

General Equality Impact Assessment (EIA) Form

Support:

An [EIA toolkit](#), [workshop content](#), and guidance for completing an [Equality Impact Assessment \(EIA\) form](#) are available on the [EIA page](#) of the [EDI Internal Hub](#). Please read these before completing this form.

For enquiries and further support if the toolkit and guidance do not answer your questions, contact your Equality, Diversity, and Inclusion (EDI) Business Partner as follows:

- Economy, Environment and Culture (EEC) – [Chris Brown](#),
- Families, Children, and Learning (FCL) – [Jamarl Billy](#),
- Governance, People, and Resources (GPR) – [Eric Page](#).
- Health and Adult Social Care (HASC) – [Zofia Danin](#),
- Housing, Neighbourhoods, and Communities (HNC) – [Jamarl Billy](#)

Processing Time:

- EIAs can take up to 10 business days to approve after a completed EIA of a good standard is submitted to the EDI Business Partner. This is not considering unknown and unplanned impacts of capacity, resource constraints, and work pressures on the EDI team at the time your EIA is submitted.
- If your request is urgent, we can explore support exceptionally on request.
- We encourage improved planning and thinking around EIAs to avoid urgent turnarounds as these make EIAs riskier, limiting, and blind spots may remain unaddressed for the 'activity' you are assessing.

Process:

- Once fully completed, submit your EIA to your EDI Business Partner, copying in your Head of Service, Business Improvement Manager (if one exists in your directorate), Equalities inbox, and any other relevant service colleagues to enable EIA communication, tracking and saving.
- When your EIA is reviewed, discussed, and then approved, the EDI Business Partner will assign a reference to it and send the approved EIA form back to you with the EDI Manager or Head of Communities, Equality, and Third Sector (CETS) Service's approval as appropriate.
- Only approved EIAs are to be attached to Committee reports. Unapproved EIAs are invalid.

1. Assessment details

Throughout this form, 'activity' is used to refer to many different types of proposals being assessed.

Read the [EIA toolkit](#) for more information.

Name of activity or proposal being assessed:	Proposals for the Development of SEMH Provision
Directorate:	Families, Children and Learning Services
Service:	Health, SEN and Disability
Team:	Schools Wellbeing Service

Is this a new or existing activity?	New
Are there related EIAs that could help inform this EIA? Yes or No (If Yes, please use this to inform this assessment)	No

2. Contributors to the assessment (Name and Job title)

Responsible Lead Officer:	Deb Austin, Corporate Director Families, Children & Learning Services
Accountable Manager:	Georgina Clarke-Green, Assistant Director Health, SEN & Disability
Additional stakeholders collaborating or contributing to this assessment:	

3. About the activity

Briefly describe the purpose of the activity being assessed:

The purpose of the activity being assessed is to implement a 3-tier model for Alternative Provision, and a 4th-Tier which addresses the demand for Social Emotional Mental Health (SEMH) special school placements going forward. This will develop additional SEMH specialist places to meet rising demand and mitigate the decommissioning of places at Homewood College. This includes:

- Introducing targeted support and specialist early interventions in mainstream schools (Tier 1)
- Providing time-limited AP placements and small group SEMH provision (Tier 2)
- Ensuring transitional placements at the Pupil Referral Unit (PRU) focus on reintegration (Tier 3)
- Expanding the PRU and commissioning new SEMH special school satellite provision (Tier 4)

What are the desired outcomes of the activity?

The desired outcomes are to provide earlier intervention, reduce reliance on special school places and out of city placements, and ensure sufficient local SEMH provision to ensure necessary inclusive adjustments can be made.

Which key groups of people do you think are likely to be affected by the activity?

Key groups likely to be affected include:

- children and young people with SEMH needs,
- their families,
- mainstream schools
- alternative provision settings
- The Pupil Referral Unit
- special schools

4. Consultation and engagement

What consultations or engagement activities have already happened that you can use to inform this assessment?

- For example, relevant stakeholders, groups, people from within the council and externally consulted and engaged on this assessment. **If no consultation** has been done or it is not enough or in process – state this and describe your plans to address any gaps.

The SEND Strategic Forum has agreed that a pilot should be undertaken in Brighton and Hove to pilot the Internal Inclusion Spaces and Additional Resource Provisions models of good practice implemented in Barking and Dagenham. Meetings have been held with primary and secondary school leaders to discuss the plans and gather data on numbers who may benefit from the tiered approach. Liaison has taken place with neighbouring authorities on potential joint commissioning of satellite provision.

5. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this activity? Consider all possible intersections.

(State Yes, No, Not Applicable as appropriate)

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	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	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	NO
Human Rights	NO
Another relevant group (please specify here and add additional rows as needed)	N/A

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, numeracy and /or digital 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 activity?

Some data is currently collected and analysed in relation to age, disability, ethnicity, social-economic disadvantage and looked after children, given the disproportionate representation of some groups among those with SEMH needs. However, there are gaps in terms of collecting and monitoring data on other protected characteristics. This is something that can be reviewed and addressed as part of our action plan.

Data sources that have informed the EIA include:

- Numbers of EHCPs with SEMH as primary need
- Placement data for the PRU and SEMH special schools
- Feedback from schools on numbers requiring Tier 1-3 support
- Joint Strategic Needs Assessment data
- National and local data on over-representation of some groups (e.g. boys, Black Caribbean pupils) with SEMH needs.

What are the arrangements you and your service have for monitoring, and reviewing the impact of this activity?

The impact and monitoring will be the responsibility of the SEMH Planning group.

6. Impacts

Advisory Note:

- **Impact:**
 - Assessing disproportionate impact means understanding potential negative impact (that may cause direct or indirect discrimination), and then assessing the relevance (that is: the potential effect of your activity on people with protected characteristics) and proportionality (that is: how strong the effect is).
 - These impacts should be identified in the EIA and then re-visited regularly as you review the EIA every 12 to 18 months as applicable to the duration of your activity.
- **SMART Actions mean:** Actions that are (SMART = Specific, Measurable, Achievable, Realistic, T = Time-bound)
- **Cumulative Assessment:** If there is impact on all groups equally, complete **only** the cumulative assessment section.
- **Data analysis and Insights:**

- In each protected characteristic or group, in answer to the question ‘If “YES”, what are the positive and negative disproportionate impacts?’, describe what you have learnt from your data analysis about disproportionate impacts, stating relevant insights and data sources.
- Find and use contextual and wide ranges of data analysis (including community feedback) to describe what the disproportionate positive and negative impacts are on different, and intersecting populations impacted by your activity, especially considering for [Health inequalities](#), review guidance and inter-related impacts, and the impact of various identities.
- For example: If you are doing road works or closures in a particular street or ward – look at a variety of data and do so from various protected characteristic lenses. Understand and analyse what that means for your project and its impact on different types of people, residents, family types and so on. State your understanding of impact in both effect of impact and strength of that effect on those impacted.
- **Data Sources:**
 - **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.
- Learn more about the [Equality Act 2010](#) and about our [Public Sector Equality Duty](#).

6.1 Age

Does your analysis indicate a disproportionate impact relating to any particular Age group? For example: those under 16, young adults, with other intersections.	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

<p>The proposals are focused on school-age children and young people, so will have a positive impact for this age group by increasing the range of SEMH support and provision available. Some specific age-related impacts to consider are:</p> <ul style="list-style-type: none"> ● The creation of Tier 4 places for Year 7s and Key Stage 4 (KS4) will benefit those age groups specifically. ● The focus on earlier intervention in primary schools will have particular benefits for younger children. ● Adolescents who require SEMH inclusive adjustments may face heightened risks related to self-harm, substance misuse, criminal exploitation etc. The development of the AP Specialist Task Force will support this particular vulnerable group.

- Young people with SEMH needs may face challenges and anxiety around transitions e.g. between schools or into adulthood. Dedicated transition support will be provided within the new model and this will be a positive impact for this group.

We will monitor the age profile of pupils accessing different tiers of support to ensure an appropriate balance. Reviewing outcomes by age group to help identify any differential impacts.

While the proposals will positively impact school-age children, there may be a lack of support for children under 5 and those over 16 with SEMH needs. Links with early years services and post-16 providers should be strengthened to ensure continuity of support at key transition points.

6.2 Disability:

Does your analysis indicate a disproportionate impact relating to Disability, considering our anticipatory duty?	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The proposals are focused on children and young people who require SEMH inclusive adjustments, which falls under the definition of disability in the Equality Act 2010. They are likely to have a positive impact by increasing support at all levels, from mainstream inclusion to specialist provision.

The tiered approach aims to increase access to support in mainstream settings, improving capacity to provide inclusive adjustments at first point of acknowledgement and reducing escalating of cases. This supports the presumption for mainstream education in the SEND Code of Practice.

Some pupils who require complex inclusive adjustments, including SEMH adjustments, combined with severe learning disabilities, may still require special school placements, and this will be identified and met on an individual basis, avoiding a one-size-fits-all approach. The voices of disabled pupils and their families will be central to service design and delivery.

There is a potential risk that some SEMH pupils may be disadvantaged by a drive to reduce special school placements, but this can be mitigated by individual assessment of needs and suitable provision. It is important to ensure full accessibility of any new AP or Special School satellite sites. We will ensure that there is:

- Comprehensive assessment to a multi-disciplinary assessment of educational, social, emotional, and mental health needs.
- Person centered planning to co-produce support plans that reflect pupils and their families' views, aspirations, and needs.
- Graduated approach to trying targeted support and adjustments in mainstream settings increasing levels of specialist input and consideration of special school placements for the most specific inclusive adjustments.
- Flexible support across mainstream and specialist settings by considering dual placements, satellite provision, in-reach support from special schools and wraparound support.
- Strong transitions – ensuring well-planned transition processes with opportunities for familiarisation visits, phased entries and communication processes between settings to continually review the appropriateness of placements.
- Placement monitoring – monitoring the quality and impact of SEMH placements and using quantitative and qualitative measures to assess progress in relation to individual outcomes.
- Equalities analysis – monitoring the demographics of pupils being placed in different settings and identifying patterns of over or under representation of certain groups using this data to target support, review decision making processes and address any inequalities to access or outcomes.

What [inclusive adjustments](#) are you making for diverse disabled people impacted? For example: D/deaf, deafened, hard of hearing, blind, neurodivergent people, those with non-visible disabilities, and with access requirements that may not identify as disabled or meet the legal definition of disability, and have various intersections (Black and disabled, LGBTQIA+ and disabled).

For deaf, deafened and hard of hearing pupils we will:

- Ensure all AP and special school satellite sites have good acoustic design
- Provide training for staff in supporting hearing impaired learners
- Use visual resources to support learning
- Allow extra time for communication and processing information

For blind and visually impaired pupils we will:

- Ensure physical environments are accessible with clear layouts and good lighting
- Provide equipment and technology including but not limited to screen readers and magnification aids
- Ensure learning materials are available in accessible formats, including braille, large print and audio
- Allow extra time and provide in-class support, as required.
- Provide time for processing new environments and navigation of new settings

For neurodivergent pupils (e.g. with autism, ADHD and dyslexia) we will:

- Create low-arousal and distraction free learning environments
- Use visual timetables, clear routines and explicit instructions
- Build in movement breaks and opportunities to do other things
- Allow use of fidget aids and noise cancelling headphones
- Provide assistive technology and allow different ways of recording to support learning needs.

For pupils with non-visible disabilities and access requirements we will:

- Ensure admissions and referral processes are inclusive and proactively identify support needs
- Provide appropriate staff training on conditions like diabetes, epilepsy and chronic fatigue etc.
- Ensure flexible policies on attendance
- Allow use of supportive aids and equipment.

More generally, we will:

- Involve pupils and families in planning personalised adjustments by ensuring that there is a standard intake process with inclusive adjustment assessments and that these plans are regularly reviewed.
- Building accessibility and inclusion into staff training by tracking staff participation and completion of training and conducting training needs analysis.
- Develop a bank of specialist equipment that can be loaned out as needed creating an inventory and developing a system for loaning out equipment with guidelines on eligibility, duration and responsibilities.
- Co-produce guidance with disabled pupils and their families by developing a framework for gathering input and feedback and having review periods and approval process for final documents in place.
- Consider and plan for intersectional identities and needs by conducting an analysis of pupil population and providing staff training on intersectionality and support strategies.
- Work with specialist teams to develop referral protocols and collaboration guidelines and establishing communication channels for case review meetings.
- Allow Personal Assistants and support staff to accompany children/young people as needed by outlining roles and responsibilities and providing training on school policies and procedures.

6.3 Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers):

Does your analysis indicate a disproportionate impact relating to ethnicity?	YES
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If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

National data shows disproportionate representation of some ethnic groups, particularly Black Caribbean boys, among those with SEMH needs. The proposals do not target specific ethnicities, but more individualised support and suitable provision will benefit those currently over-represented.

There is potential for culturally informed support via the Specialist AP Task Force. This will be undertaken by ensuring that the Task Force:

- Have access to cultural competency training, including understanding cultural differences, histories, traditions, and communication styles, is essential for providing respectful and sensitive support.
- Should have diverse representation, language skills, and collaborate with community partners to build trust and gain cultural insights.
- Are able to recognise the limitations of their knowledge and are open to learning from this.
- Have a trauma-informed approach with a cultural lens and that they carry out regular cultural competency assessments for effective, culturally informed support.

Some specific positive impacts for racially minoritised may include:

- Increased access to role models and mentors from similar backgrounds
- Curriculum content and materials that reflect diversity and different cultural perspectives
- Support for families using interpreters and translated resources where needed
- Opportunities to explore cultural identity and race-related trauma as part of therapeutic work

There are also some potential negative impacts to consider and mitigate:

- Risk of stereotyping or labelling some pupils as having SEMH needs based on ethnicity
- Lack of cultural understanding leading to behaviours being misinterpreted
- Stigma or taboo around mental health in some communities reducing engagement
- Language barriers preventing families from understanding or accessing support

We will ensure that we put in place:

- Robust equalities monitoring – collecting and analysing data on the demographics of individuals to identify any disparities or underserved groups and implementing a tracking system to address any incidents of discrimination or cultural insensitivity reported by staff or individuals.
- Ongoing staff training – providing opportunities for staff to attend conferences and/or training focused on cultural diversity and inclusion in support services, and ensuring staff have access to workshops and seminars on culturally specific topics led by community leaders.
- Proactive community engagement – establishing a network of representatives from various cultural groups to provide guidance and feedback on outreach efforts as well as demonstrating a commitment to inclusivity to help build relationships with the community.
- Equality audits of referral forms, admissions policies, and marketing materials to ensure accessibility and cultural inclusivity – regularly assessing forms, policies and materials to ensure they feature diverse representation, are accessible to individuals with disabilities and are culturally sensitive in their messaging and imagery .

We will also:

- Analyse demographic data on pupils who are identified as potentially benefiting from SEMH support but do not meet thresholds for Tiers 2, 3 and 4 provision.

- Survey families from different ethnic backgrounds about their awareness, understanding and perceptions of the SEMH support available.
- Track 'distance travelled' for pupils receiving SEMH interventions using both quantitative and qualitative measures and comparing progress by ethnicity.
- Monitor the achievement of personal EHCP outcomes by ethnicity for pupils in Tier 4 provision.
- Conduct case reviews for a representative sample of pupils from different ethnic backgrounds to identify enablers and barriers to positive outcomes
- Embed robust monitoring across the SEMH pathway to identify and address any ethnic disparities.

6.4 Religion, Belief, Spirituality, Faith, or Atheism:

Does your analysis indicate a disproportionate impact relating to Religion, Belief, Spirituality, Faith, or Atheism?	NO
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

There is limited data available on the religious or belief demographics of pupils with SEMH needs. The proposals do not target support based on religion or belief, so direct discrimination is unlikely.

However, some indirect impacts may include:

- Potential for faith-based stigma or beliefs about mental health to act as a barrier to accessing support for some families
- Clash of SEMH provision with religious activities, festivals or observances
- Risk of stereotyping pupils based on visible markers of faith e.g. assuming a Muslim child fasting for Ramadan has an eating disorder
- Need for staff awareness of religious or cultural influences on attitudes and behaviours

To create an inclusive ethos where pupils of all faiths feel respected and valued we will ensure that we:

- Proactively engage with local faith groups to raise awareness and address barriers
- Use a multi-faith calendar to plan provision and avoid clashes with religious events
- Train staff to take an anti-racist, intersectionality informed approach to ensure inclusive engagement
- Provide a private space for prayer or reflection if/when necessary
- Celebrate religious diversity, providing opportunities to learn about different beliefs, and challenging faith-based prejudice.
- Review policies and procedures to ensure they are inclusive of diverse religious needs, while maintaining a child-centered approach
- Consult with pupils and families of different faiths

6.5 Gender Identity and Sex:

Does your analysis indicate a disproportionate impact relating to Gender Identity and Sex (including non-binary and intersex people)?	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

National data shows that boys are more likely to be identified as having SEMH needs compared to girls. In Brighton & Hove in January 2023 74% of pupils with an EHCP with SEMH as the primary need were male. The proposals are likely to particularly benefit boys by increasing the range of support available, as inclusive adjustments will be provided as a result of individual assessment.

Some specific impacts to consider for girls with SEMH needs include:

- Girls with SEMH needs may be more likely to internalise difficulties and display withdrawn or self-harming behaviours, which can be harder to identify and may be overlooked compared to the more overt challenging behaviour sometimes displayed by boys. Staff training on identifying less visible signs of SEMH needs will be important.
- Adolescent girls with SEMH needs may face specific challenges related to body image, self-esteem, sexual exploitation and abusive relationships. A gendered, trauma-informed approach with access to female staff, women-only spaces and close liaison with sexual health services will be key.
- There is a risk that the lived experiences of girls get overlooked in a majority male SEMH environment. Ensuring a good gender balance in staffing, gender-specific programmes, and celebrating female achievement can help create an inclusive ethos for girls.

Some specific impacts to consider for non-binary and gender-questioning pupils with SEMH needs includes:

- A higher proportion of non-binary and trans young people experience mental health problems compared to their cisgender peers, often related to experiences of gender dysphoria, discrimination and lack of acceptance, so SEMH provision will be explicitly trans-inclusive.
- Non-binary pupils with SEMH needs may face misgendering and lack of validation of their identity. All staff will be trained in using correct pronouns and terminology and SEMH resources should reflect gender diversity. Providing non-gendered facilities and allowing pupils to choose their name, pronouns and gender expression is important.
- Nuanced support may be needed for non-binary and trans pupils experiencing gender dysphoria alongside other SEMH needs. Staff will be aware of referral pathways to local services.

Outcomes data will be regularly reviewed to check for any gender disparities in access to support.

6.6 Gender Reassignment:

Does your analysis indicate a disproportionate impact relating to Gender Reassignment?	NO
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

There is limited data available on the proportion of pupils with SEMH needs who are trans or currently undergoing gender reassignment. The proposals are unlikely to have a direct disproportionate impact based on gender reassignment as support will be based on assessed individual needs.

Staff will be trained in trans awareness and equality and will have access to the Trans Inclusion Schools Toolkit.

6.7 Sexual Orientation:

Does your analysis indicate a disproportionate impact relating to Sexual Orientation ?	NO
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

<p>There is limited data available on the proportion of pupils with SEMH needs who identify as LGBTQ+. The proposals are unlikely to have a direct disproportionate impact based on sexual orientation, as any inclusive adjustments will be provided as a result of individual assessment.</p> <p>However, some LGBTQ+ young people with SEMH needs may face additional challenges related to discrimination, bullying, or rejection. All SEMH provision will be LGBTQ+ inclusive, with clear anti-bullying policies, positive representations of diversity, and access to community support as needed.</p> <p>Staff should be trained in LGBTQ+ awareness and equality and have access to the Trans Inclusion Schools Toolkit.</p>
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6.8 Marriage and Civil Partnership:

Does your analysis indicate a disproportionate impact relating to Marriage and Civil Partnership?	NO
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

6.9 Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum):

Does your analysis indicate a disproportionate impact relating to Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)?	NO
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

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6.10 Armed Forces Personnel, their families, and Veterans:

Does your analysis indicate a disproportionate impact relating to Armed Forces Members and Veterans?	NO
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

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6.11 Expatriates, Migrants, Asylum Seekers, and Refugees:

Does your analysis indicate a disproportionate impact relating to Expatriates, Migrants, Asylum seekers, Refugees, those New to the UK, and UK visa or assigned legal status? (Especially considering for age, ethnicity, language, and various intersections)	NO
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

<p>There is limited data available on the representation of these groups among children with SEMH needs in Brighton & Hove. The proposals will provide support based on assessed individual needs irrespective of nationality or migration status.</p> <p>However, some children from these backgrounds may face additional barriers to accessing support, such as:</p> <ul style="list-style-type: none"> • Language barriers and lack of access to interpreters/translated materials • Lack of familiarity with the UK education and SEND system • Cultural stigma or different perceptions of SEMH needs • Instability in housing and financial circumstances • Experiences of trauma, loss, and discrimination <p>We will:</p> <ul style="list-style-type: none"> • Provide information in community languages and accessible formats • Work with community groups to build awareness and trust • Ensure admissions processes are fair and inclusive • Ensure that there is staff training to build and support trauma-informed practice • Signpost to specialist support services as needed
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6.12 [Carers](#):

Does your analysis indicate a disproportionate impact relating to Carers (Especially considering for age, ethnicity, language, and various intersections).	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

<p>The proposals are likely to have positive impacts for children and young people with SEMH needs who are also young carers, and for families/carers of children with SEMH needs. This is because increasing early intervention support in mainstream schools and providing a more graduated response should help prevent needs from escalating to the point of family/carer breakdown.</p>
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Expanding special school places will also benefit those families and carers of children with the highest levels of need who may currently be without a suitable placement or having to travel long distances. Having more local provision can reduce stress and enable better engagement in their child's education. However, it will be important to ensure that the new SEMH provision actively welcomes and includes families/carers as partners in planning and review processes.

Consideration will be given to:

- Racially Minoritised young carers, who may face additional barriers
- Disabled carers or carers with SEMH inclusive adjustments.
- Single parent carers
- Carers from socio-economically disadvantaged backgrounds
- Carers with other caring responsibilities (e.g. for elderly relatives)

We will:

- Involve families/carers in co-production of the new SEMH provision
- Ensure carers' assessments are routinely offered and needs are met
- Ensure that there is flexibility around contact, meeting and event times to enable participation
- Signpost and coordinate support from other services to reduce burden

Feedback from carers, including intersectional analysis, will be regularly collected and reviewed to inform ongoing improvements. Respite provision for those with the most challenging situations at home may need to be increased.

6.13 Looked after children, Care Leavers, Care and fostering experienced people:

Does your analysis indicate a disproportionate impact relating to Looked after children, Care Leavers, Care and fostering experienced children and adults (Especially considering for age, ethnicity, language, and various intersections).

Also consider our [Corporate Parenting Responsibility](#) in connection to your activity.

YES

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Looked after children and care leavers are significantly over-represented among those with SEMH inclusive adjustment requirements. In Brighton & Hove in 2023, 54% of looked after children had an EHCP and SEMH was the most common primary inclusive adjustment consideration.

The proposals are likely to have a positive impact by providing more preventative support in mainstream schools and creating additional specialist places to increase capacity to provide inclusive adjustments for looked after children with SEMH. Having a more graduated response should reduce placement breakdowns and changes of school, providing greater stability.

However, it will be vital to join up support with social care teams and the Virtual School to ensure all inclusive adjustments take a holistic approach to address the nuanced lived experiences of looked after children with SEMH.

This may include:

- Aligning EHCP, PEP and LAC review processes
- Training on trauma informed SEMH support
- Providing priority access to SEMH provision when care placements change

- Supporting foster carers and other staff with SEMH strategies
- Commissioning mental health support for those with attachment difficulties

Care leavers with SEMH needs may require ongoing support beyond Year 11, so pathways into post-16 provision and adult services will need to be planned early and carefully. There will be flexibility to allow them to stay in Tier 3 or 4 placements for longer if necessary, judged on a case by case basis and taking into consideration the intersecting protected characteristics and lived experiences of each person.

Close monitoring and regular reporting to the Corporate Parenting Board on outcomes for looked after children with SEMH needs will help maintain oversight of our statutory duties as corporate parents. The voices of looked after children will be proactively sought in the design and delivery of the new provision.

6.14 Homelessness:

Does your analysis indicate a disproportionate impact relating to people experiencing homelessness, and associated risk and vulnerability? (Especially considering for age, veteran, ethnicity, language, and various intersections)	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

There is no specific data on the number of children with SEMH needs who are homeless or at risk of homelessness. However, we know that nationally, children from homeless families are more likely to experience mental health difficulties due to the instability and trauma often associated with homelessness.

The proposals will increase support for all children with SEMH needs irrespective of their housing status. The tiered approach will allow those with lower level needs to be supported in mainstream schools while creating additional specialist places for those with more complexity.

However, some homeless children may face barriers to accessing and engaging with SEMH support, such as:

- Frequent changes of address and school due to temporary accommodation
- Difficulty traveling to Tiers 2, 3 or 4 provision if placed out of area
- Reluctance to engage due to lack of trust or negative past experiences
- Competing family priorities and stressors related to housing situation

It will be key to work closely with the council's housing and homelessness teams to identify and reach homeless children with SEMH needs. This may include providing support with transport, using outreach and whole-family approaches, and prioritising school stability wherever possible.

Outcomes for homeless children with SEMH needs may not follow a linear path of progress, so indicators of engagement and wellbeing should be considered alongside attainment.

6.15 Domestic and/or Sexual Abuse and Violence Survivors, people in vulnerable situations:

Does your analysis indicate a disproportionate impact relating to Domestic Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)?	YES
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If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Experience of domestic and sexual abuse is a known risk factor for poor SEMH. Children may have directly witnessed or experienced abuse or been impacted by the trauma of a non-abusive parent. There is likely to be a significant number of children accessing SEMH provision who have experienced domestic abuse, though this may not be known or disclosed.

The proposals will have a positive impact by increasing capacity to provide inclusive adjustments for children at all levels, from school-based Tier 1 interventions through to Tier 4 special school placements. A graduated response should allow survivors to access support at the right level as their needs change over time.

However, some specific considerations for domestic abuse survivors may include:

- Ensuring admissions processes are trauma-informed and allow for safe disclosure
- Providing staff training on domestic abuse awareness and supporting survivors
- Being alert to the risks of children/young people being in SEMH provision
- Ensuring support is linked up with [Operation Encompass](#) notifications from police
- Signposting and referring non-abusive parents to support services
- Using a strengths-based approach to avoid re-traumatisation and build resilience

It will be vital to work closely with local domestic abuse services, such as RISE, to ensure join-up and expert input into provision. All SEMH settings should have a domestic abuse policy and pathways to support in place. Outcomes should be sensitively monitored, with recognition of the long-term impacts of trauma. Other vulnerabilities, such as poverty, substance misuse, disability or insecure immigration status, may intersect with domestic abuse to compound barriers to accessing support, and so a coordinated multi-agency approach with a lead professional will be key.

6.16 Socio-economic Disadvantage:

Does your analysis indicate a disproportionate impact relating to Socio-economic Disadvantage? (Especially considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections)

YES

If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Children from socio-economically disadvantaged backgrounds are significantly over-represented among those with SEMH needs. In Brighton & Hove in 2023, 36% of pupils with SEMH as their primary need were eligible for free school meals (FSM), compared to 22% of all pupils. FSM eligibility helps identify socio-economic disadvantage because it is based on household income.

The proposals are likely to have a positive impact by increasing early intervention support in mainstream schools, aiming to benefit all pupils from disadvantaged backgrounds. The targeted support at Tiers 2, 3 and 4 will also disproportionately benefit these pupils, given their over-representation.

Some specific positive impacts may include:

- Reducing the risk of exclusions and negative educational outcomes
- Providing access to specialist support and resources that families may not otherwise afford
- Improving engagement and communication with parents/carers facing complex challenges
- Opportunities to improve socially and culturally through enrichment activities

However, some potential negative impacts to consider and mitigate are:

- Ensuring admissions policies and processes do not inadvertently discriminate by conducting a review of admissions policies and training staff on inclusive practices.
- Providing support with transport costs for pupils placed out of their local area by ensuring financial barriers do not prevent pupils from accessing educational opportunities.
- Considering the accessibility and inclusivity of parental engagement activities by providing opportunities to accommodate various inclusive adjustments and providing language support, where appropriate, to seek feedback and ensure that systems are accessible and inclusive for all.
- Monitoring any inequity in access, experiences or outcomes for disadvantaged pupils by regularly collecting and analysing data, gathering feedback and identifying and addressing disparities in access, experiences and outcomes.
- Tailoring support to the specific circumstances of each family and avoiding stigma will be important by training staff on trauma-informed and culturally competent practices and developing individualised support plans that offer a range of non-stigmatising options for families..

6.17 Human Rights:

Will your activity have a disproportionate impact relating to Human Rights?	NO
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If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

By increasing support for pupils with SEMH needs at all levels, the proposals will help ensure their right to education is realised. Improving inclusion in mainstream schools and providing suitable alternative provision will reduce discrimination. A focus on early intervention should reduce the risk of pupils experiencing emotional harm or distress that could be considered degrading.

Clear policies and staff training on human rights, as well as accessible complaints processes for pupils and families, will help mitigate these risks.

Involving pupils in decisions about their support and the provision of advocacy where needed will help ensure pupils' rights are protected.

6.18 Cumulative, multiple intersectional, and complex impacts (including on additional relevant groups):

What cumulative or complex impacts might the activity have on people who are members of multiple Minoritised groups?

- For example: people belonging to the Gypsy, Roma, and/or Traveller community who are also disabled, LGBTQIA+, older disabled trans and non-binary people, older Black and Racially Minoritised disabled people of faith, young autistic people.
- Also consider wider disadvantaged and intersecting experiences that create exclusion and systemic barriers:
 - People experiencing homelessness
 - People on a low income and people living in the most deprived areas
 - People facing literacy, numeracy and/or digital barriers
 - Lone parents
 - People with experience of or living with addiction and/ or a substance use disorder (SUD)
 - Sex workers
 - Ex-offenders and people with unrelated convictions
 - People who have experienced female genital mutilation (FGM)
 - People who have experienced human trafficking or modern slavery

The proposals are likely to have positive cumulative impacts for pupils from multiple minoritised groups, by providing more holistic, targeted support. However, the complex intersection of different protected characteristics and how forms of disadvantage manifest in those intersections is something we are still in the early stages of assessing and understanding. Due to some gaps in our data, it is possible that we may not be able to provide all the nuanced inclusive adjustments necessary to ensure the new Tier system is completely accessible for everybody. This may mean that these pupils may still face compounded barriers to accessible education, and careful consideration of individual circumstances and a coordinated multi-agency response will be key.

Unaccompanied asylum-seeking children with SEMH needs may face language and cultural barriers, as well as the ongoing impact of displacement and loss. They will need access to specialist mental health support and a culturally sensitive curriculum.

A transgender young person with SEMH needs may face additional mental health challenges due to discrimination and lack of acceptance. Ensuring that all provision is LGBTQ+ inclusive and staff are trained in supporting trans pupils will be vital.

Looked after children with SEMH needs who also have a learning disability may be at particular risk of placement breakdown and poor outcomes, and will need to ensure EHCP, PEP and LAC processes are joined up and their needs are being met holistically.

A young carer with SEMH needs may struggle to engage in education due to their caring responsibilities at home. Respite care, family support and flexible learning options may be needed.

The proposed Specialist AP Task Force will play a key role in coordinating support for pupils with complex intersectional needs. Its multi-disciplinary nature should enable a more holistic understanding of and response to the interaction of SEMH needs with other challenges.

Disaggregating data on outcomes for pupils with SEMH needs by different intersecting characteristics will help identify any gaps or disparities in the impact of the proposals. Where found, further targeted work will be needed to understand and address the specific barriers faced by these groups.

7. Action planning

What SMART actions will be taken to address the disproportionate and cumulative impacts you have identified?

- Summarise relevant SMART actions from your data insights and disproportionate impacts below for this assessment, listing appropriate activities per action as bullets. (This will help your Business Manager or Fair and Inclusive Action Plan (FIAP) Service representative to add these to the Directorate FIAP, discuss success measures and timelines with you, and monitor this EIA's progress as part of quarterly and regular internal and external auditing and monitoring)

<p>1. Establish a SEMH Equalities Monitoring Group to improve data collection and reporting on access, outcomes and experience by protected characteristics</p> <ul style="list-style-type: none"> - Agree membership including service leads, data analysts, EDI reps and family voice - Set terms of reference and reporting schedule - Develop and implement equalities monitoring framework across SEMH pathway - Analyse and report on equalities data to FCL Directorate Management Team quarterly - Use insights to identify and target any disproportionate impacts - Monitor the age profile of pupils accessing different tiers of support to ensure that there is an appropriate balance, reviewing outcomes to help identify any differential impacts.
<p>2. Develop and deliver a mandatory training program for all staff in SEMH provision on anti-racism, cultural competence, SEND inclusion and intersectionality</p> <ul style="list-style-type: none"> - Commission specialist providers to co-design and deliver training - Ensure training is informed by pupil and family voice - Include follow-up sessions and evaluation to embed learning - Track completion rates and feedback by role and service - Monitor impact on practice through QA processes, feedback and complaints
<p>3. Establish a SEMH Equalities Engagement Group to ensure diverse pupil and family voice informs service design, delivery, and improvement</p> <ul style="list-style-type: none"> - Recruit volunteer members representing key groups e.g. Black & Racially Minoritised, SEND, LGBTQ+, EAL - Provide accessible information, training, and support to enable meaningful participation - Gather insights via meetings, surveys, focus groups and 1:1 conversation - Collaborate with Youth Council, PaCC and community groups to maximise reach - Report on activities and impact to SEND Partnership Board quarterly
<p>4. Undertake all actions identified in this EIA in the protected characteristics impact analyses sections that indicate what 'should' be happening and needs to be implemented. Monitor these through the SEMH implementation plan.</p>
<p>5. Undertake a comprehensive Equalities Audit of all SEMH provision to identify any gaps, barriers, and areas for improvement</p> <ul style="list-style-type: none"> - Develop audit tool covering key equalities issues e.g. accessibility, representation, inclusive practice - Train staff to undertake audits and moderate for consistency - Include pupil and family voice in audit process - Identify best practice for sharing and areas for improvement - Incorporate findings into service development plans with clear actions and accountabilities

Which action plans will the identified actions be transferred to?

- For example: Team or Service Plan, Local Implementation Plan, a project plan related to this EIA, FIAP (Fair and Inclusive Action Plan) – mandatory noting of the EIA on the Directorate EIA Tracker to enable monitoring of all equalities related actions identified in this EIA. This is done as part of FIAP performance reporting and auditing. Speak to your Directorate's Business Improvement Manager (if one exists for your Directorate) or to the Head of Service/ lead who enters actions and performance updates on FIAP and seek support from your Directorate's EDI Business Partner.

Directorate EIA tracker (under development currently) and FIAP (Fair and Inclusive Action Plan) or relevant service action plan.

8. Outcome of your assessment

What decision have you reached upon completing this Equality Impact Assessment? (Mark 'X' for any ONE option below)

Stop or pause the activity due to unmitigable disproportionate impacts because the evidence shows bias towards one or more groups.	
Adapt or change the activity to eliminate or mitigate disproportionate impacts and/or bias.	
Proceed with the activity as currently planned – no disproportionate impacts have been identified, or impacts will be mitigated by specified SMART actions.	
Proceed with caution – disproportionate impacts have been identified but having considered all available options there are no other or proportionate ways to achieve the aim of the activity (for example, in extreme cases or where positive action is taken). Therefore, you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.	X

If your decision is to “Proceed with caution”, please provide a reasoning for this:

Due to some gaps in data there may be disproportionate outcomes for certain intersectional groups that we cannot fully comprehend. Additionally, whilst we are confident the implementation of the tier system and our mitigating actions will address the majority of disproportionate impacts we are aware of, we are committed to adjusting our approach as and when necessary to ensure accessibility and equity amongst all involved.

Summarise your overall equality impact assessment recommendations to include in any committee papers to help guide and support councillor decision-making:

The proposals for developing SEMH provision are based on a sound analysis of rising needs. They have the potential for significant positive impacts for children and young people with SEMH needs and disabilities. The tiered approach aims to increase inclusion and early support in mainstream settings while ensuring sufficient specialist and special school places for those with higher levels of need.

However, equalities data shows the disproportionate representation of some groups, particularly by ethnicity and socio-economic status, among those with SEMH needs. While the proposals do not target specific groups, there is a risk of perpetuating or exacerbating inequalities in access, experience and outcomes.

It is recommended to proceed with caution with the proposed model, with adaptations to embed equalities monitoring, staff training and targeted community engagement. Progress against equalities objectives should be closely tracked and regularly reported to the SEND Partnership Board, while continuing broader work to address the wider determinants of poor SEMH.

9. Publication

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

10. Directorate and Service Approval

Signatory:	Name and Job Title:	Date: DD-MMM-YY
Responsible Lead Officer:	Georgina Clarke-Green	11.06.2024
Accountable Manager:	Georgina Clarke-Green	11.06.2024

Notes, relevant information, and requests (if any) from Responsible Lead Officer and Accountable Manager submitting this assessment:

EDI Review, Actions, and Approval:

Equality Impact Assessment sign-off

EIA Reference number assigned: FCL106-29-May-24-EIA-SEMH-Provision-Development

For example, HNC##-25-Dec-23-EIA-Home-Energy-Saving-Landlord-Scheme

EDI Business Partner to cross-check against aims of the equality duty, public sector duty and our civic responsibilities the activity considers and refer to relevant internal checklists and guidance prior to recommending sign-off.

Once the EDI Business Partner has considered the equalities impact to provide first level approval for by those submitting the EIA, they will get the EIA signed off and sent to the requester copying the Head of Service, Business Improvement Manager, [Equalities inbox](#), any other service colleagues as appropriate to enable EIA tracking, accountability, and saving for publishing.

Signatory:	Name:	Date: DD-MMM-YY
EDI Business Partner:	Jamarl Billy	
EDI Manager:	Sabah Holmes	
Head of Communities, Equality, and Third Sector (CETS) Service: <i>(For Budget EIAs/ in absence of EDI Manager/ as final approver)</i>		

Notes and recommendations from EDI Business Partner reviewing this assessment:

Notes and recommendations (if any) from EDI Manager reviewing this assessment:

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

