduce an anonymous and voluntary equality monitoring form so that future changes can be considered for equality implications.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

The volumes of beach hut sales will be monitored compared with previous years. Direct feedback from owners will also be reviewed to highlight any further impacts that were not identified through the consultation period.

### 4. Impacts

| Assess impact for    | Is there a       | Describe the potential negative impact,   |
|----------------------|------------------|---|
| different population | possible         | considering for differences within groups |
| groups               | disproportionate | For example, different ethnic groups, and |
|                      |                  |   |



|   | negative impact? | peoples intersecting identities e.g. disabled women of faith OR |
|---|------------------|---|
|   | State Yes or No  | If no impact is identified, briefly state why.                  |
| Age   | Unknown          | No data or insight available to determine impact                |
| including those under 16, young adults, multiple ethnicities, those with various intersections.   |                  |   |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Unknown          | No data or insight available to determine impact                |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | Unknown          | No data or insight available to determine impact                |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | Unknown          | No data or insight available to determine impact                |
| Gender and Sex including non-binary and intersex people   | Unknown          | No data or insight available to determine impact                |
| Gender Reassignment   | Unknown          | No data or insight available to determine impact                |
| Sexual Orientation  | Unknown          | No data or insight available to determine impact                |
| Marriage and Civil Partnership  | Unknown          | No data or insight available to determine impact                |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                               | Unknown          | No data or insight available to determine impact                |
| Armed Forces Personnel, their families, and Veterans  | Unknown          | No data or insight available to determine impact                |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections  | Unknown          | No data or insight available to determine impact                |



| Carers considering for age, language, and various intersections   | Unknown | No data or insight available to determine impact |
|---|---------|--|
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | Unknown | No data or insight available to determine impact |
| Domestic and/or sexual abuse and violence survivors   | Unknown | No data or insight available to determine impact |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | Unknown | No data or insight available to determine impact |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | Unknown | No data or insight available to determine impact |
| Human Rights  | Unknown | No data or insight available to determine impact |
| Another relevant group (please specify here and add additional rows as needed)  | None    |  |

### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

If the annual licence fee is also increased at the same time and by more than the corporate inflation rate Beach Hut owners might feel that they are being unfairly targeted. As the demographic of the owners is unknow it is not possible to know if there is a disproportionate impact based on protected characteristic However, it would apply to all owners equally.

### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.



SMART Action 1: introduce an equality monitoring form for beach hut owners

### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 1 |
|--------------------------|---|

### 8. Publication

| All Equality Impact Assessments will be published. If you are recommending, and choosing not to |
|---|
| publish your EIA, please provide a reason:  |
|   |

### 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:                          | Date: DD-MMM-YY |
|---------------------------|--|-----------------|
| Responsible Lead Officer: | Toni Manuel, Seafront Development<br>Manager | 11/12/23        |
| Accountable Manager:      | Mark Fisher, Head of Sport & Leisure         | 23-01-24        |

# **EDI Review and Approval:**

### **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 23-01-24        |



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

### 1. Budget Proposal

| Title of budget saving being assessed:              | Homelessness and Housing Needs Service Transformation Programme  |
|---|--|
| Name and title of officer responsible for this EIA: | Paul Cooper, Assistant Director for Housing Needs and Supply     |
| Directorate and Service Name:                       | Housing, Neighbourhoods and Communities,<br>Homelessness Service |
| Budget proposal no.                                 | 21   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

The budget saving proposal is £285K for Homelessness and Temporary/ Supported Accommodation services.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The proposed changes are not anticipated to have specific impact on any groups. The Homelessness Transformation Programme has been predicated around the customer journey, improving access to services and support and reducing the number of 'hand-offs' of a client between officers. Therefore, although the service redesign will generate savings, it has also been developed with the principle of an improved customer journey at its heart.

The savings outlined originate from streamlining the current structure with the aim of establishing a robust middle management tier to better support front line staff. The existing number of M9 management roles is considered unfit for purpose, contributing to a top heavy, flat structure that lacks the capacity to offer daily supervision and support required by front line staff. These changes are intended to empower staff to deliver services more effectively, enhancing support for clients.

### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.



The current phase (phase 2) of the redesign, has been informed by information, assessments and surveys undertaken during phase one.

The methodology has been driven by;

- Identify relevant data available for clients.
- Review existing documentation.
- Engagement of key stakeholders
- User surveys and interviews with clients
- Analysis of demographic data to understand the client base.
- Review policies and procedures.

By gathering this data and insights, the recommendations proposed provide a solid foundation for understanding the impact on clients.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | YES |
|--|-----|
| Disability and inclusive adjustments, coverage under equality act and not                              | YES |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)                                 | YES |
| Religion, Belief, Spirituality, Faith, or Atheism  | NO  |
| Gender Identity and Sex (including non-binary and Intersex people)                                     | YES |
| Gender Reassignment  | YES |
| Sexual Orientation   | YES |
| Marriage and Civil Partnership   | NO  |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum) | YES |
| Armed Forces Personnel, their families, and Veterans   | YES |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | YES |
| Carers   | YES |



| Looked after children, Care Leavers, Care and fostering experienced people   | YES            |
|--|----------------|
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | YES            |
| Socio-economic Disadvantage  | YES            |
| Homelessness and associated risk and vulnerability   | YES            |
| Human Rights   | Not applicable |
| Another relevant group (please specify here and add additional rows as needed)   | Not applicable |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- · People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

The Transformation team has collaborated closely with the Performance Analyst to collect data, uncovering gaps in the current data collection process. This concern has been raised, and active engagement is in place to work in collaboration with the IT Project Management Team. The objective is to ensure that the procurement of the next IT platform has the capacity to furnish the necessary data. This enhancement aims to facilitate more effective monitoring of impacts and inform future changes.

As a crucial part of the proposal, a key suggestion is to create client tools aimed at capturing information more accurately. This initiative aims to enhance the service offer in a way that is inclusive and informed.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

### Key areas proposed.

- Define clear KPIs and objectives for the service.
- Incorporate Diversity and inclusion from the start. Ensure diversity and inclusion considerations are integrated into the project from the planning phase.



- Identify key stakeholders and representatives from the protected characteristic groups to participate in the transformation project.
- Regular Data collection. Implement a robust data collection system that includes information specific to clients with protected characteristics.
- Analyse trends and track progress.
- Conduct focus groups, surveys, or interviews to understand experiences from the client perspective.
- Diversity training Provide all staff on diversity and inclusion. Ensure all staff members are aware of the potential impact on clients with various protected characteristics.
- Compliance with Legal standards Ensure the proposed changes are aligned to legal requirements related to protecting clients with specific characteristics.

### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

Data and analysis sources may include (not an exhaustive list):

- Consider a wide range (including but not limited to):
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith |
|---|---|--|
|   |   | OR   |
|   | State Yes or No                                       | If no impact is identified, briefly state why.   |



| A   | NI. | The managed shapes are set as Colored to  |
|---|-----|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.   | No  | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | No  | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | No  | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | NA  | Data not available  |
| Gender and Sex including non-binary and intersex people   | No  | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
| Gender Reassignment   | No  | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
| Sexual Orientation  | No  | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of  |



|  |    | our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service.  |
|--|----|---|
| Marriage and Civil Partnership   | NA | Data not available  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                          | NO | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
| Armed Forces Personnel, their families, and Veterans   | No | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections                                       | No | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
| Carers considering for age, language, and various intersections  | No | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections | No | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |



| Domestic and/or sexual abuse and violence survivors   | No | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
|---|----|---|
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | No | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No | The proposed changes are not anticipated to impact the named groups. The target operating model is designed to optimise the customer journey, placing the customer at the forefront of our approach. This prioritisation is geared towards fostering positive outcomes and ensuring an improved experience for individuals accessing the service. |
| Human Rights  | NA |   |
| Another relevant group (please specify here and add additional rows as needed)  |    |   |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers



### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

| Not applicable |
|----------------|
|----------------|

### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to no disproportionate negative impacts on any one group or intersectionally.

#### SMART action 1:

Although no disproportionate negative impacts have been identified the following will be established to understand and respond to clients experience of the service:

- · Define clear KPIs and objectives for the service.
- Incorporate Diversity and inclusion from the start. Ensure diversity and inclusion considerations are integrated into the project from the planning phase.
- Identify key stakeholders and representatives from the protected characteristic groups to participate in the transformation project.
- Regular Data collection. Implement a robust data collection system that includes information specific to clients with protected characteristics.
- Analyse trends and track progress.
- Conduct focus groups, surveys, or interviews to understand experiences from the client perspective.
- Diversity training Provide all staff on diversity and inclusion. Ensure all staff members are aware of the potential impact on clients with various protected characteristics.
- Compliance with Legal standards Ensure the proposed changes are aligned to legal requirements related to protecting clients with specific characteristics.

SMART action 2: Additionally, the service has already established a task and finish group has been established to understand any inequalities based on households protected characteristics living in temporary accommodation, establish any events or actions which could have disproportionately impacted these groups resulting in them requiring temporary accommodation, and to work up any relevant mitigating actions to reduce this impact. The Task and Finish group, consisting of staff from all levels within the service, will commence in February and run for up to 4 months.



### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 1 |
|--------------------------|---|

#### 8. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:

Confirmed for publication by Paul Cooper, Assistant Director Housing Needs & Supply

### 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:                                       | Date: DD-MMM-YY |
|---------------------------|---|-----------------|
| Responsible Lead Officer: | Paul Cooper, Assistant Director<br>Housing Needs & Supply | 24 January 2024 |
| Accountable Manager:      | Paul Cooper, Assistant Director<br>Housing Needs & Supply | 24 January 2024 |

## **EDI Review and Approval:**

### **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 25-01-24        |



### **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

### 1. Budget Proposal

| Title of budget saving being assessed:              | Review and reduce the range of services commissioned through Supported Accommodation to achieve a saving of £521K |
|---|---|
| Name and title of officer responsible for this EIA: | Adam Salmon – Rough Sleeping and Single Homeless<br>Commissioning Lead  |
| Directorate and Service Name:                       | Housing, Neighbourhoods and Communities - Housing Needs & Supply Commissioning Team                               |
| Budget proposal no.                                 | 22  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

### The proposal is in three parts:

- (1) The £364K saving that has arisen from the closure of the St. Patricks High Support Rough Sleepers Hostel. This closure is as result of the current landlord seeking to dispose of the building because it's economically unviable to maintain and repair. Realistically the building, a former church, requires a one-off expenditure of significant value and then an ongoing programme of maintenance of similar magnitude.
  - We did explore moving the service to another building but were originally unable to identify a potential replacement within the available budget envelope.
- (2) To decommission the Reconnection work we currently commission the First Base Rough Sleepers Day Centre to deliver on our behalf, saving £58K. This is a general contribution to the overall running costs of the day centre, rather than specific funding for specific posts.
- (3) To decommission the Young Person's Housing Advice element of the Youth Advice Gateway, currently being provided through YMCA/Downslink (YAC). The pathway into accommodation, such as Nightstop, and also family mediation, will continue and will be put out to tender. The urgent need to find savings has meant commissioning priorities have focused on providers who are directly providing accommodation and/or contributing to reducing financial pressures on statutory services. The Young Person's Housing Advice element does not significantly impact either of these priorities. Ceasing to commission this aspect of the service will generate a saving of £100k. (NB: Three month's formal notice will be issued meaning the service will finish in July and a transition plan will be worked up with the provider.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

(1) The loss of St. Pats will reduce the number of high support hostel bedspaces we have for rough sleepers by 24 out of 76, a 32% reduction. This is a significant loss of provision that will, because of the nature of the service disproportionally negatively affect rough



sleepers, and in particular older and more entrenched rough sleepers. This is largely driven by the lack of a suitable building within budget. However, discussions are ongoing with HASC to unlock other provision within the stock, (in particular 'hospital discharge') which will offer some mitigation.

- (2) First Base provide one part of the council's reconnection offer. Because this operates from the Day Centre, it tends to pick-up the more rough sleepers who are new to the city and may not have yet engaged with street outreach services. Not being picked up and reconnected at First Base would risk extending the period of time they sleep rough, exacerbating their needs and vulnerability and increasing the risk that they establish a greater dependency on services. However, as reconnections capacity is covered by other commissioned services, this risk is mitigated.
- (3) Decommissioning a bespoke Young Person's Housing Advice Service for single people under 26, will have an impact to this group. However, this is a non-statutory service. The Homelessness Transformation Programme, and subsequent redesign of Housing Needs, due to be implemented in July, has been predicated upon improving the customer journey, and additional capacity has been factored in to increase statutory duties around homelessness prevention and relief to this cohort.

### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

A structured programme of consultation, with both internal and external stakeholders was undertaken at the beginning of the recommissioning process to inform the shape of the Rough Sleeper and Single Homeless services going forward and an element of redesign/transformation of the Rough Sleeper and Single Homeless Pathway. There has also been an ongoing consultation with existing and potential new providers as an integral component of the soft market testing exercise, the first stage of the formal tendering process.

What other budget or service EIAs can assist/have been used to inform this assessment?

Homelessness Transformation Programme EIA (in relation to statutory advice and assistance being offered to U26 year olds).

### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| <b>Age</b> YES |  |
|----------------|--|
|----------------|--|



| Disability and inclusive adjustments, coverage under equality act and not  | YES            |
|--|----------------|
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | YES            |
| Religion, Belief, Spirituality, Faith, or Atheism  | NO             |
| Gender Identity and Sex (including non-binary and Intersex people)   | YES            |
| Gender Reassignment  | YES            |
| Sexual Orientation   | YES            |
| Marriage and Civil Partnership   | NO             |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | YES            |
| Armed Forces Personnel, their families, and Veterans   | YES            |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | YES            |
| Carers   | Not applicable |
| Looked after children, Care Leavers, Care and fostering experienced people   | YES            |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | YES            |
| Socio-economic Disadvantage  | Not applicable |
| Homelessness and associated risk and vulnerability   | YES            |
| Human Rights   | YES            |
| Another relevant group (please specify here and add additional rows as needed)   |                |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?



While we don't currently collect monitoring data on our rough sleepers' Religion, Belief, Spirituality, Faith, or Atheism. We will explore how we might add this to our current data collection.

We don't collect monitoring data on Marriage and Civil Partnership as our rough sleepers' provision treats all service users as being essentially single homeless. If they have families, they access the statutory housing options service. We are reviewing our practice with respect to how we engage with couples and will as part and parcel of this review explore collecting monitoring data on our rough sleepers' Marriage and Civil Partnership status.

None of our rough sleepers have carers or active caring responsibilities, even where a rough sleeper had had caring responsibilities prior to becoming a rough sleeper, it wouldn't be practicable for them to maintain such a responsibility while rough sleeping, hence our identifying the collection of monitoring data for this characteristic as not applicable.

All of our rough sleepers are significantly socio-economically disadvantaged and marginalised by default hence our also identifying the collection of monitoring data for this characteristic as not applicable.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

We collect monitoring data through the BThink Client Data System we use for the collection and storage of all our rough sleeper services related data and Home Connections\* for our statutory homeless services. We will use data within these systems to monitor and review the impact of these proposals.

(\*The Home Connections system is currently under review, and a new system being commissioned. Through the tendering process, this may continue to be Home Connections, or could be something entirely different. If another system operates in future, this will become the data source.)

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups    | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR |
|--|---|--|
|  | State Yes or No                                       | If no impact is identified, briefly state why.   |
| Age  | Yes   | The closure of St. Pats will likely have a   |
| including those under 16, young adults, multiple |   | disproportionate negative impact on older, high need, rough sleepers, relative to their composition of the populations as they   |



| ethnicities, those with various intersections.  |         | constitute a disproportionately high proportion of those needing the support of St. Pats, so referred there. However, in mitigation, there are ongoing discussions with HASC on a wider systematic offer to single people with Multiple Compound Needs (MCN)  There is no identifiable age-related disproportionate impact of the loss of the First Base Reconnection work, it will negatively impact equally across the equality groups.  The loss of the auxiliary housing advice and support service of YAC will, relative to the general population, disproportionately negatively |
|---|---------|--|
|   |         | affect young people as it's a young peoples' service. However, in mitigation, capacity within statutory services has been increased to better support this cohort.   |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes     | In as much that the rough sleeping population experiences a proportionately greater level of disability and life limiting conditions relative to the general population, all three proposals will have a disability related disproportionate impact. However, it should also be noted that disability (as per this context) is a vulnerability which will be taken into consideration when determining 'priority need', and through this a duty to provide interim accommodation.  |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | Yes     | There is a higher proportion of Black and Black British people in our rough sleeping population compared to the local population (6% vs 2%) as such any proposal impacting rough sleepers will disproportionately negatively impact the Black and Black British demographic.   |
|   |         | This will be impacted by national immigration policy and included individuals with no recourse to public funds.  |
|   |         | Note this numbers are small 56 out of 644 individuals in 2023/4.   |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | Unknown | No data or insight available to determined impact.   |



| Gender and Sex including non-binary and intersex people   | Yes | In as much that a disproportionately number of men sleep rough compared to their proportion of the general population, all three proposals will have a disproportionately negative impact on men.  |
|---|-----|--|
| Gender Reassignment   | No  | There is no identifiable gender reassignment related disproportionate impact of the loss of all three services.  |
| Sexual Orientation  | Yes | There is no identifiable sexual orientation related disproportionate impact of the loss of all three services.   |
| Marriage and Civil Partnership  | No  | There is no identifiable marriage or civil partnership related disproportionate impact of the loss of all three services.  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No  | There is no identifiable Pregnancy, Maternity, Paternity, Adoption, Menopause or (In)fertility related disproportionate impact of the loss of any of the three services.   |
| Armed Forces Personnel, their families, and Veterans  | No  | There is no identifiable Armed Forces Personnel, their families or Veterans related disproportionate impact of the loss of all three services,   |
|   |     | However, it should also be noted that disability (as per this context) is a vulnerability which will be taken into consideration when determining 'priority need', and through this a duty to provide interim accommodation.   |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and                                    | Yes | There is no identifiable Expatriates, Migrants, Asylum Seekers or Refugees related disproportionate impact of the St. Pats or First Base Reconnection service losses.  |
| various intersections   |     | The loss of the Young Person's Housing Advice Service will disproportionately negatively affect migrants, asylum seekers and refugees as they contribute, relative to their composition of the local population, a greater proportion of the demographic utilising this service. |
| Carers considering for age, language, and various intersections   | No  | There is no identifiable carers related disproportionate impact of the loss of all three services, it will negatively impact equally across the cohort, in which carers are, relative to their composition of the local population, likely underrepresented.                     |



| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections                       | Yes | There is no identifiable Looked after children, Care Leavers, Care or fostering experienced people related disproportionate impact of the St. Pats or First Base Reconnection service losses.  The council already offers additional provision to care experienced young people. As well as a statutory duty being owed (in some circumstances), former care leavers are a recognised priority group within the Allocations Policy, and under the TA Placements Policy, prioritised for transfer back into Brighton & Hove if (by exception) they are initially placed outside the city. Care experienced young people are also only offered non-contained TA, when self-contained is not available, and again prioritised for a transfer when a self-contained unit is identified. The '16/17 year old protocol' ('Southwark Judgement') has been re-written in conjunction with Children's Social Care, and a revised 'Care Leavers Housing Protocol' is due to be approved in the next month (again in conjunction with FCL) |
|---|-----|---|
| Domestic and/or sexual abuse and violence survivors   | No  | There is no identifiable domestic and/or sexual abuse and violence survivors related disproportionate impact of the loss of all three services.   |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | Yes | In as much as there is a far greater prevalence of socio-economic disadvantage among those using these services, compared to its prevalence in the local general population, the loss of all three services will have a disproportionately negative impact on people experiencing socio-economic disadvantage.  |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | Yes | In as much as all three services specifically meet the needs of single homeless and rough sleepers, the loss of all three services will have a disproportionately negative impact on single homeless and rough sleepers.  |
| Human Rights  | No  | There is no identifiable human rights related disproportionate impact of the loss of all three services, it will negatively impact equally across the cohort.   |
| Another relevant group<br>(please specify here<br>and add additional rows<br>as needed)   |     |   |



- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

None know

### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: The council is actively pursuing the possibility of repurposing/bidding for future Rough Sleeper Initiative grant funding to grant fund the day centre activities of First Base.

No further mitigation actions are available due to: (1) We have no alternative building to which to move the St. Pats service, which is suitable and within resources. If a suitable building within resources were identified, this could be reviewed.

### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 3 |
|--------------------------|---|



### 8. Publication

| All Equality Impact Assessments will be published. If you are recommending, and choosing not to |  |  |  |  |  |
|---|--|--|--|--|--|
| publish your EIA, please provide a reason:  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:   | Date: DD-MMM-YY |
|---------------------------|---|-----------------|
| Responsible Lead Officer: | Adam Salmon Rough Sleeping and Single Homeless Commissioning Lead | 24-01-24        |
| Accountable Manager:      | Paul Cooper Assistant Director<br>Housing Needs and Supply        | 24-01-24        |

# **EDI Review and Approval:**

# Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 24-01-24        |



## **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

### 1. Budget Proposal

| Title of budget saving being assessed:              | Third Sector Commission (2020-2025)   |
|---|---|
| Name and title of officer responsible for this EIA: | Emma McDermott, Head of Communities, Equality and Third Sector                      |
| Directorate and Service Name:                       | Housing, Neighbourhoods & Communities, Communities, Equality & Third Sector Service |
| Budget proposal no.                                 | 23  |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

Reduction in the net budget of the Third Sector Commission (TSC) by 10% (£182,000)

The TSC invests strategically in the third sector to deliver against priority outcomes for the council as well infrastructure support to the community and voluntary sector, community development in priority neighbourhoods and citywide, and a community banking partnership to deliver the outcomes of the council's financial inclusion ambitions and alleviate cost of living crisis.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

All equality groups will be impacted by the very nature of the Commission and there will intersectional impacts with many funded partnerships supporting beneficiaries facing multiple barriers, for example, LGBTQ+ young people, black and racially minoritized people in disadvantage neighbourhoods, young GRT people.

The Third Sector Commission is designed to target the council's corporate priorities which focus on the most vulnerable individuals and communities, increasing fairness and promoting social capital and resilience. The organisations funded through the programme are groups/organisations that work with and support communities with legally protected characteristics, and those who are marginalised and vulnerable, including those experiencing poverty/financial exclusion.

The proposed reduction in the programme's funding will directly result in:

- decreased capacity to meet some corporate priorities with specific impacts on characteristics protected in law
- reduced capacity for CVS groups which support community resilience and reduce reliance on statutory services: reducing the budget could result in increased demand for council services especially relating to young people and older people



potential wider impact on ability to attract additional match funding

### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has been undertaken to inform this assessment. The partnerships in receipt of funding return, as part of their terms and condition, an annual and sixmonth performance report to council. As the current TSC is in its fourth year, there is sufficient information about the beneficiaries of the funded projects/organisations to provide information on those likely to be impacted by the saving.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age   | Yes |
|---|-----|
| Disability and inclusive adjustments, coverage under equality act and not | Yes |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)    | Yes |
| Religion, Belief, Spirituality, Faith, or Atheism                         | Yes |
| Gender Identity and Sex (including non-binary and Intersex people)        | Yes |
| Gender Reassignment   | Yes |
| Sexual Orientation  | Yes |
| Marriage and Civil Partnership  | Yes |



| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Yes |
|--|-----|
| Armed Forces Personnel, their families, and Veterans   | Yes |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | Yes |
| Carers   | Yes |
| Looked after children, Care Leavers, Care and fostering experienced people   | Yes |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | Yes |
| Socio-economic Disadvantage  | Yes |
| Homelessness and associated risk and vulnerability   | Yes |
| Human Rights   | Yes |
| Another relevant group (please specify here and add additional rows as needed)   | Yes |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

| Not applicable |  |  |
|----------------|--|--|
|                |  |  |



What are the arrangements for monitoring, and reviewing the impact of this proposal?

Grant variations will need to be agreed with the funded partnerships. These will indicate the impact on numbers and types of beneficiaries, and provide funded partnership the opportunity to give feedback on the impact to the council.

The partnerships will also continue to return their 6 monthly and year-end monitoring return reports which will provide data and insight on impact.

Officers will also see feedback from third sector infrastructure organisations in the city, such as Community Works.

Feedback will be sought from commissioners across the council and other public bodies for example, Sussex NHS as the strategic investment underpins some organisations deliver of other contracts/work in the city.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups   | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith |
|---|---|--|
|   |   | OR   |
|   | State Yes or No                                       | If no impact is identified, briefly state why.   |
| Age   | No  |  |
| including those under 16, young adults, multiple ethnicities, those with various intersections.   |   |  |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | No  |  |



|  | T  |  |
|--|----|--|
| <b>Ethnicity,</b> 'Race', ethnic heritage including Gypsy, Roma, Travellers  | No |  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief   | No |  |
| Gender and Sex including non-binary and intersex people  | No |  |
| Gender Reassignment  | No |  |
| Sexual Orientation   | No |  |
| Marriage and Civil<br>Partnership  | No |  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                          | No |  |
| Armed Forces Personnel, their families, and Veterans   | No |  |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for No age, language, and various intersections                                    | No |  |
| Carers considering for age, language, and various intersections  | No |  |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections | No |  |
| Domestic and/or sexual abuse and violence survivors  | No |  |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate                                      | No |  |



| background, and various intersections  |    |  |
|--|----|--|
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections | No |  |
| Human Rights   | No |  |
| Another relevant group (please specify here and add additional rows as needed)                                       | No |  |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Reduction in the Third Sector Commission will likely impact on other budget proposals that may be looking to the VCS to help mitigate their impact. It may also jeopardise the delivery of other commissions, especially if those budgets are being reduced.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Officers will work with Community Works, within its reduced budget envelope to provide support to partnerships manage the impact of the reduction.



## 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 4 |
|--------------------------|---|

#### 8. Publication

| , | All Equality Impact Assessments will be published. If you are recommending, and choosing not to |
|---|---|
| I | publish your EIA, please provide a reason:  |
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| ı |   |

## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title:                | Date: DD-MMM-YY |
|---------------------------|------------------------------------|-----------------|
| Responsible Lead Officer: | John Reading, Third Sector Manager | 26-01-24        |
| Accountable Manager:      | Emma McDermott                     | 26-01-24        |

# **EDI Review and Approval:**

## **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 26-01-24        |



# **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Reduction of Communities Fund  |
|---|--|
| Name and title of officer responsible for this EIA: | Emma McDermott, Head of Communities, Equality and Third Sector                       |
| Directorate and Service Name:                       | Housing, Neighbourhoods & Communities, Communities, Equality & Third Sector Service. |
| Budget proposal no.                                 | 24   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

Removal of all the General Fund monies (£302,000) in Communities Fund (CF) budget except for £15,000 maintained for the BME Engagement Fund that sits within the CF.

As an annual grant programme to the community and voluntary sector there is opportunity to reduce the budget ahead of the start of the new financial year. The fund predominantly supports grass root volunteer lead organisations being both a starter fund for new/small groups and building resilience for medium sized groups supplementing their own fundraising and volunteer time and acting as a validation to other funders.

The objectives of the fund are to improve wellbeing, build cohesion and promote fairness. The fund is an open competitive process.

The £25,000 monies from the Hedgecock Bequest Fund that also make up the Communities Fund budget will continue as will the annually variable contribution from the Textile Recycling Fund.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The reduction does not unfairly affect one protected characteristic more than another as it is not ringfenced to specific communities or residents except for the BME fund within the Communities Fund. However, the BME fund is continuing.

All the Communities Fund is unallocated at the start of the financial year.

The Communities Fund is designed to target the council's corporate priorities which focus on the most vulnerable individuals and communities, increasing fairness and promoting social capital and resilience. The organisations funded through the programme are groups/organisations that



work with and support communities with legally protected characteristics, and those who are marginalised and vulnerable, including those experiencing poverty/financial exclusion.

The proposed reduction in the programme's funding will result in:

- decreased capacity to meet some corporate priorities with specific impacts on characteristics protected in law
- reduced capacity for CVS groups which support community resilience and reduce reliance on statutory services
- potential wider impact on ability to attract additional match funding

## 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultations or engagement are being undertaken to inform this assessment. Annual evaluations are returned by recipients of the awards from the Communities Fund as part of their terms and conditions. These have been used to inform officers understanding of the nature of the groups and their beneficiaries who might likely be impacted by this budget saving proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

#### 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age   | YES |
|---|-----|
| Disability and inclusive adjustments, coverage under equality act and not | YES |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)    | YES |
| Religion, Belief, Spirituality, Faith, or Atheism                         | YES |
| Gender Identity and Sex (including non-binary and Intersex people)        | YES |
| Gender Reassignment   | YES |
| Sexual Orientation  | YES |
| Marriage and Civil Partnership  | YES |



| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | YES |
|--|-----|
| Armed Forces Personnel, their families, and Veterans   | YES |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | YES |
| Carers   | YES |
| Looked after children, Care Leavers, Care and fostering experienced people   | YES |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | YES |
| Socio-economic Disadvantage  | YES |
| Homelessness and associated risk and vulnerability   | YES |
| Human Rights   | YES |
| Another relevant group (please specify here and add additional rows as needed)   | YES |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

| Not applicable |  |  |
|----------------|--|--|
|                |  |  |
|                |  |  |

What are the arrangements for monitoring, and reviewing the impact of this proposal?

As a small sum of monies will remain for the Communities Fund in 2024/45 for the BME Engagement Fund and the main rounds officers will monitor the number, nature and target beneficiaries for the groups/organisation that apply. Officers will also seek feedback from the community and voluntary sector via infrastructure organisations such as Community Works,



Resource Centre. Officers will also monitor number of enquiries made in the year regarding potential council funds that small groups can apply to.

## 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups   | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR  If no impact is identified, briefly state why. |
|---|---|--|
| Age   | No  |  |
| including those under 16, young adults, multiple ethnicities, those with various intersections.   |   |  |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | No  |  |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | No  |  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | No  |  |
| Gender and Sex including non-binary and intersex people   | No  |  |
| Gender Reassignment   | No  |  |
| Sexual Orientation  | No  |  |
| Marriage and Civil Partnership  | No  |  |
| Pregnancy, Maternity,<br>Paternity, Adoption,<br>Menopause, (In)fertility   | No  |  |



| (across intersections and non-binary gender   |    |
|---|----|
| spectrum)   |    |
| Armed Forces Personnel, their families, and Veterans  | No |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections  | No |
| Carers considering for age, language, and various intersections   | No |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | No |
| Domestic and/or sexual abuse and violence survivors   | No |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | No |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No |
| Human Rights  | No |
| Another relevant group (please specify here and add additional rows as needed)  | No |

• Ex-offenders and people with unrelated convictions



- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Reduction in the budget will impact grass roots community provision in neighbourhoods and to city-wide equality groups. Many of the groups/projects securing funding through the Communities Fund provide preventative measures that may to stop or be scaled back. As statutory services increasing looking to 'community' services and 'building social capital' as preventative measures for their clients a reduction in Communities Funding will impact in council's ability to facilitate these.

Other budget savings that reduce opportunities for funding for community and voluntary sector organisations may worse the impact of this proposal. For example, the cessation of the youthled grants programme.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to there being no disproportionate impact on one specific equality group.

SMART action 1: Community and voluntary sector groups making enquiries to the council about funding will be signed posted to other possible funders, for example Sussex Community Foundation

SMART action 2: In 204/25 officers will explore the most effective and efficient way to distribute the remaining monies in the Communities Fund.

SMART action 3: The BME engagement fund and one round of the Communities Fund will be held in 2024/25.



## 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 3 |
|--------------------------|---|

#### 8. Publication

| , | All Equality Impact Assessments will be published. If you are recommending, and choosing not to |
|---|---|
|   | publish your EIA, please provide a reason:  |
| I |   |
|   |   |

## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title: | Date: DD-MMM-YY |
|---------------------------|---------------------|-----------------|
| Responsible Lead Officer: | Donna Edmead        | 26-01-24        |
| Accountable Manager:      | Emma McDermott      | 26-01-24        |

# **EDI Review and Approval:**

## **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 26-01-24        |



# **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### Budget Proposal

| Title of budget saving being assessed:              | Fees and Charges   |
|---|--|
| Name and title of officer responsible for this EIA: | Jo Player Head of Safer Communities                        |
| Directorate and Service Name:                       | Housing, Neighbourhoods and Communities, Safer Communities |
| Budget proposal no.                                 | 25   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

Increase regulatory and licensing fees and charges where it is statutorily allowable. It is estimated that these increases will generate a saving of £20,000.

Some licensing fees and charges have already been agreed by licensing committee October 2023.

Taxi fees increases between 6-323%

Animal licensing fees increased by an average of 5%

Sex Entertainment etc fees increased by an average of 5%

Gambling fees increased to the statutory maximum

Street Trading increased by an average of 5%

Body Piercing increased between 43-117%

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

No significant impacts because this is a fee charging service to businesses.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.



| None |  |  |
|------|--|--|
|      |  |  |
|      |  |  |

What other budget or service EIAs can assist/have been used to inform this assessment?

| None applicable |  |  |  |
|-----------------|--|--|--|
|                 |  |  |  |
|                 |  |  |  |

# 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | No             |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not  | No             |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | No             |
| Religion, Belief, Spirituality, Faith, or Atheism  | No             |
| Gender Identity and Sex (including non-binary and Intersex people)   | No             |
| Gender Reassignment  | No             |
| Sexual Orientation   | No             |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | Not applicable |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | No             |
| Carers   | Not applicable |
| Looked after children, Care Leavers, Care and fostering experienced people   | No             |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | No             |
| Socio-economic Disadvantage  | Not applicable |
| Homelessness and associated risk and vulnerability   | Not applicable |
| Human Rights   | Not applicable |



| Another relevant group (please specify here and add | Not applicable |
|---|----------------|
| additional rows as needed)                          |                |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

| Customer enquiries/semplainte |  |  |
|-------------------------------|--|--|
| Customer enquiries/complaints |  |  |
| ' '                           |  |  |
|                               |  |  |
|                               |  |  |
|                               |  |  |

What are the arrangements for monitoring, and reviewing the impact of this proposal?

| Budget monitoring regarding increase of income |  |
|--|--|
|  |  |

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups    | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR |
|--|---|--|
|  | State Yes or No                                       | If no impact is identified, briefly state why.   |
| Age  | No  | No significant impacts this is a fee charging  |
| including those under 16, young adults, multiple |   | service to businesses  |



| ethnicities, those with various intersections.   |    |   |
|--|----|---|
| Disability includes<br>physical and sensory<br>disabled, D/deaf,<br>deafened, hard of<br>hearing, blind,<br>neurodiverse people,<br>people with non-visible<br>disabilities. | No | No significant impacts this is a fee charging service to businesses |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers   | No | No significant impacts this is a fee charging service to businesses |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief   | No | No significant impacts this is a fee charging service to businesses |
| Gender and Sex including non-binary and intersex people  | No | No significant impacts this is a fee charging service to businesses |
| Gender Reassignment  | No | No significant impacts this is a fee charging service to businesses |
| Sexual Orientation   | No | No significant impacts this is a fee charging service to businesses |
| Marriage and Civil Partnership   | No | No significant impacts this is a fee charging service to businesses |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)  | No | No significant impacts this is a fee charging service to businesses |
| Armed Forces Personnel, their families, and Veterans   | No | No significant impacts this is a fee charging service to businesses |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections   | No | No significant impacts this is a fee charging service to businesses |
| Carers considering for age, language, and various intersections  | no | No significant impacts this is a fee charging service to businesses |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced  | no | No significant impacts this is a fee charging service to businesses |



| people considering for age, language, and various intersections   |     |   |
|---|-----|---|
| Domestic and/or sexual abuse and violence survivors   | No  | No significant impacts this is a fee charging service to businesses |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | No  | No significant impacts this is a fee charging service to businesses |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No  | No significant impacts this is a fee charging service to businesses |
| Human Rights  | No  | No significant impacts this is a fee charging service to businesses |
| Another relevant group (please specify here and add additional rows as needed)  | N/A | No significant impacts this is a fee charging service to businesses |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

| N/a |
|-----|
|-----|



#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to: this is a fee charging service and will impact business rather than individuals

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 1 |
|--------------------------|---|

#### 8. Publication

| All Equality Impact Assessments will be published. If you are recommending, and choosing not to |
|---|
| publish your EIA, please provide a reason:  |
|   |
|   |

#### 9. Directorate and Service Approval

| Signatory:                | Name and Job Title: | Date: DD-MMM-YY |
|---------------------------|---------------------|-----------------|
| Responsible Lead Officer: | Jo Player           | 17/01/2024      |
| Accountable Manager:      | Rachel Sharpe       | 25-01-24        |

# **EDI Review and Approval:**

#### Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 25-01-24        |



# **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

# 1. Budget Proposal

| Title of budget saving being assessed:              | Safer Communities  |
|---|--|
| Name and title of officer responsible for this EIA: | Jo Player, Head of Safer Communities                       |
| Directorate and Service Name:                       | Housing, Neighbourhoods and Communities, Safer Communities |
| Budget proposal no.                                 | 26   |

| Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)  |
|---|
| Cessation of pest control service   |
| Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable: |
| No significant impacts  |

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

| indicative. If no consultation completed or planned, state this, giving an explanation. |
|---|
| None  |
|   |
|   |
|   |
| What other budget or service EIAs can assist/have been used to inform this assessment?  |
| Nonapplicable   |
|   |



## 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | No             |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not  | No             |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | No             |
| Religion, Belief, Spirituality, Faith, or Atheism  | No             |
| Gender Identity and Sex (including non-binary and Intersex people)   | No             |
| Gender Reassignment  | No             |
| Sexual Orientation   | No             |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | Not applicable |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | No             |
| Carers   | Not applicable |
| Looked after children, Care Leavers, Care and fostering experienced people   | No             |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | No             |
| Socio-economic Disadvantage  | Not applicable |
| Homelessness and associated risk and vulnerability   | Not applicable |
| Human Rights   | Not applicable |
| Another relevant group (please specify here and add additional rows as needed)   | Not applicable |

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas



- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

| Customer enquiries/complaints |  |  |
|-------------------------------|--|--|
| Customer enquiries/complaints |  |  |
| , ,                           |  |  |
|                               |  |  |
|                               |  |  |
|                               |  |  |

What are the arrangements for monitoring, and reviewing the impact of this proposal?

| Budget monitoring regarding loss of income |  |
|--|--|
| Dadget morntoning regarding 1000 of income |  |
|  |  |
|  |  |

### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups   | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR |
|---|---|--|
|   | State Yes or No                                       | If no impact is identified, briefly state why.   |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.   | No  | No significant impacts this is a fee charging service There are alternative providers available  |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | No  | No significant impacts this is a fee charging service There are alternative providers available  |



| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers   | No | No significant impacts this is a fee charging service There are alternative providers available |
|--|----|---|
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief   | No | No significant impacts this is a fee charging service There are alternative providers available |
| Gender and Sex including non-binary and intersex people  | No | No significant impacts this is a fee charging service There are alternative providers available |
| Gender Reassignment  | No | No significant impacts this is a fee charging service There are alternative providers available |
| Sexual Orientation   | No | No significant impacts this is a fee charging service There are alternative providers available |
| Marriage and Civil Partnership   | No | No significant impacts this is a fee charging service There are alternative providers available |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                          | No | No significant impacts this is a fee charging service There are alternative providers available |
| Armed Forces Personnel, their families, and Veterans   | No | No significant impacts this is a fee charging service There are alternative providers available |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections                                       | No | No significant impacts this is a fee charging service There are alternative providers available |
| Carers considering for age, language, and various intersections  | no | No significant impacts this is a fee charging service There are alternative providers available |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections | no | No significant impacts this is a fee charging service There are alternative providers available |
| Domestic and/or sexual abuse and violence survivors  | No | No significant impacts this is a fee charging service There are alternative providers available |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,   | No | No significant impacts this is a fee charging service There are alternative providers available |



| ethnicity, expatriate background, and various intersections  |     |   |
|--|-----|---|
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections | No  | No significant impacts this is a fee charging service There are alternative providers available |
| Human Rights   | No  | No significant impacts this is a fee charging service There are alternative providers available |
| Another relevant group (please specify here and add additional rows as needed)                                       | N/A | No significant impacts this is a fee charging service There are alternative providers available |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

| Ν | lo |
|---|----|
|   |    |

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to: this is a fee charging service alternative providers are available



## 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 1 |
|--------------------------|---|

#### 8. Publication

| All Equality Impact Assessments will be published. If you are recommending, and choosing not to |
|---|
| publish your EIA, please provide a reason:  |
|   |
|   |
|   |

## 9. Directorate and Service Approval

| Signatory: Name and Job Title: |               | Date: DD-MMM-YY |
|--------------------------------|---------------|-----------------|
| Responsible Lead Officer:      | Jo Player     | 17/01/2024      |
| Accountable Manager:           | Rachel Sharpe | 24-01-24        |

# **EDI Review and Approval:**

## **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 24-01-24        |



## **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Violence Against Women and Girls (VAWG) Services           |
|---|--|
| Name and title of officer responsible for this EIA: | Jo Player, Head of Safer Communities                       |
| Directorate and Service Name:                       | Housing, Neighbourhoods and Communities, Safer Communities |
| Budget proposal no.                                 | 27   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

Review of commissioned DA/VAWG service provision.

Reduction in budget £60k saving initially identified as underspend plus unused interpretation & BSL services.

Further £60k saving from commissioned services:

- 50% funding of multiple compound needs specialist caseworker as part of Changing Futures programme due to end in 2024
- Current LGBTQ dispersed accommodation contract due to end in 2024,
- Other funding unlikely to be required or where there is non-performance of contracts.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The most significant impacts will be on women and girls affected by domestic violence/abuse. However, the budget reduction is from additional short term new burdens money and will not directly impact core budget for commissioned services.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

There has been no specific consultation carried out to inform this EIA. However, detailed consultation has recently been completed to inform the council's new Combatting Violence Against Women and Girls Strategy and data and insights from this will be used to inform the



allocation of the remaining new burdens funding, which will be put to elected members for approval.

What other budget or service EIAs can assist/have been used to inform this assessment?

| None applicable |  |  |
|-----------------|--|--|
|                 |  |  |

# 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | Yes            |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not  | Yes            |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | Yes            |
| Religion, Belief, Spirituality, Faith, or Atheism  | Yes            |
| Gender Identity and Sex (including non-binary and Intersex people)   | Yes            |
| Gender Reassignment  | Yes            |
| Sexual Orientation   | Yes            |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Yes            |
| Armed Forces Personnel, their families, and Veterans   | Not applicable |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | Yes            |
| Carers   | Not applicable |
| Looked after children, Care Leavers, Care and fostering experienced people   | Not applicable |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | Yes            |
| Socio-economic Disadvantage  | Not applicable |
| Homelessness and associated risk and vulnerability   | Not applicable |
| Human Rights   | Not applicable |



| Another relevant group (please specify here and add | Not applicable |
|---|----------------|
| additional rows as needed)                          |                |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

| ١ | I/A |  |  |  |
|---|-----|--|--|--|
|   |     |  |  |  |
|   |     |  |  |  |
|   |     |  |  |  |

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Monitoring data is collected from providers as part of quarterly contract monitoring arrangements.

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups    | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith |
|--|---|--|
|  |   | OR   |
|  | State Yes or No                                       | If no impact is identified, briefly state why.   |
| Age  | No  | Proposed reduction does not affect services  |
| including those under 16, young adults, multiple |   | provided to children who are victims/survivors of domestic violence.   |



| othericities these with   |     |  |
|---|-----|--|
| ethnicities, those with various intersections.  |     | Data unavailable on adult age cohorts. Impact unknown.   |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | No  | Proposed reduction may affect services provided to disabled people who are victims/survivors of domestic violence as a result of the offer from the specialist case worker supporting people with multiple complex need. |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers  | No  | Proposed reduction does not affect services provided to victims/survivors of domestic violence from ethnic backgrounds.  Sufficient funding remains in place for translation and interpreting services.                  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief  | No  | Proposed reduction does not affect services provided to victims/survivors of domestic violence based on their religion or faith.   |
| Gender and Sex including non-binary and intersex people   | Yes | May disproportionately affect women at risk of domestic abuse/violence. However, core commissioned services remain in place.   |
| Gender Reassignment   | Yes | May disproportionately affect women at risk of domestic abuse/violence. However, core commissioned services remain in place.   |
| Sexual Orientation  | Yes | May disproportionately affected LGBT+ women at risk of domestic abuse/violence. However, core commissioned services remain in place.   |
| Marriage and Civil<br>Partnership   | No  | Proposed reduction does not affect services provided to children who are victims/survivors of domestic violence  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                               | yes | May disproportionately affect women at risk of domestic abuse/violence. However, core commissioned services will still be in place.  |
| Armed Forces Personnel, their families, and Veterans  | No  | Proposed reduction does not affect services provided to victims/survivors of domestic violence from the armed forces   |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for   | No  | Proposed reduction does not affect services provided to victims/survivors of domestic  |



| age, language, and various intersections  |     | violence who are refugees, migrants or asylum seekers.  |
|---|-----|---|
|   |     | Sufficient funding remains in place for translation and interpreting services   |
| Carers considering for age, language, and various intersections   | no  | Proposed reduction does not affect services provided to victims/survivors of domestic violence who are carers.                                      |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections        | Yes | May disproportionately affect women and girls who are care experienced. However, core commissioned services will still be in place.                 |
| Domestic and/or sexual abuse and violence survivors   | Yes | May disproportionately affect women at risk of domestic abuse/violence. However, core commissioned services will still be in place.                 |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate<br>background, and various<br>intersections | No  | Proposed reduction does not affect services provided to people who are victims/survivors of domestic violence who are at risk of socio disadvantage |
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections                                      | No  | Proposed reduction does not affect services provided to rough sleepers who are victims/survivors of domestic violence                               |
| Human Rights  | N/A |   |
| Another relevant group:   | Yes | Proposed reduction will reduce the offer to   |
| People with multiple complex need   |     | individuals identified as having multiple complex need.   |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery



- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Other budget savings across the council that impact on women and disabled people may worsen this proposal.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Continued quarterly contract monitoring of those accessing core services to track impact of this proposal and explore further mitigating actions is needed.

SMART action 2: Core commissioned services will remain in place for the lifetime of the current contracts - until March 2026 as a minimum.

SMART action 3: Review of all grant funded and commissioned services by end March 2024 to ensure that they are delivering against contract specification.

#### 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 3 |
|--------------------------|---|
|                          |   |

#### 8. Publication

| All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason: | ) |
|--|---|
|  |   |



# 9. Directorate and Service Approval

| Signatory:                | Name and Job Title: | Date: DD-MMM-YY |
|---------------------------|---------------------|-----------------|
| Responsible Lead Officer: | Jo Player           | 17/01/2024      |
| Accountable Manager:      | Rachel Sharpe       | 26-01-24        |

# **EDI Review and Approval:**

# Equality Impact Assessment sign-off

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 26-01-24        |



# **Budget Equality Impact Assessment (EIA) 2024/25 – Service Users**

#### 1. Budget Proposal

| Title of budget saving being assessed:              | Third Party Reporting Centres                            |
|---|--|
| Name and title of officer responsible for this EIA: | Jo Player Head of Safer Communities                      |
| Directorate and Service Name:                       | Housing, Neighbourhoods & Communities, Safer Communities |
| Budget proposal no.                                 | 28   |

Briefly describe the budget saving proposal: (use the wording in the budget spreadsheet and more detail if needed)

Cease all funding for third party reporting centres.

Currently there are three third party reporting centres for disabled, Black and racially minoritized residents and LGBTQ+ residents to report hate incidents if they do not feel wish/able to report to statutory services.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

These centres are provided by three voluntary organisations in the city that specifically support these cohorts of the city's population. This proposal will therefore directly impact on disabled, Black and racially minoritized people and LGBTQ+ residents. Including the intersectional work that the centres were starting to do for people with experiencing marginalisation based on their multiple identities. For the first three quarters of the year 63 people contacted the centres for support with a hate incident.

#### 2. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

The setting up of the centres was a pilot based on best practice rather than a statutory requirement. Monitoring reports from the providers has been used to inform this EIA.

What other budget or service EIAs can assist/have been used to inform this assessment?



| None |  |  |
|------|--|--|
|      |  |  |

## 3. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

| Age  | Not applicable |
|--|----------------|
| Disability and inclusive adjustments, coverage under equality act and not  | Yes            |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)   | Yes            |
| Religion, Belief, Spirituality, Faith, or Atheism  | Yes            |
| Gender Identity and Sex (including non-binary and Intersex people)   | Yes            |
| Gender Reassignment  | Yes            |
| Sexual Orientation   | Yes            |
| Marriage and Civil Partnership   | Not applicable |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)                   | Not applicable |
| Armed Forces Personnel, their families, and Veterans   | Not applicable |
| Expatriates, Migrants, Asylum Seekers, and Refugees  | Yes            |
| Carers   | Not applicable |
| Looked after children, Care Leavers, Care and fostering experienced people   | Not applicable |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | Not applicable |
| Socio-economic Disadvantage  | Not applicable |
| Homelessness and associated risk and vulnerability   | Not applicable |
| Human Rights   | Not applicable |
| Another relevant group (please specify here and add additional rows as needed)   | Not applicable |

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

Ex-offenders and people with unrelated convictions



- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

| If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal? |  |  |  |
|--|--|--|--|
|  |  |  |  |

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Hate crime reporting data will be collected from providers and from statutory agencies

#### 4. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

| Assess impact for different population groups   | Is there a possible disproportionate negative impact? | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith  OR |
|---|---|--|
|   | State Yes or No                                       | If no impact is identified, briefly state why.   |
| Age including those under 16, young adults, multiple ethnicities, those with various intersections.   | No  | No significant impacts funding not provided third party reporting centre for this group  |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes   | Reduction of hate incidents reported   |



|  | Γ   |   |  |
|--|-----|---|--|
| <b>Ethnicity,</b> 'Race', ethnic heritage including Gypsy, Roma, Travellers  | Yes | Reduction of hate incidents reported  |  |
| Religion, Spirituality,<br>Faith, Atheism, and<br>philosophical belief   | Yes | Reduction of hate incidents reported  |  |
| Gender and Sex including non-binary and intersex people  | Yes | Reduction of hate incidents reported  |  |
| Gender Reassignment  | Yes | Reduction of hate incidents reported  |  |
| Sexual Orientation   | Yes | Reduction of hate incidents reported  |  |
| Marriage and Civil Partnership   | No  | No significant impacts funding not provided third party reporting centre for this group                           |  |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)                          | No  | No significant impacts funding not provided third party reporting centre for this group                           |  |
| Armed Forces Personnel, their families, and Veterans   | No  | No significant impacts funding not provided third party reporting centre for this group                           |  |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections                                       | No  | Reduction of hate incidents reported, based on the intersectional identities of ethnicity and immigration status. |  |
| Carers considering for age, language, and various intersections  | no  | No significant impacts funding not provided third party reporting centre for this group                           |  |
| Looked after children,<br>Care Leavers, Care and<br>fostering experienced<br>people considering for<br>age, language, and<br>various intersections | no  | No significant impacts funding not provided third party reporting centre for this group                           |  |
| Domestic and/or sexual abuse and violence survivors  | No  | No significant impacts funding not provided third party reporting centre for this group                           |  |
| Socio-economic<br>disadvantage<br>considering for age,<br>disability, D/deaf/ blind,<br>ethnicity, expatriate                                      | No  | No significant impacts funding not provided third party reporting centre for this group                           |  |



| background, and various intersections  |     |   |
|--|-----|---|
| Homeless and rough<br>sleepers considering for<br>age, veteran, ethnicity,<br>language, and various<br>intersections | No  | No significant impacts funding not provided third party reporting centre for this group |
| Human Rights   | No  | No significant impacts funding not provided third party reporting centre for this group |
| Another relevant group<br>(please specify here<br>and add additional rows<br>as needed)                              | N/A | No significant impacts funding not provided third party reporting centre for this group |

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

#### 5. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The deletion of the Communities Fund may worsen the impact of the proposal as it will not be available as an alternative source of CVS funding.

#### 6. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Increased awareness campaign by statutory agencies to encourage reporting by those communities susceptible to hate incidents, to statutory services by March 2025



## 7. Outcome of your assessment

Based on the information above give the proposal an impact score between 1-5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

| Proposal's impact score: | 3 |
|--------------------------|---|

#### 8. Publication

| Α | Il Equality Impact Assessments will be published. If you are recommending, and choosing not to |
|---|--|
| p | ublish your EIA, please provide a reason:  |
| _ |  |
|   |  |

## 9. Directorate and Service Approval

| Signatory:                | Name and Job Title: | Date: DD-MMM-YY |  |
|---------------------------|---------------------|-----------------|--|
| Responsible Lead Officer: | Jo Player           | 17/01/2024      |  |
| Accountable Manager:      | Rachel Sharpe       | 24-01-24        |  |

# **EDI Review and Approval:**

## **Equality Impact Assessment sign-off**

| Signatory:  | Name:          | Date: DD-MMM-YY |
|---|----------------|-----------------|
| Head of Communities,<br>Equality, and Third Sector<br>(CETS) Service: | Emma McDermott | 25-01-24        |



# **Equality Act 2010: section 149 Public Sector Equality Duty**

- (1) A public authority must, in the exercise of its functions, have due regard to the need to
  - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to
  - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
  - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
  - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- (4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- (5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
  - (a) tackle prejudice, and
  - (b) promote understanding.
- (6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.



- (7) The relevant protected characteristics are—
- age;
- disability;
- · gender reassignment;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.
- (8) A reference to conduct that is prohibited by or under this Act includes a reference to—
  - (a) a breach of an equality clause or rule;
  - (b) a breach of a non-discrimination rule.
  - (9) Schedule 18 (exceptions) has effect.