

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 the Equality, Diversity, and Inclusion (EDI) team by emailing Equalities@Brighton-Hove.gov.uk. If your request is urgent, please mention this in the subject line of your email so we can support as required.

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 the Equalities team by emailing the Equalities inbox and copying in your Head of Service, Business Improvement Manager (if one exists in your directorate), any other relevant service colleagues to enable EIA communication, tracking and saving.
- Your EIA will be reviewed, discussed, and then approved by the assigned EDI Business Partner and after seeking additional approval as appropriate for your EIA.
- 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: | Statement of Licensing Policy Review 2026 |
| Directorate: | City Operations |
| Service: | Regulatory Services |
| Team: | Licensing |
| Is this a new or existing activity? | Existing |
| 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: | Sarah Cornell, Senior Licensing Officer and Emily Fountain, Licensing Officer |
| Accountable Manager: | Alex Evans, Licensing Team Leader |
| Additional stakeholders collaborating or contributing to this assessment: | |

3. About the activity

Briefly describe the purpose of the activity being assessed:

Section 5 of the Licensing Act 2003 requires a licensing authority to prepare and publish a statement of its Licensing Policy, reviewed 5 yearly. Such a policy must be published before the authority carries out any function in respect of individual applications and notices made under the terms of the Licensing Act 2003. The policy sets out the general approach to make licensing decisions, whilst remaining consistent with the provisions of the Licensing Act 2003.

The licensing objectives are set out in the Act and are:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

This Equality Impact Assessment has been conducted to ensure that Brighton & Hove City Council Statement of Licensing Policy (SoLP) complies with the Public Sector Equality Duty (PSED) under Section 149 of the Equality Act 2010. The assessment evaluates the potential impacts of the licensing policy on protected characteristic groups and proposes mitigation measures where necessary.

[Statement of Licensing Policy 2026 \(draft\)](#)

The city has high levels of cultural participation with the proportion of people that engaged with the arts from May 2023 to March 2024 was 93.80%. This is higher than the South East (92.71%) and England (90.42%). Brighton & Hove is known for its vibrant and interesting arts and creative industries which attract tourism and new businesses. The sale and consumption of alcohol contributes greatly to the city's economy and tourism.

After careful consideration the Licensing Authority has decided to re-designate the area formerly covered by the Cumulative Impact Zone (CIZ) as a City Safety Area (CSA) in order to make safety the overriding focus and priority in and around licensed venues. In doing so the Licensing Authority's objective is to maximise protection for everyone participating in the night-time economy, particularly people visiting, working and living in the city centre. It is recognised that cumulative impact continues to be a feature of the CSA but by careful scrutiny of licence applications and mandating robust safety policies the Licensing Authority's aim is to improve safety by reducing levels of crime, disorder and public nuisance (and their associated harms) and so promote the licensing objectives within the CSA. Through this revised approach, the Licensing Authority will seek to promote a diverse range of venues within the city centre, Alcohol-related death rates in Brighton & Hove are not significantly different to the national average.

In 2023, Brighton & Hove recorded 112 alcohol- related deaths, giving an age-standardised rate of 47.3 per 100,000 population which is similar to the England average of 40.7 per 100,000

However, Brighton & Hove has higher than national average levels of adults binge drinking on their heaviest drinking day, adults drinking over 14 units per week, and dependent drinkers, according to latest available data. And the city experiences local problems such as pre- and post- loading, binge drinking, and street drinking created by cheap alcohol and fierce, localised price competition, particularly between off-licence stores and supermarkets.

[Sussex Police Crime Data Set for BHCC Statement of Licensing Policy 2025 Review Appendix E](#)

Based on Sussex Police Beat areas the highest volumes of violent crimes and intoxication between 01/01/2022 – 31/12/2024 were in Regency (CC1003) where there were 2 292 violent occurrences involving intoxication, St Peter's & North Laine (CC1004) with 1 609 occurrences and Queen's Park (CC2005) with 1 094 occurrences. This is inclusive of all occurrences within both the Operation Marble DPA timings and the non-Marble days and hours over the 3-year period. [Appendix E - Sussex Police data set](#)

Due to the large concentration of licensed premises and night clubs in the centre of Brighton, a high proportion of the Division's violent crime and serious sexual offences are committed within a relatively small area. The Division receives a large influx of visitors to the city centre at weekends. Many of these people attend the pubs and night-clubs during nighttime hours and as a result an enhanced policing operation (with Directed Patrol Activity – DPA) is provided, called Operation Marble.

In line with statutory requirements and the council's Public Sector Equality Duty the Licensing Authority shall have due regard to the need to eliminate unlawful discrimination, and to promote equality of opportunity and positive relations between all people. This includes people who share protected characteristics, including but not limited to LGBTQIA+ people, disabled people, people from diverse ethnic and cultural backgrounds and people of all faiths and none.

What are the desired outcomes of the activity?

- To update and review the council's Statement of Licensing Policy in accordance with statutory requirements
- To ensure the policy effectively supports the four licensing objectives
- To ensure the policy remains relevant to the local area and responsive to emerging issues
- To engage with stakeholders and incorporate feedback to improve the policy
- To provide clear guidance for licensees, applicants, and the public about licensing decisions

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

- Licensed premises operators and management
- Personal licence holders
- Local residents living near licensed premises
- Visitors to licensed venues
- Vulnerable groups including children, elderly residents, and disabled people
- Community safety partners and emergency services

- Local businesses and the night-time economy sector
- Tourism and hospitality sectors
- Various equality groups with specific needs regarding licensed premises

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.

A Licensing Summit was held on 10th January 2025 attended by 44 various stakeholders, including venue representatives, residents, business owners and Sussex Police licensing. We asked for people's views on the nighttime economy in Brighton & Hove. The attendees were asked 3 questions about the nighttime economy and their responses were recorded on the Your Voice platform.

An informal consultation asking the same three questions was opened up to the wider public via the Your Voice platform between the 20th January and 23rd February 2025. A further 113 people completed this survey. The equalities data collected during this survey is recorded throughout the EIA.

Formal consultation on the SoLP for 2026-2031 commenced on 8th August 2025 and closed on the 12th October 2025. 70 people took part in the online Your Voice consultation. The equalities data collected is recorded throughout the EIA.

Highlights from those responses:

The consultation highlighted strong support for equality, diversity and inclusion in licensed venues, with particular emphasis on the needs of disabled people (including those with non-visible disabilities and neurodivergent people) and LGBTQ+ communities. Respondents called for practical measures to improve accessibility, such as venue grading and clear information, and for ongoing, visible support for LGBTQ+ inclusion beyond symbolic gestures. There is a clear expectation that staff should be trained in both disability awareness and LGBTQ+ inclusion, and that venues should have robust policies and reporting mechanisms to prevent discrimination and harassment.

How important is it to you that licensed venues in Brighton & Hove actively promote equality, diversity, and inclusion?

| Response | Number | % |
|----------------------|--------|------|
| Very important | 37 | 52.9 |
| Somewhat important | 15 | 21.4 |
| Not important at all | 6 | 8.6 |
| No answer | 5 | 7.3 |
| Not very important | 4 | 5.7 |
| Not sure | 3 | 4.3 |

| | | |
|---|----|-------|
| Total | 70 | 100.0 |
| <p>Consultation with statutory consultees: Chief Officer of Sussex Police, East Sussex Fire & Rescue, bodies representing local holders of premises licences, bodies representing local holders of club premises certificates, bodies representing holders of personal licences, bodies representing businesses and residents and the child protection agency. Consultation with Licensing Strategy Group (council officers, responsible authorities, trade, residents associations) Consultation via the council's consultation platform Your Voice Consultation via the council's website</p> <p>E-mail with a link, inviting the organisations to participate in the survey, was sent to the organisations representing the following groups: Learning Disabilities (Adults) - Speak Out Learning Disability (children) - Amaze LGBTQ Young People – Allsorts LGBTQ adults (Switchboard) Women – Brighton Women's Centre Autism – Impact Initiatives Trust for Developing Communities Community Works Hangleton & Knoll Project Disability – Possibility People Black & Racially Minoritised Communities – Bridging Change</p> <p>We have not engaged with Armed Forces veterans and their families, Expatriates, Migrants, Asylum Seekers and Refugees and the homeless although these groups may intersect with those above.</p> | | |

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

| | |
|---|---|
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum) | State YES / NO / or not applicable |
| Armed Forces Personnel, their families, and Veterans | State YES / NO / or not applicable |
| Expatriates, Migrants, Asylum Seekers, and Refugees | State YES / NO / or not applicable |
| Carers | State YES / NO / or not applicable |
| Looked after children, Care Leavers, Care and fostering experienced people | State YES / NO / or not applicable |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | State YES / NO / or not applicable |
| Socio-economic Disadvantage | State YES / NO / or not applicable |
| Homelessness and associated risk and vulnerability | State YES / NO / or not applicable |
| Human Rights | State YES / NO / or not applicable |
| Another relevant group (please specify here and add additional rows as needed) | State YES / NO / or not applicable |

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

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy, 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?

To address the gaps in equality data, we will:

- Include equality monitoring questions in our consultation process where appropriate and proportionate
- Analyse available data from council sources on demographics of local areas where licensed premises are concentrated
- Work with Public Health and Community Safety teams to gather relevant data on alcohol-related impacts across different demographic groups
- Engage with community organisations representing various protected characteristics to understand specific concerns
- Review complaints and representations made about licensed premises to identify any patterns affecting specific groups

There are also wider council policies and strategies with a wider remit that address the needs of individuals with protected characteristics, including those related to women's safety, safeguarding, age protection, sexual health, anti-racism and disability, which can serve as valuable tools for highlighting gaps in equality data and shaping equality considerations.

Further information regarding these policies and strategies can be found via the following links:

[New strategic direction for tackling violence against women and girls, domestic abuse and sexual violence](#)

[Brighton & Hove City Council plan 2023 to 2027: Outcome 2: A fair and inclusive city](#)

[Fair and Inclusive Action Plan 2023 - 2027](#)

[Anti-Racism Strategy 2023 to 2028](#)

[Accessible City Strategy 2023 to 2028](#)

[Age and Dementia Friendly Brighton & Hove](#)

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

- An informal engagement is planned to assess the impact of the new policy, approximately 24 months past-implementation
- Regular engagement with the key stakeholders to monitor emerging equality concerns.
- Feedback mechanisms for licensees and the public to report equality concerns.
- Analysis of any complaints made about licensed premises that highlight equality issues.

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):**
 - [Population and population groups](#)
 - [Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council](#)
 - [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: people who may be housebound, those under 16, young adults, with other intersections. | YES/ NO |
|---|---------|

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.

[Age Census Data - 2021](#)

Brighton & Hove has a younger age structure than England:

20.5% of people are aged under 20 (23%)

65.5% aged 20-64 (58%)

14.1% aged 65+ (18%)

Brighton and Hove has a very different age profile compared to the South East and England.

- Fewer children aged 0 to 15 years (15%) – South East (19%), England (19%)
- More working age adults aged 16 to 66 (72%) – South East (64%), England (65%)
- Fewer older people aged over 66 (13%) – South East (17%), England (16%)

The Licencing Authority's approach outlined in the draft [Statement of Licensing Policy 2026](#) means that the Licensing Authority will support: diversity of premises: ensures that there is a mix of the different types of licensed premises and attracts a more diverse range of customers from different age groups, different communities and with different attitudes to alcohol consumption. It gives potential for positively changing the ambience of the city or an area of it. This will have a positive effect in reducing people's fear of crime and in increasing the number of evening visitors to the city centre.

Informal consultation for the 2025 review of the Statement of Licensing Policy (SoLP) equalities monitoring data results re. age:

What is your age?

79 out of 118 (67%) responded to this question with the results being as follows:

16 to 24

6.3% (5)

25 to 34

20.3% (16)

35 to 44

21.5% (17)

45 to 54

13.9% (11)

55 to 64

20.2% (16)

65 to 74

16.5% (13)

75 to 84

1.3% (1)

Formal consultation on the SoLP for 2026-2031- Equalities monitoring data 70 participants re age.

What is your age?

No answer 55.7% (39)

65 - 74, 12.9% (9)

55 - 64, 12.9% (9)

45 - 54, 12.9% (9)

35 - 44, 1.4% (1)

25 - 34, 2.8% (2)

16 - 24, 1.4% (1)

Public Health team used data relating to Age in the [Brighton and Hove Drugs and Alcohol Needs Assessment \(D&ANA, 2022\)](#).

[Safe and Well at School Survey \(SAWSS\) 2023](#) which pertains specifically to school-age children and young people.

According to the Needs Assessment there were 88 under 18 year olds receiving specialist drugs and alcohol treatment in 2021-2022.

The alcohol specific hospital admission rate for Children and Young People is higher at 53 per 100,000 than the England average of 29 per 100,000.

Sussex Police have continuing concerns that, despite staff training in age-restricted sales, under age individuals are still being served alcohol both on and off the premises in some of the city's licensed premises.

Licensees should note the concern of the authority that drink related disorder frequently involves under 18's. To prevent illegal purchases of alcohol by such persons, all licensees should work with a suitable 'proof of age' scheme and ensure that appropriate identification is requested prior to entry and when requesting alcohol, where appropriate. Appropriate forms of identification are currently considered to be those recommended by the Home Office, police, trading standards officers and their partners (for example passport, photo driving licence or Proof of Age Standards Scheme PASS card). The advent of digital identification will bring new technologies and challenges which responsible authorities and licensees will need to be mindful of and have a personal responsibility to remain informed and trained on.

The following details and measures are intended to address the need for the protection of children from harm; this includes emotional and physical harm, which may be associated with licensed premises and certificated club premises (for example the exposure too early to strong language and sexual expletives, for example in the context of film exhibitions or where adult entertainment is provided). It is intended that the admission of children to premises holding a premises licence or club premises certificate should normally be freely allowed without restricting conditions (unless the 2003 Act itself imposes such conditions or there are good reasons to restrict entry or to exclude children completely).

It is the licensing authority's expectation that all staff responsible for the sale of intoxicating liquor receive information and advice on the licensing laws relating to children and young persons in licensed premises. Licensed premises staff are required to take reasonable steps to prevent under age sales. The licensing authority will not seek to limit the access of children to any premises unless it is necessary for the prevention of emotional or psychological harm to them. Each application will be considered on its own merit but particular areas that will give rise to concern in respect of children are to be found below.

To reduce alcohol-induced problematic behaviour by under 18 year olds, to enforce underage purchase and drinking laws and to assist in the protection of children from harm, the licensing authority supports the following measures:

- a). Police should exercise powers (Confiscation of Alcohol (Young Persons) Act 1997) to remove alcohol from young people on the street
- b). Police and trading standards should implement test purchasing to reduce sales to under 18s in on and off sales licensed premises
- c). Further take-up of proof of age schemes will be promoted
- d). In-house, mystery shopper type schemes operated by local businesses will be supported
- e). Providers of events specifically catering for unaccompanied children should consider whether all staff at such events need to be DBS checked
- f). Use of a Public Spaces Protection Order (PSPO) in the City Centre

Applicants shall copy their applications to the Director of Children's Services in their capacity as the responsible authority. Copies should be sent care of the Police. The "What to do" booklet is a national one and can be accessed at: www.brightonandhovelscb.org.uk/wp-content/uploads/What-to-do-if-a-child-is-being-abused.pdf If there are concerns locally about a child, the Multi-Agency Safeguarding Hub (MASH) can be contacted on 01273 290400 or Sussex Police on 101. If a child is in immediate danger 999 should be dialled.

Trading standards and the police undertake ongoing enforcement operations around under-age sales and test purchasing. Sussex Police and Brighton Crime Reduction Partnership (BCRP) undertake work concerning proxy purchases and counterfeit ID as part of the partnership support work with Community Safety and Trading Standards.

Trading standards have a programme of business support including training for local businesses to avoid underage sales. The training also covers identifying fake IDs, Challenge 25, intoxication, proxy purchasing and implementing due diligence measures.

6.2 Disability:

Does your analysis indicate a disproportionate impact relating to [Disability](#), considering our [anticipatory duty](#)?

YES/NO

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.

Census Data 2021

Nearly one in five residents (51,797 people, 19%) in Brighton & Hove are disabled as defined by the Equality Act. This is higher than seen in both the South East (16%) and England (17%). Among disabled residents, for two out of five (20,351, 39%) their day-to-day activities are limited 'a lot' and for three in five (31,446 people, 61%) their activities are limited 'a little'. Both proportions are similar to what is seen in the South East and England.

Informal consultation for the 2025 review of the Statement of Licensing Policy (SoLP) equalities monitoring data re disabilities:

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

80 out of 118 (67.8%) responded to this question as follows:

70% answered 'No' (56)
17.5% answered 'Yes a little' (14)
6.3% answered 'Yes a lot' (5)
2.5% 'Preferred not to say' (2)
3.7% No answer (3)

Do any of your conditions or illnesses reduce your ability to carry out day to day activities?

80 out of 118 responded to this question.

Respondents confirmed one or more of the following as follows:

6.3% 'Physical Impairment' (5)
5% 'Long standing illness' (4)
5% Learning disability/difficulty' (4)
2.5% answered 'Autistic Spectrum' (2)
1.3% answered 'Sensory Impairment' (1)
1.3% answered 'Other' (1)
3.8% 'Preferred not to say' (3)

81.3% No answer (65)

Formal consultation on the SoLP for 2026-2031 - Equalities monitoring data 70 participants re disability.

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

No answer - 52.9% (37)

No - 37.1% (26)

Yes, a little - 7.1% (5)

Yes, a lot - 2.9% (2)

Summary of the formal consultation responses around disability and accessibility

- Respondents highlighted the need for greater consideration of safety and inclusion in many venues across the city for disabled individuals, particularly those with non-visible disabilities such as autism and ADHD.
- Concerns were raised about overstimulating environments, such as loud music in public venues, which can penetrate people's homes and can be especially distressing for neurodivergent individuals. Additionally, there was a perception that while the council has focused on issues affecting gender and sexual orientation groups, it has not given sufficient attention to the needs of neurodivergent communities.
- The importance of addressing both disability and vulnerability was emphasized.
- More needs to be done to ensure safety and inclusion for all disabled people.
- Accessible requirements are met where possible and graded for a point of reference for customers.

In line with statutory requirements the Licensing Authority shall have due regard to the need to eliminate unlawful discrimination, and to promote equality of opportunity and positive relations between persons of diverse backgrounds.

The draft SoLP states the following:

Operational Standards for Licensed Venues - All licensed venues should meet the following minimum standards:

Policy Transparency: Admission and service policies should be documented, publicly accessible, and demonstrably non-discriminatory. While reasonable conditions may apply (dress codes, intoxication restrictions), policies should explicitly prohibit exclusion based on gender expression, gender identity, sexual orientation, perceived sexuality, or other protected characteristics.

Physical Accessibility: Where structurally feasible, venues should provide gender-neutral facilities and conduct access audits addressing barriers faced by disabled and LGBTQ+ individuals.

What [inclusive adjustments](#) are you making for diverse disabled people impacted? For example: those who are housebound due to disability or disabling circumstances, 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).

Both the informal and formal consultations on Your Voice used description of pictures and road details for maps to improve accessibility.

Screen readers can be used with Your Voice and the system complies with Web Content Accessibility Guidelines (WCAG) 2.2 AA accessibility standards. Details about Your Voice accessibility can be found on the [Go Vocal website](#).

Paper copies - If a paper copy was required, it was possible to export a pdf version of a survey. Your Voice can scan-read completed paper forms and include these in the reporting and analysis.

Your Voice is available in English and 10 other languages if required.

Brighton & Hove City Council's accessibility statement for the website is available to read here: [Accessibility statement](#).

The Statement of Licensing Policy has been converted from a PDF document into an HTML page that can be read in browser as PDF documents are not accessible; the HTML is this page: [Statement of Licensing Policy 2026 \(draft\)](#). The HTML page separates the information up into sections so it's easier to read. The appendices have also all been converted into HTML pages.

The HTML page has several adjustments to make information more accessible including:

- Headings and subheadings tagged so they can be recognised by screen readers
- Bullet point lists
- Descriptive hyperlinks

The SoLP is accessible and can be read by screen readers like JAWS and NVDA. If users need the information in another format they can request this: [How to request content in an accessible format](#).

We also have additional information on accessibility and our content style guide: [Why accessibility matters](#).

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

| | |
|--|--------|
| Does your analysis indicate a disproportionate impact relating to ethnicity? | YES/NO |
|--|--------|

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.

Census 2021 –

More than a quarter of residents (72,272 people, 26%) are 'BME' (non-White UK/British). Higher than seen in the South East (21%) but similar to what is found in England (27%). Despite the overall number of residents only increasing by 1% since the last Census. The number of 'BME' residents has increased by over a third (35%, 18,921 people).

Other White

- More than a third of 'BME' residents are other White (26,812 people, 37%).

- Other White residents make up nearly one in ten of all residents (9.7%).
- The number of other White residents has increased by 7,288 people (37%)

Mixed ethnicity

- Nearly a fifth of 'BME' residents are of mixed ethnicity (13,228 people, 18%)
- Residents of mixed ethnicity make up one in twenty of all residents (4.8%)
- The number of residents of mixed ethnicity has increased by 2,820 people (27%)

Asian / Asian British

- Nearly a fifth of 'BME' residents are Asian (13,217 people, 18%)
- Asian residents make up one in twenty of all residents (4.8%)
- The number of Asian residents has increased by 1,939 (17%)

Black / Black British

- Nearly 8% of 'BME' residents are Black (5,458 people, 7.5%)
- Black residents make up one in fifty of all residents (2%)
- The number of Black residents has increased by 1,270 people (30%)

Arab

- Nearly one in twenty of 'BME' residents are Arab (3,049 people, 4.2%)
- Arab residents make up over one in 100 of all residents (1.1%)
- The number of Arab residents has increased by 911 people (42%)

Health Counts is a health and wellbeing survey of Brighton & Hove residents conducted around once a decade. The findings highlight health and lifestyle issues, revealing inequalities across the city. This evidence informs the Joint Strategic Needs Assessment (JSNA) and local strategies to improve health and wellbeing and reduce inequalities. The 2024 survey, funded by Brighton & Hove City Council's Public Health Department, had a weighted sample of 16,729 adults - 7.2% of the resident population aged 18 or over. Health Counts results shown that 24% of population were Black and Racially Minoritised (Non-White British), similar to the 2021 Census at 26%.

Summit and informal consultation for the 2025 review of the Statement of Licensing Policy (SoLP) equalities monitoring data

How would you describe your ethnic origin? 78 out of 118 – (66.1%) responded to this question. Out of the 78 the responses were as follows:

White: English, Welsh, Scottish, Northern Irish, British
66.3% (53)

White: Other
8.8% (7)

Mixed: Any other mixed / multiple ethnic background
6.3% (5)

Mixed: Asian and White
5% (4)

Prefer not to say
2.5% (2)

Other Ethnic Group: Arab
1.3% (1)

White: Irish
1.3% (1)
Mixed: Black Caribbean and White
1.3% (1)
Black / Black British: Other (please share details below)
1.3% (1)
Black / Black British: Caribbean
1.3% (1)
Asian / Asian British: Other (please share details below)
1.3% (1)
Asian / Asian British: Indian
1.3% (1)

Formal consultation on the SoLP for 2026-2031- Equalities monitoring data 70 participants re ethnicity.

How would you describe your ethnic origin?

No answer - 48.6% (34)
White: English, Welsh, Scottish, Northern Irish, British, - 41.4% (29)
White: Other 5.7% (4)
White: Irish 2.9% (2)
Prefer not to say 1.5% (1)

From the Public Health Drug & Alcohol EIA - Amongst users of drug and alcohol treatment services in 2021-22, 11% were from Black and Racially Minoritised backgrounds. The policy must have due regard to the PSED. Each application must be considered on its merits. The Licensing Authority must not discriminate on the grounds of ethnicity.

Our [draft SoLP](#) states the following under Section 10, **Integration of Strategies**:
In line with statutory requirements, the Licensing Authority shall have due regard to the need to eliminate unlawful discrimination, and to promote equality of opportunity and positive relations between persons of diverse backgrounds.

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

| | |
|--|---------|
| Does your analysis indicate a disproportionate impact relating to Religion, Belief, Spirituality, Faith, or Atheism? | YES/ NO |
|--|---------|

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.

Census 2021 -

Over a half of residents (152,966 people, 55%) have no religion or belief. Significantly higher than seen in the South East (40%) England (37%) and the highest proportion of residents with no religion in England (upper tier local authorities).
19,760 residents (7.1%) did not answer the question

Compared to the South East and England, Brighton and Hove has proportionally - More – Buddhists (2,455 people, 0.9%), Jews (2,455 people, 0.9%), and other religions (2,860 people, 1.0%) - Fewer - Christians (85,629 people, 30.9%), Hindus (2,100 people, 0.8%) and Sikhs (378 people, 0.1%) and Muslims (3.1%)

Informal consultation for the 2025 review of the Statement of Licensing Policy (SoLP) equalities monitoring data

What is your religion or belief?

80 out of 118 responded 67.8% - Out of the 80 the responses were as follows:

I have no particular religion or belief

52.5% (42)

Christian

22.5% (18)

Atheist

8.7% (7)

Buddhist

2.5% (2)

Hindu

1.3% (1)

Jewish

1.3% (1)

Muslim

1.3% (1)

Agnostic

1.3% (1)

Other philosophical belief

1.3% (1)

Other religion or belief, please describe

1.3% (1)

Prefer not to say

3.8% (3)

No Answer

2.5% (2)

Formal consultation on the SoLP for 2026-2031- Equalities monitoring data 70 participants re religion or belief.

No answer 50.0% (35)

I have no particular religion or belief 17.1% (12)

Atheist 12.8 % (9)

Christian 11.4% (8)

No answer 5.7% (4)

Other philosophical belief 1.4% (1)

Buddhist 1.4% (1)

There were no disproportionate impacts identified in the consultation.

Positive impacts in the Draft SoLP:

- Section 10.1.1 mentions religious and faith groups in equality commitments.

- Crime prevention targets religiously motivated crimes (11.2)
- Diversity of premises approach (3.4.1) could support venues catering to different faiths
- Non-alcohol-led venues explicitly valued (3.4.4c)

Potential negative impacts:

- Alcohol-focused policy may not reflect needs of abstaining communities
- Consultation list (1.4.1) doesn't explicitly include faith organizations

Potential mitigations:

- Increase engagement with faith organizations in future monitoring and consultation
- Support non-alcohol venues and alcohol-free events
- Staff training on religious/cultural sensitivity (add to 1.9.2 framework)
- Recognize religious festivals and considerations in licensing

The policy must have due regard to the PSED. Each application must be considered on its merits. The Licensing Authority must not discriminate on Religion, Belief, Spirituality, Faith, or Atheism.

Our [draft SoLP](#) states the following under Section 10, **Integration of Strategies**:

In line with statutory requirements and the council's Public Sector Equality Duty, the Licensing Authority shall have due regard to the need to eliminate unlawful discrimination, and to promote equality of opportunity and positive relations between persons of diverse backgrounds.

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/NO

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.

[Census 2021 -](#)

Gender Identity - At least one in a hundred residents aged 16+ (1.0%, 2,341 people) identify as Trans (England 0.5%).

In 2021 there was estimated to be 141,000 female (51%) and 135,400 male (49%) and residents in the city. Apart from those aged 19 to 21, there is a relative even distribution (+/- 3 percentage points) of males and females across all ages up until the age of 75 years. In the age group 19 to 21, 56% (9,900 people) are female and 44% male (7,900 people). The difference is likely due the higher proportion of female students to male students attending Brighton University and Sussex University.

Similar to the picture seen in England, beyond the age of 75 years the proportion of female residents increases. There are an estimated 18,000 residents aged 75 or older, of which 59% (10,500 people) are female and 41% (7,500 people) are male. By the age of 90 or older the difference is more two to one with 1,500 female (66%) to 700 male (34%) residents.

In 2021 a new question on gender identity was included in the Census. It was added to provide the first official data on the size of the transgender population in England and Wales. The question was voluntary and was only asked of people aged 16 years and over. People were asked "Is the gender you identify with the same as your sex registered at birth?" and had the option of selecting either "Yes" or "No" and writing in their gender identity. The five local authorities with the highest proportion of the population aged 16 years and over who identified as non-binary were all outside London. Brighton and Hove had the highest percentage (0.35%).

From the Health Counts 2024 Survey: 5% TNBI (Trans, non-binary or intersex). Higher than the 2021 Census at 1% of adults. 28% LGBTQ+ (Lesbian, gay, bisexual, asexual, queer or prefer another term to describe their sexual orientation but are not heterosexual). Higher than the 2021 Census at 11% of adults.

Informal consultation for the 2025 review of the Statement of Licensing Policy (SoLP) equalities monitoring data

What best describes your sex and gender?

80 out of 118 67.8% responded to this question as follows:

Male
52.5% (42)
Female
41.3% (33)
Prefer not to say
3.8% (3)
Non-binary
1.3% (1)
No answer
2.6% (2)

Formal consultation on the SoLP for 2026-2031- Equalities monitoring data 70 participants re sex and gender

What best describes your sex and gender?

No answer 48.6% (34)
Male 25.7% (18)
Female 24.3% (17)
Prefer not to say 1.4% (1)

Relevant Highlights from the formal consultation

Do you support or oppose the enhanced focus on stopping violence against women and girls?

| Response | Number | % |
|---------------------------|--------|-------|
| Strongly support | 58 | 82.9 |
| Support | 9 | 12.9 |
| Don't know | 2 | 2.9 |
| Neither support or oppose | 1 | 1.4 |
| Total | 70 | 100.0 |

Support for Enhanced Focus on Stopping Violence Against Women and Girls

Findings:

- **Overwhelming Support:** Over 95% of respondents support or strongly support this focus.
- **Positive Feedback:** Many praised the safeguarding emphasis as overdue and necessary.
- **Practical Measures:** Calls for staff training, anti-spiking policies, and safe spaces.
- **Inclusive Safety:** Some respondents urged broader focus to include other vulnerable groups.
- **Enforcement:** Requests for visible enforcement and support outside venues.

Public Health Drug & Alcohol Strategy EIA - To inform the development of the strategy, the Public Health team used data relating to Gender Identity and Sex from the Brighton and Hove Drugs and Alcohol Needs Assessment (2022). The data shows that 63% of all Service Users in 2021/22 were male. However, women may find it harder to access drugs and alcohol treatment due to specific concerns such as fear of losing their children, or stigma. They may also find it difficult to access man-dominated environments due to disproportionate experiences of Domestic Abuse and Sexual Violence. From hospital admission data, inpatient episode rates of intentional self-poisoning are significantly higher for women in Brighton and Hove (62.8 per 100,000) compared to England (38.6 per 100,000).

The policy must have due regard to the PSED. Each application must be considered on its merits. The Licensing Authority must not discriminate on the grounds of sex or gender.

Under Section 1.9 of our [draft SoLP](#) it outlines the following:

Enhanced LGBTQ+ and Inclusion Standards for Licensed Venues

1.9.1 Policy Commitment - Brighton and Hove City Council is unequivocally committed to fostering Inclusive Communities through our council plan. This commitment necessitates comprehensive equality and inclusion frameworks across all council functions, with attention to our licensing responsibilities. Our objective is to measurably enhance quality of life and accessible opportunities for all residents, workers, and visitors, with specific recognition of the historical and ongoing challenges faced by our LGBTQ+ and TNBI (Trans, Non-Binary, and Intersex) communities.

As licensing authority for one of the South East's highest concentrations of licensed venues, we recognise our responsibility to protect vulnerable communities from discrimination while fostering economic vitality and cultural vibrancy

Operational Standards for Licensed Venues - All licensed venues should meet the following minimum standards:

- **Policy Transparency:** Admission and service policies should be documented, publicly accessible, and demonstrably non-discriminatory. While reasonable conditions may apply (dress codes, intoxication restrictions), policies should explicitly prohibit exclusion based on gender expression, gender identity, sexual orientation, perceived sexuality, or other protected characteristics.
- **Staff Training:** All customer-facing personnel should complete training on equality obligations and inclusive service delivery, including LGBTQ+ terminology, pronoun usage, and incident response protocols. Training records should be maintained for inspection.

• **Complaints procedures:** Venues should implement accessible reporting mechanisms for discrimination experiences, with staff trained to address incidents of transphobia, homophobia, and biphobia.

• **Physical Accessibility:** Where structurally feasible, venues should provide gender-neutral facilities and conduct access audits addressing barriers faced by disabled LGBTQ+ individuals. This framework serves as both a commitment to our diverse communities and an accountability mechanism for measuring progress toward genuine inclusion within Brighton and Hove's licensed venues.

Section 3.4.4(c) - Matrix Approach: LGBTQ+ and TNBI venues explicitly recognized as activities which the Licensing Authority values and wishes to encourage.

Our [draft SoLP](#) states the following under Section 10, **Integration of Strategies:**

In line with statutory requirements and the council's Public Sector Equality Duty, the Licensing Authority shall have due regard to the need to eliminate unlawful discrimination, and to promote equality of opportunity and positive relations between persons of diverse backgrounds.

6.6 Gender Reassignment:

Does your analysis indicate a disproportionate impact relating to [Gender Reassignment](#)?

YES/ NO

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 2021 a new question on gender identity was included in the [Census](#). It was added to provide the first official data on the size of the transgender population in England and Wales. The question was voluntary and was only asked of people aged 16 years and over. People were asked "Is the gender you identify with the same as your sex registered at birth?" and had the option of selecting either "Yes" or "No" and writing in their gender identity. The five local authorities with the highest proportion of the population aged 16 years and over who identified as non-binary were all outside London. Brighton and Hove had the highest percentage (0.35%).

Based on a voluntary question from the 2021 Census;

- In Brighton & Hove a total of 220,742 residents (93.8%) of the population aged 16 years and over answered the question.
- A total of 218,401 residents (92.8%) answered "Yes", indicating that their gender identity was the same as their sex registered at birth.
- A total of 2,341 residents (1.0%) answered "No", indicating that their gender identity was different from their sex registered at birth. Within this group:
 - 476 (0.2%) answered "No" but did not provide a write-in response
 - 362 (0.1%) identified as a trans man
 - 329 (0.1%) identified as a trans woman
 - 1,174 (0.5%) wrote in a different gender identity

[From the Health Counts 2024 Survey:](#) 5% of the survey identified as TNBI (Trans, non-binary or intersex).

Informal consultation for the 2025 review of the Statement of Licensing Policy (SoLP) equalities monitoring data

Is the gender you identify with the same as your sex registered at birth?

15 out of a 118 12.7% answered this question as follows

Yes

13.8% (11 choices)

No

2.5% % (2 choices)

Prefer not to say

2.5% (2 choices)

Formal consultation on the SoLP for 2026-2031- Equalities monitoring data 70 participants answered the question re gender identify (Is the gender you identify with the same as your sex registered at birth?) as follows:

Yes 51.4% (36)

No answer 48.6% (34)

From Drug & Alcohol Strategy EIA

Of the 23 participants in the People with lived Experience workshops for whom this information was captured, seven participants identified as trans. Feedback identified specific barriers for trans people in accessing drugs and alcohol support, in particular where accessing treatment may impact on gender reassignment treatment. It also highlighted the importance of specific trans-inclusive spaces to facilitate access to support, including diversity of staff and volunteers.

The policy must have due regard to the PSED. Each application must be considered on its merits. The Licensing Authority must not discriminate on the grounds of gender reassignment.

Under Section 1.9 of our draft SoLP it outlines the following:

Enhanced LGBTQ+ and Inclusion Standards for Licensed Venues

1.9.1 Policy Commitment - Brighton and Hove City Council is unequivocally committed to fostering Inclusive Communities through our council plan. This commitment necessitates comprehensive equality and inclusion frameworks across all council functions, with attention to our licensing responsibilities. Our objective is to measurably enhance quality of life and accessible opportunities for all residents, workers, and visitors, with specific recognition of the historical and ongoing challenges faced by our LGBTQ+ and TNBI (Trans, Non-Binary, and Intersex) communities.

As licensing authority for one of the South East's highest concentrations of licensed venues, we recognise our responsibility to protect vulnerable communities from discrimination while fostering economic vitality and cultural vibrancy

Operational Standards for Licensed Venues - All licensed venues should meet the following minimum standards:

- **Policy Transparency:** Admission and service policies should be documented, publicly accessible, and demonstrably non-discriminatory. While reasonable conditions may apply (dress codes, intoxication restrictions), policies should explicitly prohibit exclusion based on gender expression, gender identity, sexual orientation, perceived sexuality, or other protected characteristics.

- **Staff Training:** All customer-facing personnel should complete training on equality obligations and inclusive service delivery, including LGBTQ+ terminology, pronoun usage, and incident response protocols. Training records should be maintained for inspection.
- **Complaints procedures:** Venues should implement accessible reporting mechanisms for discrimination experiences, with staff trained to address incidents of transphobia, homophobia, and biphobia.
- **Physical Accessibility:** Where structurally feasible, venues should provide gender-neutral facilities and conduct access audits addressing barriers faced by disabled and LGBTQ+ individuals. This framework serves as both a commitment to our diverse communities and an accountability mechanism for measuring progress toward genuine inclusion within Brighton and Hove's licensed venues.

Section 3.4.4(c) - Matrix Approach: LGBTQ+ and TNBI venues explicitly recognized as activities which the Licensing Authority values and wishes to encourage.

Our [draft SoLP](#) states the following under Section 10, **Integration of Strategies:**
In line with statutory requirements and the council's Public Sector Equality Duty, the Licensing Authority shall have due regard to the need to eliminate unlawful discrimination, and to promote equality of opportunity and positive relations between persons of diverse backgrounds.

6.7 Sexual Orientation:

| | |
|--|---------|
| Does your analysis indicate a disproportionate impact relating to Sexual Orientation ? | YES/ NO |
|--|---------|

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.

At least one in ten (25,200 people, 10.6%) residents aged 16+ identified as LGB+ (gay or lesbian, bisexual or other minority sexual identity) (3%)



Based on a voluntary question from the 2021 Census:

- Around 189,745 people (80.6%) identified as straight or heterosexual.
- Around 25,247 people (10.6%) identified with an LGB+ orientation (Gay or Lesbian, Bisexual or Other sexual orientation).
- The remaining 20,375 people (8.7%) did not answer the question.
- The proportion of residents aged 16 and over in Brighton & Hove identifying with an LGB+ orientation (10.6%) is three times higher than seen in both the South East (3.1%) and England (3.1%).
- The proportion of residents aged 16 and over in Brighton & Hove identifying with an LGB+ orientation (10.6%) is the highest proportion seen in any upper tier authority in England.

From the Health Counts 2024 Survey: 28% LGBTQ+ (Lesbian, gay, bisexual, asexual, queer or prefer another term to describe their sexual orientation but are not heterosexual). Higher than the 2021 Census at 11% of adults.

Informal consultation for the 2025 review of the Statement of Licensing Policy (SoLP) equalities monitoring data

Which of the following best describes your sexual orientation?

80 out of 118 67.8% responded to this question as follows:

Heterosexual / 'Straight'

53.8% (43)

Gay man

18.8% (15)

Bisexual/Bi

8.8% (7)

Lesbian / Gay woman

2.5% (3)

Queer

1.7% (2)

Asexual

0.8% (1)

Prefer not to say

5.1% (6)

No answer

3.8% (3)

Common Themes from the formal consultation:

Training and Policy: Emphasis on staff training for inclusion and awareness, with clear and enforced policies.

Reporting Mechanisms: Support for visible and accessible ways to report discrimination or harassment.

Consistent Inclusivity: Inclusivity should be demonstrated year-round, not just during events like Pride.

Atmosphere and Representation: Welcoming environments through signage, advertising, and inclusive language.

Community Engagement: Suggestions for council support, including night marshals and safer streets

Diverse Views: Some prefer equal treatment for all, while others advocate for proactive inclusion.

How important is it to you that venue staff receive training about LGBTQ+ and TNBI communities?

| Response | Number | % |
|----------------------|--------|-------|
| Very important | 35 | 50.0 |
| Somewhat important | 11 | 15.7 |
| No answer | 10 | 14.3 |
| Not important at all | 8 | 11.4 |
| Not very important | 3 | 4.3 |
| Not sure | 3 | 4.3 |
| Total | 70 | 100.0 |

The policy must have due regard to the PSED. Each application must be considered on its merits. The Licensing Authority must not discriminate on the grounds of sexual orientation.

Under Section 1.9 of our draft SoLP it outlines the following:

Enhanced LGBTQ+ and Inclusion Standards for Licensed Venues

1.9.1 Policy Commitment - Brighton and Hove City Council is unequivocally committed to fostering Inclusive Communities through our council plan. This commitment necessitates comprehensive equality and inclusion frameworks across all council functions, with attention to our licensing responsibilities. Our objective is to measurably enhance quality of life and accessible opportunities for all residents, workers, and visitors, with specific recognition of the historical and ongoing challenges faced by our LGBTQ+ and TNBI (Trans, Non-Binary, and Intersex) communities.

As licensing authority for one of the South East's highest concentrations of licensed venues, we recognise our responsibility to protect vulnerable communities from discrimination while fostering economic vitality and cultural vibrancy

Operational Standards for Licensed Venues - All licensed venues should meet the following minimum standards:

- **Policy Transparency:** Admission and service policies should be documented, publicly accessible, and demonstrably non-discriminatory. While reasonable conditions may apply (dress codes, intoxication restrictions), policies should explicitly prohibit exclusion based on gender expression, gender identity, sexual orientation, perceived sexuality, or other protected characteristics.

- **Staff Training:** All customer-facing personnel should complete training on equality obligations and inclusive service delivery, including LGBTQ+ terminology, pronoun usage, and incident response protocols. Training records should be maintained for inspection.

• **Complaints procedures:** Venues should implement accessible reporting mechanisms for discrimination experiences, with staff trained to address incidents of transphobia, homophobia, and biphobia.

• **Physical Accessibility:** Where structurally feasible, venues should provide gender-neutral facilities and conduct access audits addressing barriers faced by disabled and LGBTQ+ individuals. This framework serves as both a commitment to our diverse communities and an accountability mechanism for measuring progress toward genuine inclusion within Brighton and Hove's licensed venues.

Section 3.4.4(c) - Matrix Approach: LGBTQ+ and TNBI venues explicitly recognized as activities which the Licensing Authority values and wishes to encourage.

Our [draft SoLP](#) states the following under Section 10, **Integration of Strategies:**

In line with statutory requirements and the council's Public Sector Equality Duty, the Licensing Authority shall have due regard to the need to eliminate unlawful discrimination, and to promote equality of opportunity and positive relations between persons of diverse backgrounds.

6.8 Marriage and Civil Partnership:

| | |
|---|---------|
| Does your analysis indicate a disproportionate impact relating to Marriage and Civil Partnership? | YES/ NO |
|---|---------|

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.

Based on a voluntary question from the [2021 Census](#):

Only a third of Brighton & Hove residents (33%, 77,241 people) aged 16 or older are married or in a civil partnership. This is significantly lower than seen in the South East (48%) and England (45%). Among residents married or in a civil partnership, 3,867 residents (5%) are in a same sex marriage or civil partnership.

Among all residents aged 16 or older, 3,867 people (1.6%) are in a same sex marriage or civil partnership. This is three times higher than seen in the South East (0.4%) and England (0.4%) and proportionally the highest number of residents in a same sex marriage or civil partnership in England (upper tier local authorities).

[Census 2021 -](#)

33% of residents aged 16+ are married or in a civil partnership (45%)

52.2% Never married/civil partnership (38%)

2.0% Separated (2%)

8.8% divorced/civil partnership dissolved (9%)

4.2% widowed / surviving civil partnership partner (6%)

From the [Health Counts 2024](#) Survey: 35% selected married or in a civil partnership. Similar to the 2021 Census at 33%

Summit and informal consultation for the 2025 review of the Statement of Licensing Policy (SoLP) equalities monitoring data

What is your legal marital or registered civil partnership status?

80 out of 118 people responded to this question as follows: 67.8%

Never married and never registered in a civil partnership

41.3% (33 choices)

Married

25% (20 choices)

In a registered civil partnership

11.3% (9 choices)

Divorced

7.5% (6 choices)

Separated but still legally married

1.7% (2 choices)

Formerly in a civil partnership which is now legally dissolved

1.3% (1 choice)

Widowed

1.3% (1 choice)

No answer

10% (8 choices)

The review of the SoLP has not identified any disproportionate impact on individuals relating to Marriage or Civil Partnership. The policy is applied consistently and equitably, with no evidence suggesting adverse effects specific to this protected characteristic. The Council remains committed to promoting equality and inclusion across all groups.

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)?

YES/ NO

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 review of the SoLP has identified a few disproportionate impacts on individuals relating to pregnancy, maternity, paternity, adoption, menopause, or (in)fertility across the gender spectrum. The policy is applied in a manner that is consistent with the licensing objectives and equality legislation. Where relevant, the council remains committed to monitoring and responding to any emerging issues through consultation and engagement with affected groups.

Positive impacts:

- Safer night-time economy benefits pregnant women and new parents.
- Public health approach addresses alcohol harm.
- Environmental considerations could support cleaner, healthier environments.

Potential negative impact: policy still lacks specific consideration of pregnancy/maternity needs such as baby-changing facilities and breastfeeding. Family-friendly venue support is also limited

Potential mitigations:

- Include family-friendly provisions in Best Practice Measures
- Encourage baby-changing facilities in larger venues
- Support breastfeeding-friendly licensing conditions
- Consider family-friendly hours in venue mix
- Ensure dispersal policies consider parents with young children

6.10 Armed Forces Personnel, their families, and Veterans:

Does your analysis indicate a disproportionate impact relating to Armed Forces Members and Veterans?

YES/ NO

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.

Census 2021 -

5,600 residents stated on the 2021 Census that they had previously served in the armed forces (2.4% of those aged 16+, England 3.8%).

Our analysis indicates that the SoLP can have a disproportionate impact on Armed Forces Members or Veterans. The policy is designed to be inclusive and applied consistently across all groups. The Council remains committed to supporting the Armed Forces community and will continue to monitor for any potential impacts through ongoing engagement and review.

Positive impacts:

- General public safety and crime reduction measures benefit all residents including armed forces community
- PTSD support services may be accessed through partnership approaches

Potential negative impact:

- No recognition of Armed Forces Covenant or specific needs of armed forces community.
- Veterans with PTSD or mental health conditions may be vulnerable in night-time economy.
- No specific consideration in vulnerability training
- Military ID may not be recognized as valid proof of age

Possible mitigations:

- Reference Armed Forces Covenant in policy
- Include military ID in acceptable proof of age documentation
- Vulnerability training should cover PTSD and military-related mental health
- Staff training on recognizing and supporting veterans in crisis

From the Health Counts 2024 Survey: 1.5% previously served in the regular UK Armed Forces, 0.6% reserve Similar to the 2021 Census at 1.7% (regular) and 0.6% (reserve)

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) | YES / NO |
|--|---------------------|

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.

[From the Health Counts 2024 Survey:](#) 0.4% are a refugee and 0.2% are an asylum seeker No comparative data available

The policy and determination of applications must have due regard to the PSED. Each case must be considered on its-merits.

Positive impacts in the Draft SoLP:

- Section 10.1.1 mentions religious and faith groups in equality commitments.
- Crime prevention targets religiously motivated crimes (11.2)
- Diversity of premises approach (3.4.1) could support venues catering to different faiths
- Non-alcohol-led venues explicitly valued (3.4.4c)

Potential negative impacts:

- Alcohol-focused policy may not reflect needs of abstaining communities
- Consultation list (1.4.1) doesn't explicitly include faith organizations

Potential mitigations:

- Increase engagement with faith organizations in future monitoring and consultation
- Support non-alcohol venues and alcohol-free events
- Staff training on religious/cultural sensitivity (add to 1.9.2 framework)
- Recognize religious festivals and considerations in licensing

Licensed premises might provide job opportunities for migrants, asylum seekers, and refugees who may face barriers in other sectors. Also consider risks of exploitation (including economic) due to vulnerable immigration status or language barriers and potential issues re: legal status and work rights. Language and cultural barriers. Potential risk of risk of trafficking or coerced participation for some individuals.

Should a member of staff, management or a customer have a safeguarding concern regarding potential trafficking or coerced involvement in the industry, there should be an awareness of where to report information. Premises can have a Diversity, Equity and Inclusion (DEI) Policy.

6.12 [Carers](#):

| | |
|--|---------------------|
| Does your analysis indicate a disproportionate impact relating to Carers (Especially considering for age, ethnicity, language, and various intersections). | YES / NO |
|--|---------------------|

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.

Census 2021 -

1 in 12 residents (20,800 people, 7.8%) provide un-paid care (9%).

From the Health Counts 2024 Survey: 16% provide some unpaid care Higher than the 2021 Census at 8%

The review of the SoLP has not identified any disproportionate impact on Carers. While this group may face barriers linked to age, ethnicity, language, or other intersecting factors, the policy is applied consistently and does not directly affect access to services or opportunities for Carers. The Council remains committed to inclusive engagement and will continue to monitor and respond to any emerging concerns through consultation and review processes.

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 / NO

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.

Census 2021 -

At the end of March 2022, there were 382 children aged 0-17, 82 per 10,000, living in care in Brighton & Hove (England 70 per 10,000)

From the Health Counts 2024 Survey: 4% have ever lived in care as a child or young person
This is the first time that this question has been asked. No comparative figure available

The review of the SoLP has not identified any disproportionate impact on looked after children, care leavers, or individuals with care or fostering experience. However, in line with the Council's Corporate Parenting Responsibility, we recognise the importance of safeguarding and promoting the wellbeing of these individuals. The licensing objective of protecting children from harm supports this commitment, and the Council will continue to monitor and engage with relevant stakeholders to ensure inclusive and supportive policy outcomes.

6.14 Homelessness:

Does your analysis indicate a disproportionate impact relating to people experiencing homelessness, and associated risk

YES / NO

and vulnerability? (Especially considering for age, veteran, ethnicity, language, and various intersections)

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.

[From the Health Counts 2024 Survey](#): 0.9% live in temporary or emergency accommodation. This is the first time these results are able to be presented in Health Counts

The city's homeless population in June 2024 was 3,580 people or 1.3% of the city's population. Most of these were living in temporary accommodation. This figure is from [the 'Review of homelessness in Brighton & Hove 2025'](#)

The review of the SoLP does not indicate a disproportionate impact on people experiencing homelessness. However, in line with a ['Review of homelessness in Brighton & Hove 2025'](#), the Council recognises that homelessness disproportionately affects vulnerable groups and intersects with factors such as age, ethnicity, disability, and veteran status. The licensing objectives—particularly public safety and the protection of children from harm—support the council's commitment to safeguarding and inclusive practice.

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/ NO

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 policy must have due regard to the PSED. Each application must be considered on its merits.

The review of the Statement of Licensing Policy under the Licensing Act 2003 has not identified any disproportionate impact on survivors of domestic abuse or individuals in vulnerable situations. However, the Council recognises its duty to safeguard and support vulnerable groups, and acknowledges that intersectional factors such as age, ethnicity, language, and socio-economic status may influence experiences of harm. The licensing objective of protecting children from harm, alongside public safety, supports this commitment. The Council will continue to apply its [Corporate Parenting Responsibility](#) and work with partners to ensure the policy remains inclusive, trauma-informed, and responsive to emerging needs.

The [draft SoLP](#), states the following: The Licensing Authority expect licensed premises to develop staff policy and training on recognising signs of drunkenness, spiking and vulnerability, for example, offering drinking water and tips for refusing customers who appear drunk. And discourage company policies that promote bonuses and sales incentives for selling alcohol. Licensing Authority will expect necessary precautionary processes to restrict drunkenness.

It further goes on to outline Safeguarding Initiatives under Section 4:-

Violence Against Women and Girls (VAWG).

The Community Safety Partnership also oversees the Violence Against Women and Girls (VAWG) Strategy as part of their remit. They can be contacted at VAWG.Unit@brighton-hove.gov.uk for information and training on VAWG related issues.

Brighton and Hove supports the White Ribbon campaign and the Licensing Authority would encourage all licensed premises to promote the 'White Ribbon Promise' to never commit, excuse or remain silent about violence against women and girls. Training and support is available to support premises to take action, further information regarding training can be obtained from VAWG.unit@brighton-hove.gov.uk. Accreditation is still in progress for BHCC.

Vulnerability Training

Additional training in safety measures and vulnerability for the night time economy.

Training has previously been delivered by Sussex Police in conjunction with the Brighton Crime Reduction Partnership (BCRP) to staff working within the night-time economy to provide them with knowledge of vulnerability and ensure they understand their responsibilities and duty of care to vulnerable people including actions that must be taken to reduce identified risk.

Training carried out or provided to venues should include:

- **Vulnerability Identifiers and Initiatives** - These include what to look for and how to identify if a person is vulnerable or has become vulnerable throughout an evening. It may include schemes such as 'Ask for Angela' which is an initiative for persons that are feeling uneasy in a night time economy venue and need a safe way of leaving.

The individual can approach a member of bar staff and ask for Angela and the staff will know this person needs some help getting out of a situation they don't feel safe or comfortable in. This could be calling them a taxi or a friend or family member to come and collect them.

- **Drink Spiking** - The BCRP have facilitated a number of training sessions for bar staff and management around how to respond to a spiking incident. This remains an ongoing concern in the night time economy and venue staff/night time economy workers should be encouraged to engage in continual learning around this.
- High risk venues will need to have a clear and actionable policy in place to prevent and respond to drink spiking. This includes staff training, procedures for reporting incidents, and support for victims.
- The Home Office Spiking Team also offer free training to people working in the nighttime economy. Further details can be found via the following link: [Spiking Awareness Training Tickets, Multiple Dates | Eventbrite](#)
- **Safety-First Door Policy:** Venues will no longer be allowed to eject vulnerable individuals, especially lone adults, without care. Whether someone is intoxicated, separated from their group, or simply in need of help, venues must act responsibly.

Premises should make themselves aware of the: Night Time Industry Association (NTIA) standards of good practice for dealing with spiking and having a duty of care for customers as well as integrate with other safety related initiatives in the city. [Guidance & Best Practice - NTIA](#)

Partner Agency Initiatives

Safe Space

Safe Space, run by Change Grow Live (CGL), runs throughout the year on Fridays and Saturdays (23.30-04.00Hrs) from its base in St Pauls Church, West Street. The project provides a safe place for users of the night time economy who are rendered more vulnerable due to alcohol and/or drug use, or through physical injury or emotional distress. Safe Space regularly provides emotional support to distressed people, including delivering suicide prevention interventions and safety planning (through the ASIST model). First Aid is provided with emotional and practical support from the CGL team. subject to funding, CGL may also deploy a mobile outreach team along the seafront, providing an immediate response to vulnerable individuals and, where safe to do so, transporting them to St Paul's Church. Mobile teams also operate on New Year's Eve in the Kemp Town and East Street areas. The Safe Space initiative also contributes positively to reducing the need for police and medical intervention.

Further safety and partner agency initiatives can be found in our [draft SoLP](#) from 4.3.2 such as; Beach Patrol, Street Pastors, the Nightlife Safety Advocates (NSA) scheme, Operation Marble, Night Safety Marshals and the Brighton Crime Reduction Partnership (BCRP).

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/ NO

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 review of the SoLP has not identified any disproportionate impact on individuals experiencing socio-economic disadvantage. While these groups may face broader systemic barriers, the policy is applied consistently and does not directly restrict access or participation. The Council remains mindful of intersectional inequalities and is committed to inclusive engagement, ensuring that licensing decisions support public safety and community wellbeing without exacerbating disadvantage.

6.17 Human Rights:

Will your activity have a disproportionate impact relating to Human Rights?

YES/ NO

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 review of the SoLP does not indicate any disproportionate impact on Human Rights. The policy is designed to uphold the principles of fairness, transparency, and equality, and is applied consistently in line with the Human Rights Act 1998. The licensing objectives—particularly public safety, prevention of public nuisance and the protection of children from harm—support the Council's commitment to safeguarding individual rights. The Council will continue to ensure that licensing decisions respect and promote human rights across all communities and supports fairness and transparency. Key articles potentially engaged include Article 6 (right to a fair hearing), Article 8 (the right to respect for private and family life), Article 10 (freedom of expression), and Article 1 of Protocol 1 (protection of property).

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 being housebound due to disabilities or disabling circumstances
 - Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
 - 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 Licensing Policy could have complex impacts on several intersecting groups:

- Young adults from low-income backgrounds who frequent licensed premises
- Older residents living near venues who may have mobility or health concerns
- People with certain disabilities who may require specific accommodations to access licensed venues
- People experiencing homelessness who may gather near premises selling alcohol
- Residents in more deprived areas where there may be higher concentrations of licensed premises
- Families with children living in proximity to licensed venues
- Religious communities whose beliefs may conflict with alcohol consumption or certain entertainment

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) Develop an equality-focused consultation approach to gather specific data on licensing impacts.

- We will have targeted consultation questions addressing potential equality impacts as part of any SoLP consultations.
- We will include more detailed questions targeting protected characteristic and additional groups that we have identified as gaps in engagement (Armed Forces, carers, migrants, the homeless etc.)

This will happen when we next consult of any changes to the 2026 SoLP in coming years, there is no current timeline for this although as a minimum, the Licensing Act 2003 states that SoLPs must be reviewed at least every five years, however it is likely it will be reviewed before this to assess the latest review.

2) We will ensure consultation materials are accessible in multiple formats and languages as needed - having checked with our Digital Engagement and Insight Officer Your Voice fully complies with Web Content Accessibility Guidelines (WCAG) 2.2

This is all in the [Your Voice guide](#)

3) Review policy wording to ensure it supports equality considerations

4) Include specific sections on accessibility requirements for licensed premises

5) Add guidance on preventing discrimination in licensed venues

6) Incorporate safeguarding measures for vulnerable groups

7) Consider the needs of different communities in relation to licensed activities.

This will be reviewed on completion and publication of the final 2026 SoLP due to be published in January 2026.

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.

The identified actions will be transferred to:

- Licensing Service Plan
- The council's Fair and Inclusive Action Plan (FIAP)

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. | X |
| 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. | |

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:

The initial assessment suggests the Statement of Licensing Policy Review 2026 can proceed with specific attention to gathering more comprehensive equality data through the future consultation process. While no immediate disproportionate impacts have been identified, the licensing team will implement targeted consultation methods to ensure diverse voices are heard and ensure that any potential equality issues are addressed in the final policy. The licensing objectives already include "protection of children from harm," which is a positive equality consideration. The policy review will incorporate specific considerations around accessibility, community safety for vulnerable groups, and preventing discrimination in licensed premises.

9. Publication

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

This EIA will be published alongside consultation materials for the Statement of Licensing Policy Review 2026 and with committee papers when the policy is presented for approval.

10. Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|---------------------------|--|-----------------|
| Responsible Lead Officer: | Sarah Cornell, Senior Licensing Officer and Emily Fountain, Licensing Officer | 23.10.25 |
| Accountable Manager: | Alex Evans, Licensing Team Leader | 23.10.25 |

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

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 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. Budget and Staffing EIAs secure EDI Manager and HEad of Service level approval via different templates.

| Signatory: | Name: | Date: DD-MMM-YY |
|-----------------------|----------------|-----------------|
| EDI Business Partner: | Zofia Danin | 23-Oct-25 |
| EDI Manager: | Deborah Totney | 24 October 2025 |

Notes and recommendations from EDI Business Partner reviewing this assessment:

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