

## Appendix 5 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.

<b>Name of activity or proposal being assessed:</b>	<b>Personal Budgets for Children and Young People 0-25 years</b>
<b>Directorate:</b>	Families, Children and Learning
<b>Service:</b>	HSEND
<b>Team:</b>	SEND

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

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

<b>Responsible Lead Officer:</b>	Yvonne Ely, HSEND Consultant
<b>Accountable Manager:</b>	Georgina Clarke-Green
<b>Additional stakeholders collaborating or contributing to this assessment:</b>	Daryl Perilli/Katherine Eastland James Hanks Lorraine Hughes Amaze PaCC Home to School Transport NHS Sussex

## 3. About the activity

Briefly describe the purpose of the activity being assessed:

A personal budget is defined as the total amount of funding made available by the council to meet the needs of a child or young person and support them in achieving their outcomes. Direct payments are one way of delivering some or all of this agreed funding in which children, young people and their families can direct their own support. We are looking to develop an FCL policy on personal budgets and direct payments for children and young people and their families aged 0-25 years. Personal budgets are available for some services for children and young people with high level needs from health, social care, education and from home to school transport. Some children and young people with SEND have complex and individual needs which existing services find hard to meet. A personal budget/direct payment can be a solution to meeting those specific needs by making the reasonable adjustments needed to access support. We are looking to develop a council wide policy on personal budgets and direct payments for children and young people and their families aged 0-25 years. Personal budgets are available for some services for children and young people with high level needs from health, social care, education and from home to school transport. Some or all of a personal budget can be taken as a direct payment.

In January 2024 there were 190 personal budgets across health, education and social care with education and health making up 21% of all the social budgets (11% each) and social care personal budgets/direct payments making up 79%. In addition, there were 84 personal travel budgets for home to school transport.

This EIA is to support the new policy development and look at areas of focus for the implementation plan in terms of equalities. This policy is aimed to clarify and improve the council's approach to personal budgets and direct payments for children and young people with SEND. However, there are other equalities considerations that overlay with disability and these co-morbidity factors can make individual situations even more difficult for families in accessing services. This EIA considers available data and makes recommendations for further work as the implementation phase progresses. It also shows the need for further data collection for some protected characteristics.

What are the desired outcomes of the activity?

One unified policy will make the process clearer for parents and staff and will give the process transparency, set out eligibility criteria, explain how personal budgets are managed and deal with the resolution of issues currently presenting for families.

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

Children and young people with high level needs who require an individual response to having their needs met. The largest affected group are children and young people 0-24 years with disabilities. Other groups are those with an Education, health and care plan (EHCP) for special educational needs, those with continuing health care needs and those who require transport assistance to school.

#### 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.

All stakeholder agencies have been consulted in the drafting of the policy as below:

NHS Sussex has been consulted about the inclusion of health personal budgets in the policy and the policy text.

The social care disability service has been consulted about the process used and for their data on children and families in receipt of a personal budget/direct payment.

The Home to School Transport Team has been consulted about personal travel budgets, their inclusion in the policy and the policy wording.

Amaze, the local charity delivering parent partnership services to parents/carers of children and young people with SEND has been consulted about the policy and any data relevant to it.

The local Parent/carer Council for children with SEND has been consulted about the policy and how to include local parents in its development.

The SEND Team has been consulted and has supplied data on education personal budgets for policy development.

East and West Sussex County Council representatives have been consulted about personal budget policy across Sussex, particularly in relation to health personal budgets as NHS Sussex has the same policy across all 3 local authority areas.

A working group has been set up to assist with the personal budget and direct payment policy development and to oversee the issues log arising so that issues can be mitigated. Feedback has enabled the policy to be inclusive of all views and has given direction about the implementation plan to run alongside.

Going forward, the implementation plan will include work with council staff groups and parents/young people to coproduce a parent guide, staff guide, and all relevant documentation required to assist the process.

#### 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)

<b>Age</b>	YES
<b>Disability and inclusive adjustments, coverage under equality act and not</b>	YES
<b>Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)</b>	YES
<b>Religion, Belief, Spirituality, Faith, or Atheism</b>	NO
<b>Gender Identity and Sex (including non-binary and Intersex people)</b>	NO
<b>Gender Reassignment</b>	NO
<b>Sexual Orientation</b>	NO
<b>Marriage and Civil Partnership</b>	NO
<b>Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)</b>	NO
<b>Armed Forces Personnel, their families, and Veterans</b>	NO
<b>Expatriates, Migrants, Asylum Seekers, and Refugees</b>	No but this is being looked into
<b>Carers</b>	No but this is being looked into
<b>Looked after children, Care Leavers, Care and fostering experienced people</b>	YES
<b>Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)</b>	NO
<b>Socio-economic Disadvantage</b>	YES
<b>Homelessness and associated risk and vulnerability</b>	NO
<b>Human Rights</b>	YES
<b>Another relevant group (please specify here and add additional rows as needed)</b> <b>People facing literacy, numeracy and/or digital barriers are included as part of the SEND 0-25 cohort</b>	YES – SEND 0-25 cohort

**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?

For the areas relevant to this policy development, the FCL data team are considering what additional data could be provided and how this can be matched to those who might be eligible for a personal budget from the council.

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

All personal budgets awarded in FCL are monitored at least once per year by annual review.  
The financial arrangements to families are monitored monthly and/or quarterly dependent on the service.

## 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

<b>Does your analysis indicate a disproportionate impact relating to any particular Age group? For example: those under 16, young adults, with other intersections.</b>	NO but further analysis needed.
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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 Joint Strategic Needs Assessment (JSNA) June 2023 stated that Brighton and Hove has a lower child population than any other area in the South East at below 18% (other areas of the SE 21%, England 21%) but a higher number of young adults aged 18-34 years (28%) SE (20%) England (22%).</p> <p>The SEND legislation applies to children and young people aged 0-25 years.</p> <p>As at January 2024 there were almost 31,000 school aged pupils. 22% were recorded as pupils with special educational needs and disability (SEND) (either recorded as SEND and getting support from the school or with an EHCP). An EHCP is an Education, health and care plan which follows a full assessment of need.</p> <p>The total EHCP population 0-25 was 2489. Less than 1% of the EHCP population had an education personal budget (national 9%)</p> <p>AMAZE (a local charity supporting families with children with SEND) had 2535 children and young people 0-25 registered on the disability register, as at the end March 2024. The age breakdown is 0-4 (4.6%), 5-10 (30.7%), 11-16 (40.5%), 17-19 (12.7%), 20-24 (11.6%).</p> <p>The number of cases open to the specialist community disability service (SCDS) who provide social care support for the most disabled children and adults aged 0-24 years, in the city, had 400 open cases. Of these 150 cases were in receipt of a personal budget/direct payment.</p> <p>There is no specific disproportionate impact relating to age, but parents and carers of children under 5 years make up a very small number of families receiving direct payments for social care needs. It could be that early support services are meeting needs for disabled children under 5 years but this requires further investigation. There are no personal budgets for education for children under 5 years which is to be expected as statutory education does not begin until this age.</p> <p>85% of direct payments for social care are to parents and carers of children 5-17 years. Only 13% of the 0-25 age range make up direct payments for those 18-24 years. The young adult cohort only represent 6 years of service provision whilst the 5-17 years cohort represents 12 years of provision. This still represents a reduction in numbers for young adults receiving a direct payment, in comparison to children, and is probably due to reassessment for adult social care once a young person reaches 18 years. Some young adults will not meet adult social care criteria for a personal budget/direct payment or some may choose to take service provision rather than a direct payment at this age. This requires further investigation.</p>
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80% of education personal budgets/direct payments are for secondary age and above young people. Generally, this is due to a school place being able to meet younger children's needs. As children move into secondary phase a greater complexity of need can become evident leading to the need for a more individualised programme, that schools alone may not be able to meet. Personal budgets are meant to be a provision to meet individualised hard to meet need.

## 6.2 Disability:

Does your analysis indicate a disproportionate impact relating to <a href="#">Disability</a> , considering our <a href="#">anticipatory duty</a> ?	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.

This policy development is entirely about meeting the needs of children and young people with SEND and their families. It is about bringing clarity to that process and in introducing that, allowing all equalities issues to be fully considered.

The JSNA states that Brighton and Hove has a higher proportion of disabled people (19%) than the rest of the SE (16%) or England (17%).

As at January 2024 there were 2489 children and young people 0-25 with an EHCP. In January 2024, 22% of the school population were recorded as SEND (national 17.1%). 5.3% of Brighton and Hove pupils have an EHCP (national 4.2%) and 16.9% were recorded as SEND without an EHCP (12.9% nationally).

The disability register held by AMAZE categorises children and young people by their need as well as diagnosis. The largest need group is moderate learning difficulty (27.7%). 25.6% of the register have moderate behavioural needs that challenge, 28.7% have severe behavioural needs that challenge and 28.8% have moderate mobility difficulties. The highest diagnosis group is those with speech, language and communication needs including ASD.

Over the last 10 years there has been a 78.6% rise in the number of children and young people with an EHCP with a primary need of ASD. Other areas of significant rise in need for the EHCP population are speech, language and communication with a rise of 30.2% and social, emotional and mental health with a rise of 61.5%.

All of the indicators are above national levels and show that Brighton and Hove has a high level of children and young people with SEND which are identified and assessed. Of these less than 1% of the cohort have their provision delivered as a personal budget (9% nationally) and even less by direct payment. This is to be expected as most children will attend a school, and the school will commission all the support to meet their needs and outcomes. 80% of the education personal budget cohort have a diagnosis of ASD. The disability register also collects data on personal budgets and direct payments. This data collection showed 7% of the population were receiving a personal budget or direct payment but an additional 7.6% saw themselves as needing this provision but not receiving it.

In social care there are currently 400 cases open to SCDS with 150 children and young people (or their parents/carers) in receipt of a direct payment to meet their social care needs. This number is likely to rise in the current financial year. The most common disability group are those with ASD (32%), severe learning difficulties (25%) and physical difficulties (15%). Associated behaviour and communication needs also feature highly in this group.

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).

A personal budget is an amount of money, identified following assessment, to meet very individualised needs. If agreed, it can be taken in a number of ways and some people chose to have all or part of this as a direct payment to enable their individual needs to be met. This policy development will enable council officers and families to understand what personal budgets and direct payments are and what they are intended for, the process to secure a personal budget and how this can be taken. This should enable more complex children and young people to remain in their local community supported with targeted, individualised support.

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

<b>Does your analysis indicate a disproportionate impact relating to ethnicity?</b>	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.

The latest census data shows that Brighton and Hove has become much more diverse. Migration has increased by 27% between the 2011 and 2021 census dates.

The school population in Brighton and Hove in January 2024 was almost 31,000 pupils. Of this total population, almost 69% identified as white British. 31% were other ethnic origins including almost 5% of other white origin and 7% mixed heritage. The personal budget population in social care has a slightly higher population of white British recipients at 73% with an additional 10% being other white origin. There are 5 or less children of any other ethnic group in the current personal budget population. The children and young people receiving personal budgets in both social care and education do not appear to have any noticeable race bias and percentages seem to be in line with the general population.

The January 2024 school census collection looked at the non-white British school population (31%) overlap of SEND with ethnic origin and EAL. In this group 22% identified as Arab with 33% speaking Arabic as their first language. 13% identified as Black African origin, 13% identified as white other, 10% identified as Bangladeshi with 10% speaking Bengali as their first language, and 9% identified as white Eastern European.

The disability register, held by AMAZE, shows a similar demographic with 78.2% identifying as white British, 5% other white and 6,5% mixed white heritage. All other ethnic groups represented less than 2% of the population.

There appears to be no race bias but in any information produced by the council for this group, we need to be aware of the language barriers and translation needs.

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

<b>Does your analysis indicate a disproportionate impact relating to Religion, Belief, Spirituality, Faith, or Atheism?</b>	<i>Data not available</i>
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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.



### 6.5 Gender Identity and Sex:

<p><b>Does your analysis indicate a disproportionate impact relating to <a href="#">Gender Identity</a> and <a href="#">Sex</a> (including non-binary and intersex people)?</b></p>	<p>NO</p>
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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 gender balance of children with severe SEND (EHCP) matches the national picture in Brighton and Hove. Female 30% (28% national), male 70% (72% national). The disability register also shows 33.5% female, 64.1% male. In this collection there is the option to categorise as non-binary (0.7%) or prefer not to say (0.6%)

In the Brighton and Hove population as a whole, at least 1% of people identify as a gender different form that assigned at birth. This data is not collected for the child population.

This could be an area of further investigation for those over the age of 16.

### 6.6 Gender Reassignment:

<p><b>Does your analysis indicate a disproportionate impact relating to <a href="#">Gender Reassignment</a>?</b></p>	<p><i>Data not available</i></p>
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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.

For young adults this could be an area of further investigation.

### 6.7 Sexual Orientation:

<p><b>Does your analysis indicate a disproportionate impact relating to <a href="#">Sexual Orientation</a>?</b></p>	<p><i>Data not available</i></p>
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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.

10% of the Brighton and Hove population over 16 identify as an LGB+ sexual orientation. This is three times the SE and England proportion (3.1%). This data is not collected for under 16s.

More should be done to look at the young adult population with SEND and sexual orientation as the population of LBB+ is high in Brighton and Hove generally.

### 6.8 Marriage and Civil Partnership:

<b>Does your analysis indicate a disproportionate impact relating to Marriage and Civil Partnership?</b>	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.

Not relevant to children but this could be looked at for young disabled young people 18 years and over.
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### 6.9 Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum):

<b>Does your analysis indicate a disproportionate impact relating to Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)?</b>	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.

Not collected for this group.
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### 6.10 Armed Forces Personnel, their families, and Veterans:

<b>Does your analysis indicate a disproportionate impact relating to Armed Forces Members and Veterans?</b>	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.

Not collected in Brighton and Hove
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### 6.11 Expatriates, Migrants, Asylum Seekers, and Refugees:

<b>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)</b>	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.

The latest census data shows that Brighton and Hove has become much more diverse. Migration has increased by 27% between the 2011 and 2021 census dates.

The January 2024 school census collection looked at the non-white British school population (31%) overlap of SEND with ethnic origin and EAL. In this group 22% identified as Arab with 33% speaking Arabic as their first language. 13% identified as Black African origin, 13% identified as white other, 10% identified as Bangladeshi with 10% speaking Bengali as their first language, and 9% identified as white Eastern European.

Although data is collected from schools on ethnicity and English as an Additional Language (EAL), little is collected on refugee and asylum seekers that relates to SEND 0-25 years. This is an area where further investigation is needed.

### 6.12 [Carers](#):

<b>Does your analysis indicate a disproportionate impact relating to <a href="#">Carers</a> (Especially considering for age, ethnicity, language, and various intersections).</b>	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.

Carers who provide care for disabled children can be assessed for support under the Care Act 2014 and are entitled to ask for a personal budget/direct payment if the assessment indicates they are eligible. This is overseen by adult social care who have policy and process in respect of carers.

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

<b>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 <a href="#">Corporate Parenting Responsibility</a> in connection to your activity.</b>	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.

In Brighton and Hove the latest published figures (22/23) indicate that there are a higher number of children in need (which is the Children Act category that disabled children fall into) than the average. 463 (average number 395). This collates with the SEND numbers also being higher than other England LAs.

The latest published data also indicated 343 children were looked after by the LA (CLA), 42 children were unaccompanied asylum seekers and 163 were care leavers. Of the LAC children, 72% were recorded as having SEND, compared to 58% average for other LAs.

The current social care direct payments for children and young people show that 82% of children are recorded as a child in need, 2% CLA and 1.3% leaving care. 14.6% had no care status which requires further investigation.

#### 6.14 Homelessness:

<b>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)</b>	NO. No data available.
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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.

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

<b>Does your analysis indicate a disproportionate impact relating to Domestic Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)?</b>	NO. No data available.
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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.

#### 6.16 Socio-economic Disadvantage:

<b>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)</b>	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>The 2021 census indicates that most children live in the West and North of the city. The highest percentage live in Whitehawk (25%) and north of Portland Road (25%). Brighton and Hove has some of the most densely populated areas in England. Only 50% of households own their own home and 30% are renting (the highest percentage outside of London).</p> <p>The disability register, held by AMAZE, indicates the wards where children on the register live. The areas where most children with disability live are: Whitehawk/Marina, Hangleton and Knoll, and Hollingdean and Fiveways (all around 9% of the disabled population). 8% of disabled children in the city live in houses where other languages as well as English are spoken. The disability register data shows 20% of families with a disabled child or young person are living entirely on benefits. The register has also done some interesting data matching using 1-3 deprivation indicators to see which groups are the most disadvantaged of all. Direct payments was used as one of the indicators and shows correlation with living in a deprived ward, your child being school aged and being reliant on benefits.</p> <p>The Brighton and Hove mental health and wellbeing survey 2022 stated an increase in child poverty and although educational outcomes, as a whole, are in line with England averages, the most disadvantaged</p>
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pupils were performing less well. Smoking, unhealthy and risk taking behaviours for young people had also increased. Mental health in children showed a high level of need when compared to England with a higher level of children in care and care leavers. Family stress, dysfunctional families and absent parents were risk factors. This is reflected in high numbers of need for social, emotional and mental health needs as the main need in EHCPs for this group. The health inequalities work in 2023/24 has a focus on children and young people with targets to improve asthma, diabetes and dental care for children and young people in deprived areas of the city, increase epilepsy care and nursing care for learning disability and ASD. Mental health support is focusing on the needs of ethnic minorities and children in areas of greatest deprivation, 0-17 years.

The SCDS direct payment population in social care has a high level of need with pupils receiving pupil premium support in school in 27% of cases and 30% of cases are entitled to Free School Meals (FSM). (Pupil premium is a payment per pupil given to schools for pupils who are disadvantaged to help them achieve better by giving them additional support)

From the Jan 2024 school census data collection, 10% of pupils who were from ethnic minorities, had EAL needs and were eligible for FSM lived in the most deprived areas of the city.

#### 6.17 Human Rights:

<b>Will your activity have a disproportionate impact relating to Human Rights?</b>	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.

This policy supports the articles in the human rights act. In particular, article 8 and regulations 9 and 10 relating to person centred care and dignity and respect. This policy is to support people as individuals and make sure their care, support and treatment needs meets their preferences.

Article 2 states no person shall be denied the right to education. Enabling personal budgets ensures those who cannot receive education in a school, can receive education via an individual package or a package to support a school place. It is also important to ensure parents religious and philosophical beliefs are respected. When arranging individualised support this policy should ensure parental aspirations, council services and meeting need are all considered to provide for a child.

#### 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 areas that might impact on children and young people have been considered in the protected characteristics descriptions above. All areas will be considered when applying the personal budget and direct payment policy.

Areas where impact can be the greatest are:

- Transition from children's services to adult services where the arrangement of services in health is different and the adult social care assessments can mean an eligible child may not be an eligible adult. The specialist community disability team (SCDS) do all they can to hold, and transition disabled young people into adult services but this remains a time of high anxiety for families of disabled young people and their future lives. Education support also ends between 19-25years.
- There is a greater need for teams working with children and young people with SEND to consider other equalities issues in their processes such as the interaction of disability, type of need, race and socio-economic status.
- Staff need to consider language and socio-economic status when assessing a family's ability to manage a personal budget/direct payment and ensure they are directed to the information and support services that exist so that they can receive the right support. Personal budgets can be held by the council to spend on behalf of a client so there should be no pressure for families to feel they have to manage this themselves. All teams need to consider translation and interpreting services in the languages most relevant to this client group.
- All need to be aware that for this group there can be multi-layered barriers to family access to services and hence personal budgets/direct payments.

## 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)

1. HSEND management team to review the services available for families of children under 5 years with SEND and ensure these can meet assessed need. If personal budgets are not required for this age group, what is on offer should be clear.
  - Activity 1: Review data on those with EHCPs under 5 years and those cases held in SCDS to see if families are receiving appropriate services to meet need.
  - Activity 2: HSEND to consider if the offer for this age group is sufficient or requires change with commissioners.



<p>2. SCDS HOS to review the offer of personal budgets to 18-24 year olds to look at why this group are less likely to receive a personal budget/direct payment than those aged 5-17 years.</p> <ul style="list-style-type: none"> <li>• Activity 1: Review those young people in transition from children to adult social care services to see why there is a drop in personal budget allocation and to ensure there is no bias due to age and that needs are being met in a different way.</li> </ul>
<p>3. HSEND management need to review the rise in need in particular needs groups (ASD/SEMH/Speech language and communication) and consider if current provision is sufficient to meet those needs and make changes as required. ASD and SEMH is over represented in the personal budgets cohort and implies the offer for these needs groups may require review.</p> <ul style="list-style-type: none"> <li>• Activity 1: Review the education offer for high functioning secondary aged pupils with ASD and those with SEMH needs to consider if specialist support should be changed within available resources.</li> </ul>
<p>4. HSEND to ensure in all communications that those with EAL needs are considered and in particular Arab, Bengali and Polish speakers.</p> <ul style="list-style-type: none"> <li>• Activity 1: Review ease of translation of all Local Offer text, letters and other key information</li> <li>• Ensure interpreter services are available and offered for those that require support.</li> </ul>
<p>5. HSEND data for young adults 18-25 in the following areas needs consideration on if it should be additionally collected and how this would be achieved:</p> <p>Gender identity Gender reassignment Sexual Orientation Refugees, asylum seekers and migrant populations (0-25 for this group)</p> <p>We need to ensure the needs of young adults with SEND and additional protected characteristics are being met.</p> <ul style="list-style-type: none"> <li>• Activity 1: Review and decide if this data should be collected and if so how</li> <li>• Activity 2: Ask commissioners to review services for this age group in light of data insights.</li> </ul>
<p>6. HSEND managers need to consider the broader issue of barriers created by eligibility criteria for services. Ongoing review of which protected characteristics might be indirectly discriminated against by using particular criteria requires consideration. Complaints should be looked at considering if equalities issues are a factor. Coproduction work needs to include minority groups. Each service area should review development plans to consider the equalities issues that might arise, seek support as required and seek to remove barriers to inclusive services. For example, the development of the PA register needs to include those from ethnic groups represented in the community, those with neurodiversity, those from the LGBTQ+ community. This general action should apply to all coproduction activities and will be reflected in the development of the parent and young people's documentation which sits alongside the full policy.</p>

**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.

Actions to be discussed at HSEND SLT and where each action should sit. Some will be for Team plans and some may be for Directorate level plans.

## 8. Outcome of your assessment

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

<b>Stop or pause</b> the activity due to unmitigable disproportionate impacts because the evidence shows bias towards one or more groups.	
<b>Adapt or change</b> the activity to eliminate or mitigate disproportionate impacts and/or bias.	
<b>Proceed</b> with the activity as currently planned – no disproportionate impacts have been identified, or impacts will be mitigated by specified SMART actions.	<b>X</b>
<b>Proceed with caution</b> – 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.	

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

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

This EIA shows no overall disproportionate or cumulative impact on any group. However, there are areas that need further investigation as set out in the actions above and if these were considered should provide even greater assurance of this.

## 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

<b>Signatory:</b>	<b>Name and Job Title:</b>	<b>Date: DD-MMM-YY</b>
<b>Responsible Lead Officer:</b>	Yvonne Ely, HSEND Consultant	28/05/2024
<b>Accountable Manager:</b>	Georgina Clarke-Green	

**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:** DIRNAME##-DD-MMM-YY-EIA-Name

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:		
EDI Manager:		
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:**