

Budget Equality Impact Assessment (EIA) 2026/27 – Service Users

The Budget EIA process is a legal duty supporting good financial decision-making. It assesses how proposals may impact on specific groups differently (and whether/how negative impacts can be reduced or avoided) so that these consequences are explicitly considered. Decisions must be informed by accurate, well-informed assessment of likely impacts so that they are fair, transparent, and accountable. Budget EIAs provide a record of this assessment and consideration. Members are referred to the full text of s149 of the Equality Act 2010 – included at the end of this document – which must be considered when making decisions on budget proposals.

| Equality impact assessments describing impacts on service-users | | |
|--|---|----------------|
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Budget Proposal: EIA 1

| | |
|---|--|
| Title of budget saving being assessed: | Budget savings for Acorn, Cherry Tree and Jump Start nurseries |
| Name and title of officer responsible for this EIA: | Vicky Jenkins Childcare Strategy Manager |
| Directorate and Service Name: | Families, Children and Wellbeing |

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

The proposal is to make a saving across Acorn, Cherry Tree and Jump Start nurseries through increases in nursery income via the DSG and anticipated increase in child numbers with the extension of early years entitlements to younger children.

Proposed savings for 2026/27
 Acorn £90,000
 Cherry Tree £60,000
 Jump Start £10,000

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

Acorn is a 60-place nursery based on the same campus as North Portslade family hub offering free early learning (the early years free entitlement, EYFE) and paid-for nursery provision to children aged 0 to 4.

Cherry Tree is a 50-place nursery based in Hollingdean Family hub offering EYFE and paid for provision to children aged 0 to 4

Jump Start is a 34-place nursery based in Moulsecoomb Family hub offering EYFE and paid for nursery provision to children aged 2 to 4

There is a far greater proportion of disadvantaged children attending all three nurseries compared with other nurseries in the city.

Savings will be made through increased dedicated schools' grant early years block income and an increase in child numbers. There will be no impact on the offer for children

Consultation, engagement and supporting EIAs

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

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

None - there is no change to nursery provision

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

There are proposed changes to Roundabout nursery but the potential impacts are not the same

Current data and impact monitoring

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

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

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

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

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

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

Data not available

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

The impact of the proposal will be collected in termly early years census data. It will also be monitored through the annual audit of the nursery’s EYFE offer and in the Childcare Sufficiency Assessment.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|--|--|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | No | |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | No | |
| Ethnicity, ‘Race’, ethnic heritage including Gypsy, Roma, Travellers | No | |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | |
| Gender and Sex including non-binary and intersex people | No | |
| Gender Reassignment | No | |
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No | |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for | No | |

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

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

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

Cumulative impacts

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

| |
|--|
| There are proposed changes to Roundabout nursery but this will not impact changes to the nurseries covered in this EIA |
|--|

Action planning

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

Outcome of your assessment

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

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

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

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

| | |
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| Proposal's impact score: | 1 = No current impact upon staffing or delivery the saving is going to be achieved through additional income and an increase in child numbers. |
|--------------------------|--|

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|---------------------------|--|-------------------------------|
| Responsible Lead Officer: | Vicky Jenkins Childcare Strategy Manager | 12 th January 2026 |
| Accountable Manager: | Georgina Clarke-Green | 12 th January 2026 |

Budget Proposal: EIA 2

| | |
|--|---|
| Title of budget saving being assessed: | Transfer of Roundabout nursery to an alternative early years provider |
| Name and title of officer responsible for this EIA: | Vicky Jenkins Childcare Strategy Manager |
| Directorate and Service Name: | Families, Children and Wellbeing |

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

The proposal is to transfer Roundabout nursery to an alternative provider

Proposed saving

£50,000 2026/27, £215,170 2027/28, £100,000 2028/29

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

Roundabout is an 86-place nursery based on the same campus as Whitehawk Family Hub offering free early learning (the early years free entitlement, EYFE) and paid-for nursery provision to children aged 0 to 4.

There is a far greater proportion of disadvantaged children attending Roundabout nursery compared with other nurseries in the city.

In order to limit negative impacts for nursery users the proposal is to transfer to an alternative provider under a service specification to offer the same provision in terms of age range of children and hours and weeks of operation as Roundabout and with same EYFE offer so that parents can continue to access nursery provision without additional charges.

Consultation, engagement and supporting EIAs

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

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

None – at present the proposal is confidential

However, should an alternative provider be identified there will be full consultation with staff and parents

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

There is a budget EIA for Acorn, Cherry Tree and Jump Start nurseries but there are no identified impacts in this

Current data and impact monitoring

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

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

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

| | |
|---|----------------|
| Socio-economic Disadvantage | Yes |
| Homelessness and associated risk and vulnerability | No |
| Human Rights | Not applicable |
| Another relevant group (please specify here and add additional rows as needed) | Not applicable |

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

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

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

Data not available

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

The impact of the proposal will be collected in termly early years census data. It will also be monitored through the annual audit of the nursery’s EYFE offer and in the Childcare Sufficiency Assessment.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|---|--|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes | Roundabout nursery is for children aged 0 to 4. In autumn 2025 there were 91 children on roll and 84.6% of children at Roundabout came from the local area (BN2 5 postcodes). Ongoing provision in Whitehawk & Marina will be retained in the proposal |

| | | |
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| | | which is important because there is less childcare provision in the ward compared with other areas of the city (7.2 children per early years place in Whitehawk & Marina, compared with two children per early years place city-wide). See Childcare Sufficiency Assessment 2025 |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | 12.1% of children at Roundabout had SEND compared with 1.5% of children at private, voluntary and independent (PVI) provision (autumn 2025). Parents of children with SEND have more difficulty finding childcare than those without SEND and are less satisfied with childcare provision see Childcare Sufficiency Assessment 2025. The proposal retains childcare provision on the same basis to reduce negative impacts |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | Yes | 38.3% of three- and four-year-old children at Roundabout were BME, compared with 23.7% of children at PVI provision (summer 2025) The proposal retains childcare provision on the same basis in order to reduce negative impacts |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | |
| Gender and Sex including non-binary and intersex people | Yes | Impact on both male and female parents and carers who use nurseries so that they can work. Women are significantly more impacted to changes in early years provision than men because they usually arrange early years care for their children, and the cost of nursery frequently comes from the |

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| | | <p>woman's salary in a two-parent heterosexual household</p> <p>97% of permanent employees at Roundabout nursery are female.</p> <p>Staff transferring to a new provider would have rights under TUPE</p> |
| Gender Reassignment | No | |
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | Yes | <p>Childcare availability is of greater importance to pregnant women, those on maternity and adoption leave than the general population, particularly now that EYFE is available to the children of working parents from the age of nine months</p> <p>The proposal retains childcare provision on the same basis in order to reduce negative impacts</p> |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | Yes | <p>Children from these groups may find it harder to access childcare because they are less likely to be able to travel to alternative provision away from their community; they are also less likely to be eligible for EYFE from the age of nine months and therefore may face greater challenges finding suitable provision</p> <p>The proposal retains childcare provision on the same basis to reduce negative impacts</p> |
| Carers considering for age, language, and various intersections | Yes | <p>Non-parents and guardians may assume responsibility for younger children and so there is reliance on these in the wider family/support network</p> |

| | | |
|---|-----|---|
| | | The proposal retains childcare provision on the same basis to reduce negative impacts |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | No | |
| Domestic and/or sexual abuse and violence survivors | No | |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | Yes | Children attending Roundabout nursery are significantly more disadvantaged than children attending PVI nurseries in the city. 42.9% of children at Roundabout received Early Years Pupil Premium (EYPP), compared with 10% of children in PVI provision (autumn 2025). The proposal retains childcare provision on the same basis to reduce negative impacts |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | No | |
| Human Rights | No | |
| Another relevant group (please specify here and add additional rows as needed) | No | |

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

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

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

Cumulative impacts

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

There is a budget EIA for Acorn, Cherry Tree and Jump Start nurseries but there are no identified impacts in this

Action planning

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

| |
|---|
| 1. SMART action 1: Ensure that service specifications for alternative providers taking over Roundabout require the current offer of provision to remain in place so that EYFE continues to be available to local parents and children on the same basis as at present |
| 2. SMART action 2: Ensure that service specifications for alternative providers taking over Roundabout requires provision which meets the needs of disadvantaged communities and those with protected characteristics as they are met at present. |
| 3. SMART action 3: The same terms and conditions for staff will remain in place through TUPE. |
| 4. SMART action 4: All families to be supported by Family Hubs to access places in other nurseries should they so wish. |

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|--|-------------------------------|
| Responsible Lead Officer: | Vicky Jenkins Childcare Strategy Manager | 12 th January 2026 |
| Accountable Manager: | Georgina Clarke-Green | 12 th January 2026 |

Budget Proposal: EIA 3

| | |
|--|---|
| Title of budget saving being assessed: | Front Door for Families reduction |
| Name and title of officer responsible for this EIA: | Kirsty Hanna, Director, Family Help and Protection |
| Directorate and Service Name: | Families, Children & Wellbeing, Safeguarding and Care |

Briefly describe the budget saving proposal:

A reduction in the staffing establishment of 1.0 FTE – currently vacant - in the Front Door for Families. Contacts have reduced by 13%, therefore this reduction can be managed without significantly impacting service performance in providing children safeguarding services to the city in a timely way.

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

This reduction in budget may impact on the response to referrals to the Front Door for Families regarding Children’s Social Care. Black and Global majority children, including separated children arriving in the UK, are over-represented in this cohort and so, if there was an impact, they would be disproportionately affected. A significant number of the children referred to the service are also disabled, neurodivergent and/or experiencing mental health issues so they would also be disproportionately impacted.

Consultation, engagement and supporting EIAs

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

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

No consultation planned as no significant impact identified.

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

Extended Adolescent Service.

Current data and impact monitoring

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

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

| | |
|--|-----|
| Age | YES |
| Disability and inclusive adjustments, coverage under equality act and not | YES |

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

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

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

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

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

Not applicable

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

This will be monitored through the Senior Leadership Team performance meeting as well as the Front Door for Families Management meeting

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [Census](#) and [local intelligence data](#)
 - Service specific data
 - Community consultations
 - Insights from customer feedback including complaints and survey results
 - Lived experiences and qualitative data
 - [Joint Strategic Needs Assessment \(JSNA\) data](#)
 - [Health Inequalities data](#)
 - Good practice research
 - National data and reports relevant to the service
 - Workforce, leaver, and recruitment data, surveys, insights
 - Feedback from internal ‘staff as residents’ consultations
 - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
 - Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

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

| | State Yes or No | If no impact is identified, briefly state why. |
|--|------------------------|--|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | yes | All the young people this will impact will be under 18 and will be among the most vulnerable children in society, experiencing trauma and vulnerability |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | yes | Many of the young people requiring support will be disabled, neurodivergent and / or experiencing mental health issues. |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | yes | Black and Global Majority Children are over-represented in our services and this is especially the case for children of mixed heritage or from Gypsy, Roma, Traveller backgrounds. |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | no | |
| Gender and Sex including non-binary and intersex people | Yes | A number of children in our services identify as non-binary or trans. These young people will often also have additional complex needs and vulnerability and may require support from social care. |
| Gender Reassignment | N/a | N/a |
| Sexual Orientation | N/a | N/a |
| Marriage and Civil Partnership | N/a | N/a |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | yes | Social care services support families during pregnancy and early infancy |
| Armed Forces Personnel, their families, and Veterans | N/a | N/a |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | yes | Social care services support separated children arriving in the UK and so reduction in these services may have a disproportionate impact for these children |

| | | |
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| Carers considering for age, language, and various intersections | yes | Young people accessing social care are more likely to be young carers and so reduction in these services may have a disproportionate impact for these children |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | yes | Social care services support children in care and care leavers and so reduction in these services may have a disproportionate impact for these children |
| Domestic and/or sexual abuse and violence survivors | yes | Young people in social care services are more likely to have come from families that have experienced domestic violence and are more likely to experience this in their own relationships |
| Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections | yes | Young people accessing social care services are more likely to have come from families in poverty, therefore any cuts in adolescent services will impact on those children affected by childhood poverty |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | yes | Young people accessing the social care services are often at risk of homelessness and so reduction in these services may have a disproportionate impact for these children |
| Human Rights | n/a | n/a |
| Another relevant group: Substance misuse | Yes | Young people accessing social care services are more likely to have come from families who have experienced substance misuse and are more likely to have experienced these issues themselves |

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

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

- Sex workers

Cumulative impacts

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

Savings against the Front Door for Families will impact on the service's ability to deal with referrals for families at risk. This may be worsened by other proposed reductions in the Family Help and Protection establishment, leading to the risk of an increase in the number of young people experiencing significant harm and escalating through the service, worsening the impact of these budget proposals. The specific proposals raised in this EIA will be mitigated by the fall in contacts to the Front Door for Families recently – a 13.5% in the year up to the end of September 2025.

Action planning

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

1. SMART action 1: We are a demand led service and are therefore not able to reduce the demand as such. While we do everything possible to prevent children requiring our support, at times children will need to be safeguarded. By July 2026, we will implement the Families Transformation. Families First is a national programme led by the Department for Education (DfE). The overall aims of Families First are to refocus the children's social care system on prevention and to ensure that there is a robust multi-agency child protection system in place. As part of Families First we will create Family Help pods that focus on targeted early help and social work support, as well as creating a Multi-Agency Child Protection Team, which will have oversight of child protection decisions. One of the expected outcomes of Families First is that it will lead to a reduction in demand for high level services and this would include a reduction in referrals, and especially re-referrals, to our services in the longer term.
2. SMART action 2: By July 2026, as part of Families First Transformation we will create roles focused on prevention that support families to create sustainable change and reduce the number of re-referrals to the Front Door for Families.

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|----------------------------|------------------------|
| Responsible Lead Officer: | Kirsty Hanna | 24.10.25 |
| Accountable Manager: | Kirsty Hanna | 24.10.25 |

Budget Proposal: EIA 4

| | |
|--|---|
| Title of budget saving being assessed: | Extended Adolescent Service reduction |
| Name and title of officer responsible for this EIA: | Kirsty Hanna, Director, Family Help and Protection |
| Directorate and Service Name: | Families, Children & Wellbeing, Safeguarding and Care |

Briefly describe the budget saving proposal:

A £50,000 saving on the Extended Adolescent Service, through reduction of a 1.0fte post currently vacant. This savings proposal could lead to less direct support to vulnerable teenagers. The service aims to keep children out of care; therefore, the risk is that more children enter care if this service is depleted. This will be older children as the Extended Adolescent Service works with 11+, these placements tend to be more expensive and far more likely to be high cost residential.

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

This reduction in budget will impact on young people who are supported by the specialist adolescent service. This service supports the young people who are in care or who are at risk of significant harm. This includes young people at risk of criminal exploitation. Black and Global majority young people are over-represented in this cohort and so will be disproportionately affected. A significant number of the young people in the service are also disabled, neurodivergent and / or experiencing mental health issues so will also be disproportionately impacted. Young people open to the service are impacted by complex problems and trauma, including substance misuse.

Consultation, engagement and supporting EIAs

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

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

No consultation is planned, however work has been undertaken and continues with social work teams and managers to look at how we reduce the number of children and young people needing support from the Extended Adolescent Service, as well as work with external partners including Health to reduce the demands

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

None

Current data and impact monitoring

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

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

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

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

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

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

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

Not applicable

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

This will be monitored through the Senior Leadership Team performance meeting as well as the Adolescent Violence and Risk Management meeting

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [Census](#) and [local intelligence data](#)
 - Service specific data
 - Community consultations
 - Insights from customer feedback including complaints and survey results
 - Lived experiences and qualitative data
 - [Joint Strategic Needs Assessment \(JSNA\) data](#)
 - [Health Inequalities data](#)
 - Good practice research
 - National data and reports relevant to the service
 - Workforce, leaver, and recruitment data, surveys, insights
 - Feedback from internal ‘staff as residents’ consultations
 - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
 - Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

| Assess impact for different population groups | Is there a possible disproportionate | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples |
|---|--------------------------------------|---|
| | | |

| | negative impact? | intersecting identities e.g. disabled women of faith OR State Yes or No If no impact is identified, briefly state why. |
|--|-------------------------|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | yes | All the people this will impact will be under 18 and will be among the most vulnerable children in society, experiencing trauma and vulnerability |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | yes | Many of the young people supported by the service are also disabled, neurodivergent and / or experiencing mental health issues |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | yes | Black and Global Majority Children are over-represented in our services and this is especially the case for children of mixed heritage or from Gypsy, Roma, Traveller backgrounds. |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | no | no disproportionate impact for this group |
| Gender and Sex including non-binary and intersex people | Yes | A number of children in our services identify as non-binary or trans. These young people will often also have additional complex needs and vulnerability and may require support from the adolescent service. |
| Gender Reassignment | N/a | N/a |
| Sexual Orientation | Yes | LGBTQ+ young people will often also have additional needs and vulnerability |
| Marriage and Civil Partnership | N/a | N/a |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | N/a | N/a |
| Armed Forces Personnel, their families, and Veterans | N/a | N/a |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, | yes | n/a |

| | | |
|--|-----|--|
| language, and various intersections | | |
| Carers considering for age, language, and various intersections | n/a | Young people accessing the adolescent service are more likely to be young carers |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | yes | n/a |
| Domestic and/or sexual abuse and violence survivors | yes | Young people in the adolescent service are more likely to have come from families that have experienced domestic violence and are more likely to experience this in their own relationships |
| Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections | yes | Young people accessing the adolescent service are more likely to have come from families in poverty, therefore any cuts in adolescent services will impact on those children affected by childhood poverty |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | n/a | Young people accessing the adolescent service are often at risk of homelessness |
| Human Rights | n/a | n/a |
| Another relevant group: Substance misuse | Yes | Young people accessing the extended adolescent service are more likely to have come from families who have experienced substance misuse and are more likely to have experienced these issues themselves |

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

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

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

Cumulative impacts

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

Savings against the Family Help and Protection establishment may impact on the support for children and families and lead to an increase in the number of young people accessing the adolescent service and worsening the impact of these budget proposals.

Action planning

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

SMART action 1: We are a demand led service and are therefore not able to reduce the demand as such. While we do everything possible to prevent children requiring our support, at times children will need to be safeguarded. By July 2026, we will implement the Families Transformation. Families First is a national programme led by the Department for Education (DfE). The overall aims of Families First are to refocus the children’s social care system on prevention and to ensure that there is a robust multi-agency child protection system in place. As part of Families First we will create Family Help pods that focus on targeted early help and social work support, as well as creating a Multi-Agency Child Protection Team, which will have oversight of child protection decisions. One of the expected outcomes of Families First is that it will lead to a reduction in demand for high level services and this would include a reduction in high level need in the adolescent service.

SMART action 2: As part of Families First, by July 2026, we will create Youth Keyworker roles in the Adolescent Service to reduce demand on the Extended Adolescent Service.

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|----------------------------|------------------------|
| Responsible Lead Officer: | Kirsty Hanna | 24.10.25 |
| Accountable Manager: | Kirsty Hanna | 24.10.25 |

Budget Proposal: EIA 5

| | |
|--|---|
| Title of budget saving being assessed: | Partners in Change Hub |
| Name and title of officer responsible for this EIA: | Kirsty Hanna, Director, Family Help and Protection |
| Directorate and Service Name: | Families, Children & Wellbeing, Safeguarding and Care |

Briefly describe the budget saving proposal:

A 0.8 FTE reduction in the Partners in Change Hub staffing establishment. The Partners in Change Hub supports social work practice providing direct interventions to families and supporting Social Work Students and newly qualified social workers. The number of newly qualified social workers employed has decreased over the last 2 years.

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

This reduction in budget will impact on the support to social workers and keyworkers who are providing support to families from a targeted early help stage, through child in need work, child protection plans and children in care. Tasks will need to be re-distributed within the Partners in Change Hub and this will impact on their workload. Black and Global majority children, including unaccompanied asylum-seeking children, are over-represented in this cohort and so will be disproportionately affected. A significant number of the children in the service are also disabled, neurodivergent and / or experiencing mental health issues so will also be disproportionately impacted.

Consultation, engagement and supporting EIAs

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

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

No consultation is planned.

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

Extended Adolescent Service.

Current data and impact monitoring

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

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

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

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

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

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

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

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

Not applicable

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

This will be monitored through the Senior Leadership Team performance meeting as well as the Partners in Change Management meeting

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [Census](#) and [local intelligence data](#)
 - Service specific data
 - Community consultations
 - Insights from customer feedback including complaints and survey results
 - Lived experiences and qualitative data
 - [Joint Strategic Needs Assessment \(JSNA\) data](#)
 - [Health Inequalities data](#)
 - Good practice research
 - National data and reports relevant to the service
 - Workforce, leaver, and recruitment data, surveys, insights
 - Feedback from internal ‘staff as residents’ consultations
 - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
 - Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

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

| | State Yes or No | If no impact is identified, briefly state why. |
|--|-----------------|--|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | yes | All the people this will impact will be under 18 and will be among the most vulnerable children in society, experiencing trauma and vulnerability |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | yes | Many children and young people in our services are disabled, neurodivergent and / or experiencing mental health issues. |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | yes | Black and Global Majority Children are over-represented in our services and this is especially the case for children of mixed heritage or from Gypsy, Roma, Traveller backgrounds. |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | no | |
| Gender and Sex including non-binary and intersex people | Yes | A number of children in our services identify as non-binary or trans. These young people will often also have additional complex needs and vulnerability |
| Gender Reassignment | N/a | N/a |
| Sexual Orientation | N/a | N/a |
| Marriage and Civil Partnership | N/a | N/a |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | yes | Social care services support families during pregnancy and early infancy |
| Armed Forces Personnel, their families, and Veterans | N/a | N/a |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | yes | Social care services support separated children arriving in the UK and so reduction in these services may have a disproportionate impact for these children |
| Carers considering for age, language, and various intersections | yes | Young people accessing social care are more likely to be young carers and so reduction in |

| | | |
|--|-----|--|
| | | these services may have a disproportionate impact for these children |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | yes | Social care services support children in care and care leavers and so reduction in these services may have a disproportionate impact for these children |
| Domestic and/or sexual abuse and violence survivors | yes | Young people in social care services are more likely to have come from families that have experienced domestic violence and are more likely to experience this in their own relationships |
| Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections | yes | Young people accessing social care services are more likely to have come from families in poverty, therefore any cuts in adolescent services will impact on those children affected by childhood poverty |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | yes | Young people accessing the social care services are often at risk of homelessness and so reduction in these services may have a disproportionate impact for these children |
| Human Rights | n/a | n/a |
| Another relevant group: Substance misuse | Yes | Young people accessing social care services are more likely to have come from families who have experienced substance misuse and are more likely to have experienced these issues themselves |

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

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

Cumulative impacts

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

Savings against the Partners in Change Hub and Professional Education Consultants will impact on the support for social workers to make a difference for families and this will be worsened by other proposed reductions in the Family Help and Protection establishment, such as loss of a post in the Extended Adolescent Service, leading to the risk of an increase in the number of young people experiencing significant harm and escalating through the service, worsening the impact of these budget proposals.

Action planning

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

SMART action 1: We are a demand led service and are therefore not able to reduce the demand as such. While we do everything possible to prevent children requiring our support, at times children will need to be safeguarded. By July 2026, we will implement the Families Transformation. Families First is a national programme led by the Department for Education (DfE). The overall aims of Families First are to refocus the children's social care system on prevention and to ensure that there is a robust multi-agency child protection system in place. As part of Families First we will create Family Help pods that focus on targeted early help and social work support, as well as creating a Multi-Agency Child Protection Team, which will have oversight of child protection decisions. One of the expected outcomes of Families First is that it will lead to a reduction in demand for high level services and this would include a reduction in need from the Partners in Change Hub and recruitment of newly qualified social workers.

SMART action 2: By July 2026, we will create Change Practitioner roles in the Partners in Change Hub to help reduce demand on children's social care.

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|----------------------------|------------------------|
| Responsible Lead Officer: | Kirsty Hanna | 24.10.25 |
| Accountable Manager: | Kirsty Hanna | 24.10.25 |

Budget Proposal: EIA 6

| | |
|--|--|
| Title of budget saving being assessed: | Reduction of Youth Arts programme |
| Name and title of officer responsible for this EIA: | Kirsty Hanna |
| Directorate and Service Name: | Families, Children and Wellbeing |

Briefly describe the budget saving proposal:

The proposal is to reduce the Youth Arts Programme through change to staffing establishment: removal of 0.8 FTE, currently vacant. The Youth Participation Team provide a range of services for children and young people who are/have been in care or receiving social work support; this includes youth advocacy, Children in Care Council, Independent Visitor Programme. The service also provides an accredited Youth Arts Programme and wider participation activities, e.g. Youth Council, Youth Wise.

The Youth Arts Award Programme targets young people aged 11 to 19 years (SEND up to 25 years) particularly Children in Care (CiC), Care leavers (with SEND) or young people who are emotionally distressed and are disengaged from education, training or employment. The staff (1.21fte) deliver and accredit the bronze, silver & Gold awards and their aim is to improve mental health and to re-engage the young people into education, training and increase employment opportunities

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

This would result in a loss of opportunity for the most vulnerable children living in the city, including CiC, who are disengaged from education, to achieve a nationally accredited award and reintegrate them back into education, training or employment.

15 young people have been supported since April 2025.

In addition to CiC, the information provided highlights that young people aged 11 to 19 years (SEND up to 25 years), particularly LGBTQ+ young people, those living in poverty, young people with poor mental health, young women and young people with SEND will be disproportionately impacted.

Consultation, engagement and supporting EIAs

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

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

There has been no consultation but there is an ongoing youth review taking place between September and December 2025

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

N/A

Current data and impact monitoring

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

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

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

| | |
|---|--|
| Another relevant group (please specify here and add additional rows as needed) | Yes Children not engaged with education |
|---|--|

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

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

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

Data for children in care and children open to Family Help will be considered at performance boards

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

Via monitoring if the virtual school team are reaching this targeted group and if they are able to offer alternative programmes, numbers, demographics and accreditations gained will be evaluated within this service.

Through the SEND and Alternative Provision change programme.

The Youth Participation team will monitor requests/referrals for support within the groups of young people adversely affected, the numbers of request that can be referred on to other services and report any gaps in support for those young people.

Possible increase in complaints if the service is no longer available/ further limiting options for those very vulnerable groups of young people, as listed previously.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|---|--|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes | This project targets young people aged 11 to 19 years (SEND up to 25 years). There would be reduction in the number of young people being supported to achieve a nationally accredited award and reintegrate them back into education, training or employment |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, | Yes | The award is carefully tailored and delivered to meet each individual young person’s needs, resulting in a high level of success in engaging |

| | | |
|---|-----|--|
| neurodiverse people, people with non-visible disabilities. | | and sustaining participation from disabled young people and particularly autistic young people. |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | Yes | Black and Global Majority Children are over-represented in our services and this is especially the case for children of mixed heritage or from Gypsy, Roma, Traveller backgrounds. |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | |
| Sex | Yes | The Arts Award predominantly supports young women who could be disproportionately impacted with the reduction |
| Gender Reassignment | Yes | A number of trans and non-binary young people use the service |
| Sexual Orientation | Yes | A number of children in care identify as LGBTQ and these young people will often also have additional needs and vulnerability |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No | |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | |
| Carers considering for age, language, and various intersections | Yes | Young people accessing social care are more likely to be young carers |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, | Yes | The programme supports young people from these groups who could be impacted by the reduction |

| | | |
|---|-----|--|
| language, and various intersections | | |
| Domestic and/or sexual abuse and violence survivors | Yes | Young people in social care services are more likely to have come from families that have experienced domestic violence |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | Yes | Young people accessing social care services are more likely to have come from families in poverty |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | No | |
| Human Rights | No | |
| Another relevant group (please specify here and add additional rows as needed) | Yes | <p>This programme targets young people presenting with emotional distress (poor mental health), CiC, Care Leavers (with SEND) and other vulnerable young people that are disengaged from education, training or employment. This would reduce the number being supported to achieve a nationally accredited award and reintegrate them back into education, training or employment</p> <p>The award is carefully tailored and delivered to meet each individual young person's needs, resulting in a high level of success in engaging and sustaining participation from young people with severe mental health issues including young people who find engaging with other services difficult.</p> |

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

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

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

Cumulative impacts

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

Yes, youth participation reduction of 0.5 FTE

Action planning

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

2. SMART action 1: Consider the use of SEND and AP programme to deliver service for children not engaged in education
3. SMART action 2: Implementation of new young futures hubs to meet the needs of the young people. The programme will provide a one stop shop for support services with a focus on young people’s health and wellbeing, those at risk of crime and education and employment from 1st April 2026 and complement the reduced offer.

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|---------------------|------------------|
| Responsible Lead Officer: | Joanne Templeman | 18 November 2025 |
| Accountable Manager: | Kirsty Hanna | 18 November 2025 |

| Budget Proposal: EIA 7 | |
|--|--|
| Title of budget saving being assessed: | Violence Against Women and Girls Budget |
| Name and title of officer responsible for this EIA: | Anne Clark, Strategic Lead Commissioner VAWG |
| Directorate and Service Name: | Families, Children & Wellbeing |

Briefly describe the budget saving proposal:

£75,000 saving by reducing funding for Pan Sussex posts associated with the Pan Sussex Domestic Abuse Board and funding the Transformation Manager post at Stonewater Refuge. The project work of this post has now reached completion.

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

This reduction in budget will impact on the partnership contributions to the Board and may mean that East and West Sussex County Councils will have to increase their contributions. The Council has been contributing to the Pan Sussex Domestic Abuse Board Manager and Community Engagement Officer role. Both roles are line managed via West Sussex Council and focus primarily on East and West Sussex engagement. Officers from Brighton and Hove will continue to be a member of the Board. There is no significant impact on the wider groups in the community. The work of the Transformation Manager has completed so there is no impact from this saving.

Consultation, engagement and supporting EIAs

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

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

No consultation is planned, however, we will consult with Pan Sussex Partners to advise of this development.

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

None

Current data and impact monitoring

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

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

| | |
|------------|----|
| Age | No |
|------------|----|

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

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

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

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

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

There is not a process that will capture data on how a decision not to fund these posts will impact those with protected characteristics.

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

This will be monitored through ongoing partnership engagement with the Pan Sussex Board.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
- [Census](#) and [local intelligence data](#)
- Service specific data
- Community consultations
- Insights from customer feedback including complaints and survey results
- Lived experiences and qualitative data
- [Joint Strategic Needs Assessment \(JSNA\) data](#)
- [Health Inequalities data](#)
- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal ‘staff as residents’ consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

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

| | | |
|--|-----|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | No | These roles do not provide support to those affected by VAWG |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | No | These roles do not provide support to those affected by disability |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | No | These roles do not provide support to people |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | no | As above |
| Gender and Sex including non-binary and intersex people | Yes | Although the majority of people affected by VAWG are female, these posts do not work directly with those affected by VAWG to provide support. |
| Gender Reassignment | No | These roles do not provide support to people |
| Sexual Orientation | No | These roles do not provide support to people |
| Marriage and Civil Partnership | No | These roles do not provide support to people |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No | These roles do not provide support to people |
| Armed Forces Personnel, their families, and Veterans | No | These roles do not provide support to people |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | These roles do not provide support to people |

| | | |
|---|-----|--|
| Carers considering for age, language, and various intersections | No | These roles do not provide support to people |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | No | These roles do not provide support to people |
| Domestic and/or sexual abuse and violence survivors | yes | These roles work to support the implementation of the Pan Sussex Domestic Abuse Strategy and administrate the Pan Sussex Domestic Abuse Board. There is minimal interface with those affected currently by Domestic Abuse. However, withdrawing financial support for these functions may mean that there is a minimal impact on those affected by DA in the City. |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | No | These roles do not provide support to people |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | No | These roles do not provide support to people |
| Human Rights | n/a | n/a |
| Another relevant group: Substance misuse | No | These roles do not provide support to people |

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

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

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

Cumulative impacts

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

No

Action planning

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

1. SMART action 1: Brighton and Hove City Council's VAWG Unit will continue to support the Pan Sussex Board and attend its meetings and subgroups.
2. SMART ACTION 2: The workload of VAWG Unit staff will continue to be monitored and we will continue to work to ensure those affected by Domestic and sexual violence are not disadvantaged by these budget saving proposals.

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|---------------------|-----------------|
| Responsible Lead Officer: | Anne Clark | 30.10. 2025 |
| Accountable Manager: | Anne Clark | 30.10. 2025 |

Budget Proposal: EIA 8

| | |
|--|---|
| Title of budget saving being assessed: | Reduction in public library services including opening hours at Jubilee and Hove Libraries and closure of some community libraries. |
| Name and title of officer responsible for this EIA: | Ceris Howard Head of Library and Customer Service |
| Directorate and Service Name: | Families, Children and Wellbeing, Libraries |

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

£100k saving from reduction in staffed hours at Jubilee and Hove libraries and closure of Hollingbury and Westdene community libraries. Reduction in opening hours to remove one evening and Sunday afternoon hours at Jubilee and one evening and Saturday afternoon hours at Hove, total 10 hours/week.

These times have been identified as the quietest times of the week in those libraries, therefore having the least impact on customer use.

An analysis has been conducted and a public consultation completed, reviewing the use of each library and the needs of the local residents to identify those libraries whose closure would have least impact on customers.

Within the Medium-Term Financial Strategy further savings of £0.140m were identified for 2026/27 to be met through reductions in library services and staff hours.

The full savings of £140k were expected to be achieved from April 2026. However, adjustments to the recommendations include retaining Rottingdean Library, originally proposed for closure. This reduces the savings achievable by £40k to £100k from April 2026. Alternative savings will need to be identified elsewhere in the council's revenue budget to offset this £40k.

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

The proposed libraries affected are part of the council's statutory library provision.

In reducing opening hours at the city's two principal libraries and closing two community libraries, the council must be satisfied that it continues to meet its statutory duty to provide a comprehensive and efficient service to the city.

This can be achieved through completion of a needs and use assessment, local consultation, an Equalities Impact Assessment, and a series of mitigations to ensure that local people have access to the statutory library services in the city.

Those in employment with traditional working hour (9-5) or people with caring responsibilities could be negatively impacted, due to the reduction in access at the weekend and evenings. This is mitigated by retaining two late openings in the week and retaining full day Saturday and half day Sunday opening at Jubilee.

University and college students make up a high proportion of visitors to Jubilee, particularly in exam periods; this change could impact their use of the study spaces.

Those less able to travel could be disproportionately impacted by the closures, as they may need to travel further to access library services. Those with disabilities, caring responsibilities, older people and families with young children could be negatively impacted.

This is mitigated by retaining 11 libraries across the city, maintaining a geographic spread. Jubilee Library will maintain services 7 days/week, including two late openings/week. Libraries Extra enables customers to access libraries when they are unstaffed which contributes to the accessibility of services in the city.

Unaccompanied children (under 16 years old) cannot use Libraries Extra, so this would not mitigate the changes for this group. Disabled customers could also find Libraries Extra more challenging to access than staffed libraries. Alternative mitigations could be put in place, such as community book collections and activities and options for community-led provision are being explored. A full range of online services, with free access to e-books and e-audio, are available 24/7.

The Home Delivery Service delivers library resources direct to the homes of those who cannot come to a library due to disability or caring responsibilities.

Consultation, engagement and supporting EIAs

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

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

In line with the government Department for Culture, Media and Sport expectations, a 12 week public consultation has been completed. The public consultation and needs and use analyses have been completed and analysed to understand the potential impact of the changes for residents. This includes analysis of travel impact, areas of deprivation, demographic data etc.

Library staff at several levels will be affected by the proposals and a consultation with over 60 colleagues is required, to be completed January–March, with changes implemented by April 2026.

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

Closure of Mile Oak Library in 2023. 2025-26 Budget EIA. EIA for public consultation July 2025 and December 2025 Cabinet Papers.

Current data and impact monitoring

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

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

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

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

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

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

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

Data is gathered by Library Management System when customers join the library. Not all points above have all been covered for the full period of time the service has been collecting data.
Staff data is managed through BHCC HR systems.

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

Numbers of visitors and items loaned at libraries affected.
Feedback via comments and complaints.
Informal engagement with partners and stakeholders.
Public consultation ran for 12 weeks July – October 2025
Formal consultation with staff, 1:1s, team meetings.
Data and feedback will be monitored by the Libraries Senior Management Team and reported to the Communities and Commissioning Director and Senior Leadership Team.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [Census](#) and [local intelligence data](#)
 - Service specific data
 - Community consultations
 - Insights from customer feedback including complaints and survey results
 - Lived experiences and qualitative data

- [Joint Strategic Needs Assessment \(JSNA\) data](#)
- [Health Inequalities data](#)
- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal 'staff as residents' consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|---|--|--|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes | Unaccompanied children (under 16 year old) cannot use Libraries Extra, so this being available in community libraries will not mitigate loss of opening hours in Jubilee and Hove libraries and would have limited impact in areas where their library has closed. A high number of customers are students or older people; the changes are likely to impact them disproportionately. Older customers regularly use libraries as a safe, warm space, particularly in winter. Any reduction in opening hours could disproportionately affect this group. Younger children and young people may not be able to travel independently to access a library further from their home. Families may find it more difficult to visit libraries further from their home or school. |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of | Yes | Brighton & Hove has an aging population and a significant proportion of residents with long-term health conditions, mental health issues, or disabilities. |

| | | |
|--|-----------------|---|
| <p>hearing, blind, neurodiverse people, people with non-visible disabilities.</p> | | <p>Disabled customers may not be able to travel independently to access a library further from their home. They may also face additional costs through the increased travel especially people who need to use a private vehicle for travel. Disabled households are already more likely to be under greater financial strain due lower income and greater household costs.</p> <p>They could find Libraries Extra more challenging to use than staffed library services, so this being available in community libraries will have limited impact in areas where their library has closed and will not mitigate loss of opening hours in Jubilee and Hove libraries.</p> |
| <p>Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers</p> | <p>Yes</p> | <p>Certain Black and racially minoritised communities may be disproportionately affected, dependent on the demographic of the areas affected by library closures.</p> <p>Changes at Hove and Jubilee Libraries could disproportionately affect Black and racially minoritised communities.</p> <p>Brunswick & Adelaide, Central Hove and Goldsmid wards have higher levels of school pupils from Black and racially minoritised backgrounds, as well as a higher percentage of pupils for whom English is an additional language (EAL).</p> <p>Jubilee Library serves residents of its immediate central wards, as well as those from further afield travelling in and out of the city centre for work, play and study. These central wards are home to a higher percentage of the city's Black and racially minoritised residents.</p> |
| <p>Religion, Spirituality, Faith, Atheism, and philosophical belief</p> | <p>Possible</p> | <p>Considering for the intersection of faith and ethnicity some faith communities may be disproportionately affected dependent on the demographic of the areas affected by library closures.</p> |

| | | |
|--|-----|---|
| | | Potential for additional impact on women as predominantly primary child carers, especially for young children. Lack of a local library facility could disproportionately impact on women. Community libraries provide a neutral safe social space for women with young children |
| Gender and Sex including non-binary and intersex people | Yes | Potential for additional impact on women as predominantly primary child carers, especially for young children. Lack of a local library facility could disproportionately impact on women. Community libraries provide a neutral safe social space for women with young children |
| Gender Reassignment | No | |
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No | |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | |
| Carers considering for age, language, and various intersections | Yes | Carers may have restrictions in the times and days they can access services, therefore a reduction in access hours could disproportionately affect their use of services. |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | No | |

| | | |
|--|-----|--|
| Domestic and/or sexual abuse and violence survivors | Yes | Lack of a local library facility could disproportionately impact on women. Community libraries provide a neutral safe social space for those who have or are experiencing domestic abuse. |
| Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections | Yes | Customers at a socio-economic disadvantage may be less able to pay for travel to alternative provision. Customers regularly use libraries as a safe, warm space, particularly in winter. Any reduction in opening hours could disproportionately affect this group. |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | Yes | There are a number of vulnerably or un-housed customers who regularly use Jubilee Library as a safe, warm space, particularly in winter. Any reduction in opening hours could disproportionately affect this group. |
| Human Rights | No | |
| Another relevant group (please specify here and add additional rows as needed) | N/A | |

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

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

Cumulative impacts

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

The proposed closure of community libraries could worsen the impacts of this proposal. It may also compound other service proposals from across the council that impact on older people, disabled people and people from socio-economic disadvantage.

Action planning

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

| |
|--|
| 1. SMART action 1: The Home Delivery Service could mitigate reduced access by delivering library resources direct to customers' homes, for disabled customers and customers with caring responsibilities. |
| 2. SMART action 2: Monitoring the impact through data collection enables the service to focus remaining resources in areas of need. For example, if the number of families using the service were to drop, staff could prioritise working with schools and clubs in community library areas, to encourage sign up to Libraries Extra for families. |
| 3. SMART action 3: Libraries Extra enables BHCC libraries to offer services in customer's communities and provides a far higher number of accessible hours than most other library services. Libraries Extra services could be promoted across the city to increase use. |
| 4. SMART action 4: clear and timely communications with customers and non-users in advance of the changes will enable customers to engage with the service early and identify alternative options before the change happens, e.g. signing customers up to Libraries Extra. |
| 5. SMART action 5: explore the feasibility of creating a programme of stakeholder engagement activities to inform the Libraries Services Management team over the coming years on changes to libraries services to ensure meet statutory duty, remain inclusive and accessible with resource pressures. |
| 6. SMART action 6: Revisit how we communicate/advertise Libraries Extra and the Home Delivery Service considering for proactively communication to affected communities about how to sign up and use these services. |
| 7. SMART action 7: Use the information gathered through the public consultation and needs and use analyses and EIAs to inform the development of the new Library Service Strategy 2026-31, to focus resources on meeting the needs of residents. |

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|----------------------------|------------------------|
| Responsible Lead Officer: | Ceris Howard | 19/01/25 |
| Accountable Manager: | Anna Gianfrancesco | 17/11/25 |

Budget Proposal: EIA 9

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| Title of budget saving being assessed: | Community Care Budget |
| Name and title of officer responsible for this EIA: | Steve Hook, Director of Adult Social Care |
| Directorate and Service Name: | Health and Adult Social Care, Operations |

Briefly describe the budget saving proposal:

The overall net budget for this service area is £77.2m and the proposed saving for 2026/27 is **£2.296m**.

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

- reduction of long-term care placements in nursing and residential care, particular focus on working age service users
- ensure reviews demonstrate support services are adequate to meet needs and represent efficiency and value for money
- increase the reablement offer to those who require it
- managing provider fee uplifts considering the current market fee position
- focus on preventative interventions and promoting independence in line with the target operating model, including advice, and signposting and increasing the use of technology enabled care

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

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

Consultation, engagement and supporting EIAs

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

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

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

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

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

None

Current data and impact monitoring

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

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

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

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| Another relevant group (please specify here and add additional rows as needed) | NO |
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Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

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

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

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

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

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

Delivery of these savings will be monitored corporately by savings delivery board, alongside other strategic programmes

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

Impacts

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

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

- **Consider a wide range (including but not limited to):**

- [Census](#) and [local intelligence data](#)
- Service specific data
- Community consultations
- Insights from customer feedback including complaints and survey results
- Lived experiences and qualitative data
- [Joint Strategic Needs Assessment \(JSNA\) data](#)
- [Health Inequalities data](#)
- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal ‘staff as residents’ consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|--|--|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | No | Focus on prevention of admission into long term residential and nursing care and promoting independence in the community. |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | No | Focus on prevention of admission into long term residential and nursing care and promoting independence in the community. |
| Ethnicity, ‘Race’, ethnic heritage including Gypsy, Roma, Travellers | No | |

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| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | |
| Gender and Sex including non-binary and intersex people | No | |
| Gender Reassignment | No | |
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No | |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | |
| Carers considering for age, language, and various intersections | No | |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | No | |
| Domestic and/or sexual abuse and violence survivors | No | |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate | No | |

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| background, and various intersections | | |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | No | |
| Human Rights | No | |
| Another relevant group (please specify here and add additional rows as needed) | No | |

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

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

Cumulative impacts

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

There is a significant reorganisation of Integrated Care Boards as part of a national programme. Locally that will involve Sussex ICB merging with Surrey Heartlands ICB. This will be closely monitored through Integrated Health Governance in partnership with Brighton & Hove City Council.

Action planning

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

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

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|---|------------------------|
| Responsible Lead Officer: | Steve Hook, Director Adult Social Care | 06-11-2025 |
| Accountable Manager: | Genette Laws, Corporate Director Homes & Adult Social Care | 06-11-2025 |

Budget Proposal: EIA 10

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|--|--|
| Title of budget saving being assessed: | Learning Disability, Provider Services |
| Name and title of officer responsible for this EIA: | Steve Hook, Director Adult Social Care |
| Directorate and Service Name: | Homes & Adult Social Care – Adult Social Care Operations |

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

A proposal is being put to Budget Committee on the 26th February 2026 recommending the closure and reprovision of Wellington House Day Options.

The individuals currently using these services will all receive a statutory review of their individual needs under the Care Act 2014, and alternative services to meet those needs will be commissioned through the independent sector market.

- To reduce the number of directly provided in house adult learning disability services through a closure process and spot purchase suitably qualified and experienced providers.
- Deliver savings of £0.4 million for financial year 2026/27. These savings will not impact on the quality of the alternative provision that will be commissioned to meet the assessed needs of the people currently using these services.

The rationale for the reprovision is:

As a local authority our overall costs are higher compared to areas that rely more on external providers. and this has an impact on the overall cost of our Learning Disability provision in the city.

We know this is a challenge shared by other local authorities across the country, and we are committed to managing it responsibly. That's why we regularly review our in-house services to make sure they align with our strategic priorities and deliver support in the most cost-effective way.

These reviews help us plan for the future, so we can continue supporting a growing number of people with learning disabilities who need care in our city.

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

The individuals supported are adults with learning disabilities, some of whom are also autistic.

Staff and family will also be affected by the proposal, this EIA however is predominantly addressing the impact on the people using these services and their family carers.

There is a separate EIA looking at the impact for staff.

The number of individuals affected at Wellington House Day options is 24

Consultation, engagement and supporting EIAs

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

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

The proposal to recommission this service will be included within the draft Council Budget proposals for the financial year 2026/27. Following the release of the draft budget proposals engagement will include;

- A face to face consultation meeting with affected staff. Union representatives will be invited alongside HR, Commissioning and In House senior managers
- A face to face consultation meeting with families with Commissioners and Operational Managers is planned and affected families will also be written to explaining the proposal.

Both of these meetings will outline the proposal included in the Council budget papers being decided upon at full budget Council on 26th February 2026 with an opportunity to ask questions and put across points of view.

Whilst the needs of the individuals attending this service varies, a significant number of individuals as a result of the level of their learning disability would find it difficult to understand the proposal and its current abstract nature. The decision was made not to consult with them at this time on the draft proposal.

Where it is deemed that individuals do have capacity to understand the proposal, and where it is felt that talking with them about this will not adversely affect their wellbeing, engagement will take place. This will be tailored to meet individuals' needs to ensure it is accessible and meets their preferred communication methods. Where possible we will seek to undertake this engagement with an independent advocacy service provider in the city.

The proposal to close and reprovide this service in the independent sector will be decided at Budget Council on 26th February 2026.

Future consultations with families, staff and individuals being supported will continue once the decision to close and reprovide has been made. All of these consultations will be led by the In-House Learning Disability Service.

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

None

Current data and impact monitoring

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

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

| | |
|------------|-----|
| Age | Yes |
|------------|-----|

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

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

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

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

The internal Council social care case management recording system “Eclipse” includes areas to add information on pronouns, sexual orientation, religion, gender, sex at birth but this is not recorded for the individuals living in these services.

Discussion to be had with assessment colleagues who will be undertaking these reviews as part of the process for recommissioning to consider how, if any of this information where appropriate can be gathered.

Discussion to be had with the in-house operations managers around areas for improved data collection.

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

Outcomes of reviews and information from staff meetings and service user meetings will support the monitoring of the impact for individuals. Mental capacity assessments and best interest decisions will be in place where people may not have the capacity to understand the process.

We are communicating with families and carers to ensure that the impact on individuals is discussed, and best interest decisions are made ‘where required’ about how and when to inform people of different stages of the process.

We are making contact with advocacy services to ensure that, where people have an understanding of parts of the process, they are supported to have a voice about the impact of the activity. As the activity progresses operational managers will be setting up additional regular

meetings with managers and staff teams to ensure clear communication. This will also support monitoring of the impact of the activity on staff and service users.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

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

| | | If no impact is identified, briefly state why. |
|---|-----|---|
| <p>Age including those under 16, young adults, multiple ethnicities, those with various intersections.</p> | Yes | <p>The majority of individuals attending Wellington House day options are aged in their 40's, 50's and 60's.</p> <p>From the above data, the largest proportion of those affected at the Day Centre are in their 40's and 50's.</p> <p>Given the small number of people this assessment applies to, it was considered that any more detailed data could make some of the individuals identifiable.</p> <p>Some conclusions as to why this is at Day Options can be drawn in terms of the in-house provision having been in existence for a long time. This means there will be fewer young people in the services as voids are not frequent. The lower numbers of individuals at the higher age could be attributed to the higher mortality rate for adults with learning disabilities across the general population* and/or increasing health and mobility needs of individuals results in them having to move to a more specialist service.</p> <p>Whilst this shows a disproportionate impact on this age bracket, the outsourcing proposal for Day Activities seeks to ensure as little change for individuals as possible. Any new provider must however have the skills and abilities to understand the needs of adults with learning disabilities who are getting older.</p> |
| <p>Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.</p> | Yes | <p>This service is managed under the inhouse learning disability services which provides services for adults with learning disabilities, some of whom may also be autistic. Some of these individuals will have high care and support needs that require specialist support.</p> |

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| | | <p>All individuals have a diagnosed Learning Disability with eligible needs under the Care Act.</p> <p>Through the nature of the services being for this group of individuals there is a disproportionate impact on adults with learning disabilities, those that are also autistic, with individuals with additional conditions and needs including health, communication and behavioural needs.</p> |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | Yes | <p>The majority of individuals affected are White British, some staff are from BME backgrounds.</p> <p>This indicates a disproportionate impact upon those who are White British. This data is not broken down as the number of individuals involved is so small this could render them identifiable.</p> |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | |
| Gender and Sex including non-binary and intersex people | Yes | <p>The proportion of those whose sex at birth is male and those whose sex at birth is female is broadly similar and so both are affected equally across both services.</p> <p>This risk is mitigated by the Provider having to ensure they provide support that meets the needs of both male and female individuals.</p> <p>Gender Identity is not recorded on Eclipse, or by Provider services themselves. There is no information from the current services to indicate this is an area that will affect the individuals supported.</p> <p>Whilst this is not recorded, it is not anticipated that the proposed change will have an impact either positive, negative or disproportionately.</p> <p>It is recognised that some of the individuals using these services may</p> |

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| | | have developed important relationships with peers, and this will be included in the Care Act reviews to ensure proper consideration is made as to how these relationships can be sustained if future contact is affected by these changes. |
| Gender Reassignment | No | |
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | Yes | <p>No data is recorded on maternity, paternity, adoption, infertility on the case management system or by the services themselves. There is no information from the current services to indicate these areas affect the individuals supported and as such would not have an impact either positive, negative or disproportionately.</p> <p>The data shows that there is a similar proportion of women to men, with a number of women of peri-menopause or menopause age range who may therefore be disproportionality impacted. There is also a correlation between autism and premenstrual dysphoric disorder (PMDD).</p> <p>For staff they will be supported in line with Corporate Policy.</p> |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | |
| Carers considering for age, language, and various intersections | Yes | Wellington House Day Options provides activities for the individual with learning disabilities, and also very valuable respite for family carers. There are a small, but significant number of family carers who could be impacted by |

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| | | <p>this change. It is important that these caring arrangements are not destabilised by this change.</p> <p>As part of the Care Act review of the individual's needs, family carers will be offered a Carers Assessment to ensure that carers will be appropriately supported.</p> <p>A positive impact of this change is that alternative day activity provision may be closer to the family home and thereby reduce travel time for the individual.</p> |
| <p>Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections</p> | No | |
| <p>Domestic and/or sexual abuse and violence survivors</p> | No | |
| <p>Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections</p> | Yes | <p>All of the individuals attending this service by nature of the level of their learning disability are in receipt of disability benefits.</p> <p>The individuals care and support needs are assessed in full, and where we have a statutory duty those needs will be met through their care package.</p> |
| <p>Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections</p> | No | |
| <p>Human Rights</p> | Yes | <p>As the proposal is aiming to achieve a seamless transition to a new provider with minimal impact to the individuals supported it is not anticipated that the proposed change will have an impact either positive, negative or disproportionately in this area.</p> <p>Throughout this process we will ensure that all individuals will be supported to</p> |

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| | | express their views, with their individual needs considered. |
| Another relevant group (please specify here and add additional rows as needed) | No | |

The following mitigations have been identified for the protected characteristics;

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| <p>Age</p> <ul style="list-style-type: none"> The new provider will need to demonstrate their ability to meet the needs of adults with learning disabilities who are also ageing and health conditions that may be related to this <p>Disability</p> <ul style="list-style-type: none"> Must have the required skills and experience to support adults with learning disabilities The skills and abilities to meet the needs of autistic adults and complex needs Has the required skills and experience to support people's health needs Have the required skills and experience to meet people's needs around their communication needs Have the required skills and experience to meet people's behavioural needs Ensure they can meet the specific needs of any individual not covered above as outlined in their care and support plan Each individual will receive a review of their needs under the Care Act 2014 <p>Ethnicity</p> <ul style="list-style-type: none"> Whilst the majority of individuals are white British, the successful provider will need to evidence how they also support people from different ethnic backgrounds including those from a BME background to ensure their needs are not overlooked Requirements around this will be included in the process of recommissioning for alternative services Completion of key performance indicators and equalities monitoring data will be a requirement of the contract to be completed by the successful provider. All individuals will have a Care Act review carried out by the Specialist Community Disability Service to ensure their care and support needs are up to date. <p>Pregnancy</p> <ul style="list-style-type: none"> The new provider will need to demonstrate how they meet the needs of those either in perimenopause or menopause, and those needs specific to autistic adults. This will be outlined in the care and support plans |
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Socio-economic disadvantage

- For those in registered care this relates to the support costs, for the supported living service this also includes their housing related costs.

Human Rights

- Alternative provision will be procured through the Councils framework of approved providers to ensure that any new provision complies with the Councils quality framework.
- All individuals have a service care and support plan that outlines data in this area relating to individuals needs
- All individuals will have a Care Act review carried out by the Specialist Community Disability Service to ensure their care and support needs are up to date.

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

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

Cumulative impacts

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

There are additional savings in Adult Social Care Community Care budget for 2026/27 – Targeted Reviews and Reablement. The individuals and families in scope for those savings proposals is a different cohort from reprovision of LD Services.

As part of the savings proposal for Wellington House, all individuals will be reviewed and we will ensure that all of their care and support needs are considered including any potential cumulative impact from other saving proposals

Action planning

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

SMART ACTION 1 - Improved data collection

Activity – Feedback to the In house services management regarding equalities data collection going forward

SMART ACTION 2 – Providers ability to meet needs relating to Age

Activity – A new provider will need to demonstrate their ability to meet the needs of adults and young people with learning disabilities who are also ageing and health conditions that may be related to this. This will be outlined in the individuals care and support plan.

SMART ACTION 3 - Providers ability to meet needs relating to Disability

Activity – The new provider will need to demonstrate they have below which will be outlined in the care and support plan.

- The required skills and experience to support adults with learning disabilities
- The skills and abilities to meet the needs of autistic adults
- Has the required skills and experience to support people's health needs
- Have the required skills and experience to meet people’s needs around their communication needs
- Have the required skills and experience to meet people’s behavioural needs
- Ensure they can meet the specific needs of any individual not covered above as outlined in their care and support plan

SMART ACTION 4 - Providers ability to meet needs relating to Ethnicity

Activity - The new provider will need to evidence how they also support people from different ethnic backgrounds including those from a black ethnic background to ensure their needs are not overlooked. Requirements around this will be included in the care plan, service specification and KPI's and equalities monitoring data.

SMART ACTION 5 - Providers ability to meet needs relating to Religion

Activity - The new provider will need to demonstrate how they meet needs of individuals relating to religion, beliefs, spirituality, faith or atheism as appropriate This will include making sure information and advice is provided in an accessible way that meet the requirements of the Accessible Information Standards. This will be outlined in the service specification.

SMART ACTION 6 - Providers ability to meet needs relating to Gender

Activity - The new provider will need to ensure they provide support that meets the needs of both male and female individuals often with complex additional needs. This will be outlined in the service specification

SMART ACTION 7 - Providers ability to meet needs relating to Gender identity/re-assignment

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| <p>Activity - The new provider will need to consider the correlation between autistic adults identifying as trans or non-binary and ensure provision meets needs.</p> |
| <p>SMART ACTION 8 - Providers ability to meet needs relating to Sexual Orientation</p> <p>Activity - The new provider will need to be able to meet the needs of individuals relating to their sexual orientation and be aware of/sensitive to any specific needs of autistic adults. This will be outlined in the service specification.</p> |
| <p>SMART ACTION 9 - Providers ability to meet needs relating to Menopause</p> <p>Activity - The new provider will need to demonstrate how they meet the needs of those either in perimenopause or menopause and any correlations such as autistic adults and premenstrual dysphoric disorder. This will be outlined in the service specification.</p> |
| <p>SMART ACTION 10 – Carers needs</p> <p>Activity – As part of the Care Act review, all family/informal carers will be offered a Carers Assessment to ensure that their needs are being considered in any change including any equality needs.</p> |
| <p>SMART ACTION 11 - Providers ability to meet needs relating to Human Rights</p> <p>Activity – The use of the Councils Approved Provider framework will ensure the successful provider has the required skills and experiences to deliver an affective service that meets the needs of individuals supported and their human rights.</p> |

Outcome of your assessment

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

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

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

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

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

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|---|-----------------|
| Responsible Lead Officer: | Cameron Brown, Head of Service Learning Disability Services | 20-01-2026 |
| Accountable Manager: | Steve Hook, Director Adult Social Services | 20-01-2026 |

Budget Proposal: EIA 11

| | |
|--|---|
| Title of budget saving being assessed: | Housing demand management |
| Name and title of officer responsible for this EIA: | Harry Williams, Director of Housing People Services |
| Directorate and Service Name: | Homes & Adult Social Care – Housing People Services |

Briefly describe the budget saving proposal:

4 key workstreams which will deliver savings in Homelessness, Rough Sleeping and Temporary Accommodation and the proposed saving totals £5.143m:

- Increasing supply: of more affordable Temporary Accommodation (delivery of the Dynamic Purchasing System, exempt accommodation, EPC Grant Scheme & Council owned TA
- Reducing unit cost: of existing Temporary Accommodation: delivery of Greenwich Model & TA Charging Policy
- Improving effectiveness in prevention homelessness: Reduce households placed in Temporary Accommodation with new Housing Advice Team
- Accelerating move on from Temporary Accommodation: direct offers of social housing to households in Interim Accommodation

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

All households accessing help with housing and homelessness from the council could access and therefore be impacted by this policy. However, the data shows that there are a number of groups most likely to experience homelessness and would more likely take up this offer and be impacted by the policy. These groups are:

- People aged between 25 and 44
- Disabled people
- Single parent households
- Black, Caribbean, African residents and residents of 'other ethnic groups'
- Women
- Other groups including survivors of Domestic Violence and Abuse; care leavers and people with substance misuse issues.

The initiative works on a consent basis and households have the choice to refuse or not proceed the offer.

Consultation, engagement and supporting EIAs

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

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

Consultation has been completed recently on Homelessness & Rough Sleeping Strategy

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

None

Current data and impact monitoring

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

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

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

| | |
|---|----------------|
| Human Rights | Not applicable |
| Another relevant group (please specify here and add additional rows as needed) | Yes |

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

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

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

Not applicable

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

Director for Housing People services will have responsibility for delivery of this programme and will monitor progress through Housing People Services Performance Management Framework (currently in development) and Service Plans. We will continue to monitor customer contact including complaints and Councillor Enquiries.

Delivery of these savings will be monitored corporately by savings delivery board, alongside other strategic programmes

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|--|--|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | No | |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | In Brighton & Hove, disabled people disproportionately experience homelessness and are therefore more likely to be impacted by this programme. |

| | | |
|--|-----|---|
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | Yes | In Brighton & Hove, Black, Caribbean, African residents and residents of 'Other ethnic group' disproportionately experience homelessness and are therefore more likely to be impacted by this programme. |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | |
| Gender and Sex including non-binary and intersex people | Yes | Women are disproportionately represented among lead homeless applicants and are therefore more likely to be impacted by this programme. |
| Gender Reassignment | Yes | The number of people indicating that their gender identity is different from their sex registered at birth in Brighton & Hove is more than three times greater than the average across of England. Brighton & Hove is home to health services, charities and peer support services for LGBTQ+ residents. |
| Sexual Orientation | Yes | Brighton & Hove is home to health services, charities and peer support services for LGBTQ+ residents. |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | Yes | In Brighton & Hove, single parent households disproportionately experience homelessness and are therefore more likely to be impacted by this policy. |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | |
| Carers considering for age, language, and various intersections | No | |
| Looked after children, Care Leavers, Care and | No | |

| | | |
|---|-----|---|
| fostering experienced people considering for age, language, and various intersections | | |
| Domestic and/or sexual abuse and violence survivors | Yes | 9% of applicants to Brighton & Hove City Council between April and December 2024 –were found to have a priority need for accommodation as a result of being homeless due to that person being a victim of domestic abuse. |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | No | |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | Yes | Implications outlined above. |
| Human Rights | No | |
| Another relevant group (please specify here and add additional rows as needed) | No | |

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

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

Cumulative impacts

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

To be reviewed once all savings proposals are drafted

Action planning

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

No mitigation actions are available due to no disproportionate impacts identified beyond what we are already experiencing within services

Outcome of your assessment

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

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

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

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

Proposal's impact score: 2

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|--|------------------------|
| Responsible Lead Officer: | Harry Williams, Director of Housing People Services – Homelessness & Housing Options | 06-11-2025 |
| Accountable Manager: | Genette Laws – Corporate Director Homes & Adult Social Care | 06-11-2025 |

Budget Proposal: EIA 12

| | |
|--|--|
| Title of budget saving being assessed: | Withdraw the Child Pedestrian training service |
| Name and title of officer responsible for this EIA: | Matthew Thompson, Senior Project Manager, Transport Projects & Engineering |
| Directorate and Service Name: | City Operations, City Infrastructure |

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

The proposal is to withdraw Child Pedestrian training and refocus the team to prioritise Bikeability and school crossing patrols delivery. Many schools have been included in the School Streets initiative and each site will be reviewed to look into alternatives. The service receives grant income for Bikeability delivery and with additional support could run without general fund resources becoming cost neutral as a result.

There are 100 schools of all types across the city, and 37 of these have Year 3 cohorts eligible for Child Pedestrian training.

Any school in the vicinity of sites included in the site works delivered by the Safer Better Streets Programme will benefit from the projects delivered annually by that programme. See the [Safer, better streets programme for 2025/26](#) for selection criteria.

The 14 schools in the School Streets Programme require ongoing engagement with officers. See the [School Streets](#) web page for selection criteria. Many school sites are not suitable for this scheme because of the type of road network surrounding them.

Support for School travel planning is provided via an annual 'Modeshift' Online School Travel Plan Portal subscription funded by Consolidated Active Travel Fund (CATF) grant funding, and a part of a School Travel Advisor (STA) post which is also focused on School Streets schools.

The STA currently supplies leaflets and 'no parking' A-boards to help site staff and teachers deter parking on school zigzags at drop off and pick up times and may attend playground events and assemblies from time to time when invited. Parking attendants on a rota system will try to visit every school site once a term during drop off times (in the mornings) to enforce some types of parking regulations.

The Road Safety Campaigns officer sends annual emails signposting online resources available to support PSHE lessons and supports STA led events in Primary schools.

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

Child pedestrian training is delivered to Junior, Primary, SEN and Independent Prep schools (Year 3/ 7&8-year-olds) and their families.

Total number of pupils trained in the last three academic years:

24-25 – 1,390; 23-24 – 1,609; 22-23 – 1,458.

School Travel surveys suggest up to 90% of children are accompanied to school by a parent or carer until the end of year 6. By year 3 children can visually judge distance and speed more accurately but are still receptive to this sort of teaching. The training lays a foundation of good pedestrian habits that then become second nature in later years when they are more likely to travel independently to school.

The potential impact of withdrawing the service is at least half a city-wide year group cohort of children every year, who are less aware of ways to keep themselves and others safe when crossing the roads, will not receive this targeted intervention. This knowledge is shared within most families so not all will be significantly impacted. It is also something that may be covered in PSHE at some schools, either at a high level or in similar detail without the practical element of the training.

In a small number of cases, a lack of grounding in crossing skills in subsequent years may contribute to a road traffic casualty event, but the impact will be difficult to quantify and may not be identified as contributory factor in any investigation.

Consultation, engagement and supporting EIAs

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

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

Consultation took place with schools in Spring 2024:

Spring 2024 Survey Results - Child Pedestrian training – relevant to responding Junior, Primary, SEN and Independent Prep schools only (37 schools).

- a. 19 schools (54% of respondents) confirmed receiving the training at their schools in the last two academic years.
- b. 17 Schools (46%) said it was moderately or highly valued. Just one respondent said it was of low value but 19 schools (51%) either did not answer the question or were not sure.
- c. 6 schools (17%) believe more pupils walk to school after completing the training. 4 schools (12%) disagree, and 27 schools (70%) answered do not know or did not answer.
- d. 21 schools (58%) say it is unlikely or very unlikely they would continue to book training if charges were applied. Only six schools (17%) said it was likely or very likely they would. The remaining 10 schools (27%) were unsure.

When asked for the reasons for their answer to the question “How likely is it that your school would continue to offer Child Pedestrian training with these charges applied”, the top 6 reasons given were:

Unwilling or unable to accept charges

- Budget constraints – 6 schools
- Parents are not able/ willing to pay – 6 schools
- Sports premium has other cost pressures – 3 schools.
- Unfair to charge minority who do not qualify for pupil premium – 2 schools

Supportive of Charges

- Parents see the value and are willing to pay – 2 schools
- Budget next year can cover it/ Sports premium can cover it – 2 schools.

No further consultation is planned.

Engagement has taken place with the Education and Skills team about the impacts of the proposal, and the team will support initial contact with school leaders. Consideration will be given to revising school travel plans, bolstering PSHE programmes, and alternative resources that can be offered to schools on the topic of crossing the road, e.g. an assembly presentation.

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

Bikeability service EIA

Current data and impact monitoring

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

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

| | |
|--|---------------------------|
| Age | Year 3 (7 & 8-year-olds). |
| Disability and inclusive adjustments, coverage under equality act and not | Yes |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers) | Yes |
| Religion, Belief, Spirituality, Faith, or Atheism | No |
| Gender Identity and Sex (including non-binary and Intersex people) | Not applicable |
| Gender Reassignment | Not applicable |
| Sexual Orientation | Not applicable |

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

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

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

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

The service impacts on Year 3 children at school and their families (including younger and older siblings), and the training aims to establish good crossing habits so these persist at later ages. For this reason, pedestrian casualty collected by the Police using the Stats19 reporting system covering the ages 4-19 is considered.

It's important to note that the city's slight and serious casualty figures per 100,000 population have always been higher than East or West Sussex, reflecting population density and traffic conditions, and the number of children able to access their schools on foot. There have been no child pedestrian fatalities in the city either side of the pandemic years, though the serious casualty rate has increased.

There are many potential factors impacting these outcomes, including the success of engineering schemes and 20mph limits as well as education, training, national and local awareness campaigns in the city. These factors will continue to influence the figures in three years' time as the current year 3 cohort progress through the education system.

A key outcome year will be the point where the 2026-27 Year 3 cohort (none of whom will receive the training) reach year 7 in 2030-31, the first year where more pupils are likely to walk to school unaccompanied by a parent or guardian.

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

Brighton & Hove will no longer be a member of Sussex Safer Roads Partnership by April 2026. Whilst access to raw Stats19 data will be retained, resource to analyse the data is not yet identified.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|--|--|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes | Training prepares children and their families to move about the city safely and establishes good habits for application in future years. |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | Some academic research on casualty data suggests children with these sorts of disabilities may be more at risk as road casualties. Inequalities in self-report road injury risk in Britain: A new analysis of National Travel Survey data, focusing on pedestrian injuries - ScienceDirect |
| Ethnicity, ‘Race’, ethnic heritage including Gypsy, Roma, Travellers | No | |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | |
| Gender and Sex including non-binary and intersex people | No | |
| Gender Reassignment | No | |

| | | |
|--|-----|--|
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No | |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | Yes | Unfamiliarity with custom and practice around British road use and signage, and language barriers for those whose first language isn't English might make it more difficult to navigate journeys to school for families of young children. Possible disproportionate increase in road traffic incidents and casualties amongst BME and non-British families and children. Language barriers in understanding written resources or classroom teaching may impact disproportionately on those for whom English is not their first language. Young children in some families may be relied upon for communicating their learning to parents/carers resulting in additional burden for these children. |
| Carers considering for age, language, and various intersections | Yes | Potential impact to all carers because of the need to accompany other children to school until they are older than at present. There could be impacts on those with physical and learning disabilities, including visual and hearing disabilities, disabilities that impact mobility who might be disproportionately impacted. May disproportionately impact on working parents/carers, their working patterns and commitments with possible additional impact for lone parents and low income families. Young carers might also be disproportionately impacted as they are |

| | | |
|---|-----|---|
| | | more likely to have to make their way to school unaccompanied. |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | Yes | Looked after children are more likely to be impacted as they are more likely to walk to school unaccompanied. See also – socio-economic disadvantage section below. |
| Domestic and/or sexual abuse and violence survivors | No | |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | Yes | Some academic research on casualty data suggests children from disadvantaged socio-economic backgrounds may be more at risk as road casualties. These changes may result in parents/carers taking children to school by car until children are older to ensure safety. This could potentially increase congestion and associated risks of conflict with other road users such as pedestrians and cyclists. It may also reduce air quality at the school gate. This would disproportionately impact those families on lower incomes who choose to walk for economic reasons. This may also disproportionately impact disabled parents/carers, and foster carers of looked after children who may feel more compelled to drive looked after children to school to ensure safety. Looked after children, including those with disability, may be impacted as they are more likely to travel to school unaccompanied. They may be disproportionately at risk of injury due to road traffic incidents. See: Deprivation and road traffic injury comparisons for 4–10 and 11–15 year-olds - ScienceDirect |
| Homeless and rough sleepers considering for age, veteran, ethnicity, | No | |

| | | |
|---|----|--|
| language, and various intersections | | |
| Human Rights | No | |
| Another relevant group (please specify here and add additional rows as needed) | No | |

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

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

Cumulative impacts

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

The removal of the management element in Child Pedestrian training will allow for more time to focus on grant funding linked Bikeability courses and other non-grant funding linked courses such as Scooter training, 'Balance', 'Learn to ride', 'Level One' (off road riding skills) and 'Fix' (maintenance basics for children)

Action planning

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

1. SMART action 1: Monitor 4-19 road traffic casualty data including the 26-27 Year 3 cohort over the next 5 years as they transition to secondary school.
2. SMART action 2: Ensure PSHE resources and interventions are available e.g. Infants & Primary teaching resources for PSHE; Year 6 Transition year Safety events; Year 7 Theatre in Education Pedestrian safety shows. These should consider potential language issues.

Prioritise resources where limited in areas of deprivation; high SEND numbers; SEND educational settings; Pupil referral units. Identify any existing THINK! (DfT road safety campaigns) or other relevant resources for parents used by other authorities using existing Road Safety GB contacts

3. SMART action 3: Consider further PSHE resources targeted at Young Carers and Children in care.

4. SMART action 4: Recruit enough staff in the Bikeability service to resume Scooter training and increase availability of Balance, Learn to Ride and Level 1 to all schools.

Outcome of your assessment

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

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

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

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

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

Publication

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

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|---|---------------------------|
| Responsible Lead Officer: | Matthew Thompson, Senior Project Manager | 21-Jan-2026 |
| Accountable Manager: | Charles Field, Director City Infrastructure | 27 th Jan 2026 |

Budget Proposal: EIA 13

| | |
|--|---------------------------------------|
| Title of budget saving being assessed: | Digitalisation of all parking permits |
| Name and title of officer responsible for this EIA: | Merran Wrigley, Head of Parking |
| Directorate and Service Name: | City Operations, City Infrastructure |

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

Digitalisation of all permits over a 2 year period (residents, visitors, traders etc.) saving on printing, postage and administration costs. This will also reduce fraud and permit misuse.

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

We do not foresee any group being negatively affected as we will still offer a paper-based application process for the digitally excluded (although the permit will be digital like car tax) and have worked closely with the libraries to ensure a help desk service is available. The digitally excluded is calculated to be approx. 5% of residents based on MyAccount data.

Consultation, engagement and supporting EIAs

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

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

No consultation is planned but we have worked closely with libraries and run a full public communications campaign to inform residents. This is a rolling change, and residents will be informed by letter 6 weeks before their current parking permit expires.

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

N/A

Current data and impact monitoring

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

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

| | |
|------------|-----|
| Age | Yes |
|------------|-----|

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

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

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

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

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

Digital resident permits will be administered via Mendix and tied to a resident address in the city, the data collected via the application process will enable us to gather data and enable us to monitor the impact of the proposal. Helpdesk interactions in the libraries and calls to the Parking Service phone helpdesk will also enable us to collect data and monitor the impact. For the first time we will be able to collect data around digitally excluded residents and use this data to improve our services to meet their needs.

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

Mendix, library helpdesks, phone helplines, customer complaints and CCM/emails. All data will be collected and regularly reviewed to monitor the impact of the proposal

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|--|---|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes | Older residents may be more likely to be digital excluded, but we have retained a paper-based application route for those residents that don't have a MyAccount. Older residents can apply via a paper application, over the telephone or in person in the libraries. |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | No changes to the blue badge resident permit application process (i.e. somebody with a BB can apply for a resident parking permit at a reduced cost in line with statutory requirements). Any resident that struggles with making a digital application for a permit will be able to do this via a paper application, over the telephone or in person in the libraries. |
| Ethnicity, ‘Race’, ethnic heritage including Gypsy, Roma, Travellers | No | No impact – see above |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | No impact – see above |
| Gender and Sex including non-binary and intersex people | No | No impact – see above |
| Gender Reassignment | No | No impact – see above |
| Sexual Orientation | No | No impact – see above |

| | | |
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| | | |
| Marriage and Civil Partnership | No | No impact – see above |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No | No impact – see above |
| Armed Forces Personnel, their families, and Veterans | No | No impact – see above |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | No impact – see above |
| Carers considering for age, language, and various intersections | Yes | There will be changes to carers and professional carers permits within the next 2 years, but no digital solution has been identified for this yet. When we are evaluating possible platforms, we will ensure that we can accommodate those that are digitally excluded. |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | No | No impact |
| Domestic and/or sexual abuse and violence survivors | No | No impact |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | N/A | Not applicable |
| Homeless and rough sleepers considering for age, veteran, ethnicity, | N/A | Not applicable |

| | | |
|---|-----|----------------|
| language, and various intersections | | |
| Human Rights | N/A | Not applicable |
| Another relevant group (please specify here and add additional rows as needed) | N/A | Not applicable |

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

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

Cumulative impacts

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

N/A

Action planning

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

1. SMART action 1: We will retain a paper-based application process for residents who are digitally excluded and don't have a MyAccount. This is approximately 5% of the city residents. The interaction with these residents will help us create a clearer picture of who they are and how we can develop services to meet their needs in the future
2. SMART action 2: All residents will receive a letter notifying them of the transition to digital permits 6 weeks before their current permit expires giving them the option to renew their permit via their MyAccount or, if they don't have a MyAccount, to phone our helpdesk or visit the library to make an application. After this first interaction, future requests to renew

permits for those without a MyAccount will be done by letter with the paper application form enclosed.

3. SMART action 3: Digitally excluded residents will receive a letter confirming their permit is now digital when the process is complete which will give them peace of mind that their vehicle is covered by a digital permit (Residents with a MyAccount will be able to see this via their online account)

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|---|------------------------|
| Responsible Lead Officer: | Merran Wrigley Head of Parking Services | 29-Oct-2025 |
| Accountable Manager: | Merran Wrigley Head of Parking Services | 29-Oct-2025 |

Budget Proposal: EIA 14

| | |
|--|---|
| Title of budget saving being assessed: | Parking fees and charges |
| Name and title of officer responsible for this EIA: | Merran Wrigley Head of Parking Services |
| Directorate and Service Name: | City Operations, City Infrastructure |

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

Parking service fees and charges proposals consisting of:

- a. Introduce charging at locations where free parking bays are in place.
- b. Introduce a new parking permit zones in line with the Parking Scheme Priority timetable.
- c. Extending parking hours in Central area (from 8pm to midnight).
- d. Introduce a new £40 penalty charge for when a parking bay is not suspended in advance.
- e. Introduction of new red routes.
- f. Increases in income from parking permits.
- g. Barrier and surface car park income increases.
- h. On-street parking income increases
- i. The increases are to meet inflationary requirements of 3.5% considering demand loss, and to contribute towards savings plus a forecast new budgetary pressure in 2026/7 related to concessionary fares (approx. £2 million increase). They will further meet traffic management objectives including improving air quality, reducing demand and congestion, as well as achieving a higher turnover of spaces and supporting economic growth in the city.

Fee increases are targeted at areas where parking is at or over capacity to help provide drivers with better parking options and choice as well as to reduce congestion in central areas of the city. There is excellent coverage of the city centre/seafront by our public transport network, so there are alternatives for people wanting to access these areas where car park charges are increasing. No changes are being made to blue badge parking availability and professional carer and non-professional carer permit charges have not been increased in price.

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

These proposals are in line with the council's transport objectives of supporting sustainable transport options and reducing vehicle use in the city. Any increase in parking fees and charges is balanced against a decrease in demand from users. Members of the public may choose not to, or not be able to afford to, pay to park on or off-street due to price increases. This may disproportionately impact residents on lower incomes and cause an inclusion

issue and could create additional barriers and disadvantage for some older people who rely on private vehicles / visitors to access facilities and services.

Residents of retirement age and above are eligible for a concessionary bus pass and disabled people who meet the eligibility criteria can obtain a blue badge which they or a family member/friend or carer can use to park for free across the city and they also qualify for a concessionary bus pass or taxi vouchers.

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

Consultation, engagement and supporting EIAs

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

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

Some of the proposed changes will require public consultation via Your Voice (i.e. item a. b. and e. above) and/or via a Traffic Regulation Order/Experimental Traffic Regulation Order to implement (i.e. item a.b.c. and e above). Traffic Regulation Orders are published and enable residents to comment. Individual and collective resident concerns can be raised via the Parking Services customer services phone line and email inbox, plus via ward councillors and resident meetings which we are happy to attend.

Inflationary increases and annual changes to fees & charges for permits, carparks and on street parking (i.e. items d. f. g. h. and i above) also require a change to the Traffic Regulation Order relating to fees and charges.

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

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

N/A

Current data and impact monitoring

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

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

| | |
|--|-----|
| Age | YES |
| Disability and inclusive adjustments, coverage under equality act and not | YES |
| Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers) | NO |

| | |
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| Religion, Belief, Spirituality, Faith, or Atheism | NO |
| Gender Identity and Sex (including non-binary and Intersex people) | NO |
| Gender Reassignment | NO |
| Sexual Orientation | NO |
| Marriage and Civil Partnership | NO |
| Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum) | NO |
| Armed Forces Personnel, their families, and Veterans | NO |
| Expatriates, Migrants, Asylum Seekers, and Refugees | NO |
| Carers | YES |
| Looked after children, Care Leavers, Care and fostering experienced people | NO |
| Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections) | NO |
| Socio-economic Disadvantage | NO |
| Homelessness and associated risk and vulnerability | NO |
| Human Rights | NO |
| Another relevant group (please specify here and add additional rows as needed) | NO |

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

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

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

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

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

Regular internal review meetings are held within Parking Services to analyse on-street and off-street parking usage using data collected via the various software systems used within the service (Mendix, PaybyPhone, Orbility, Flowbird, phone helpdesk, CCM and email inboxes, complaints, etc.) and there are also regular meeting with the Disabled Car User group to get direct feedback on the experience of disabled car users and their carers.

Monitoring of public calls to the Parking customer service helpdesk and learning from customer complaints and feedback will also be used to monitor and review the impact of the changes. Individual and collective resident concerns are regularly raised via ward councillors. LATs and resident meetings which officers attend.

Parking Services applied for and was awarded People’s Parking accreditation in October 2023 but this organisation has now ceased operation. This scheme was set up to provide independent feedback about the facilities and public car park experience from a disabled user perspective, with regular monitoring and reviews.

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

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [Census](#) and [local intelligence data](#)
 - Service specific data
 - Community consultations
 - Insights from customer feedback including complaints and survey results
 - Lived experiences and qualitative data
 - [Joint Strategic Needs Assessment \(JSNA\) data](#)
 - [Health Inequalities data](#)
 - Good practice research

- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal ‘staff as residents’ consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

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

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| | | <p>are few non-Christian religious buildings in the city, meaning that disabled members of certain faith communities who need the use of their car are likely to have to travel across the city to worship.</p> <p>All disabled residents are eligible for a blue badge permit that they or a friend/relative or carer can use plus a concessionary bus pass.</p> |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | No | |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | Yes | See text above under |
| Sex | Yes | <p>The intersection of sex and disability and caring is a consideration. 90% of lone parent households with dependents in the city are headed up by women. The percentage of women providing unpaid care is 58% in comparison to men (42%).</p> <p>Using a vehicle is important for them and those they care for to carry out daily living activities, from shopping to doctor's appointments to leisure activities. Increasing fees may reduce their choice and access as well as increase financial pressures especially for families on low and fixed incomes.</p> |
| Gender Reassignment | No | |
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | Yes | <p>Pregnant people often have distinct mobility, health, and safety needs. Increases in the cost of parking may have a disproportionate effect on people who need to access essential services but cannot afford, or</p> |

| | | |
|---|-----|---|
| | | refuse to pay, the increased cost to park nearby. |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | |
| Carers considering for age, language, and various intersections | Yes | Research carried out by Carers UK found that many unpaid carers experience financial hardship because of their caring role. There are no increases proposed for professional or non-professional carer permits. Link to research Research: Financial pressure of caring unpaid for a loved one intensifies over time - Carers UK |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | No | |
| Domestic and/or sexual abuse and violence survivors | No | |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | Yes | Households on low fixed incomes may experience increased financial pressures with increased parking fees. Disabled people and those with longer-term health conditions are more likely to be out of work and on lower incomes. Older people may also be living on lower incomes – one in five people over the age of 60 in the city are living in income deprivation (source: 2021 Census) |

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| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | No | |
| Human Rights | No | |
| Another relevant group (please specify here and add additional rows as needed) | No | |

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

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

Cumulative impacts

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

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

Disabled residents or their carer is entitled to apply for a Blue Badge which enables them to park for free for a designated period (depending on location) in designated disabled bays, shared bays and double yellow lines across the city. Apart for an administration fee of £10 (set at national level) there is no charge for a blue badge.

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

Action planning

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

| |
|---|
| <p>1. Blue badges are issued to disabled people who are drivers or non-drivers allowing free parking for an unlimited amount of time in pay and display bays and parking in disabled bays. Use of the blue badge includes all permit bays in light touch schemes which cover a significant area of the controlled parking zones in Brighton & Hove.</p> <p>Generally, people seem aware of the scheme or get advice from other support services such as Citizens Advice Bureau or the Disabled Car users Group/ Possability People or Social services/ health support. Information about blue badge is on the BHCC website which has the option of translating the page into several different languages. All paper application forms have the council accessibility information included which includes requesting the application form in a different language. If an applicant asks for translation services, we can arrange this through Sussex Interpreting Services. If we ask someone to come in for a mobility assessment (if we are unsure of their eligibility for a Blue Badge or bus pass) we offer to have a translator present for the appointment.</p> |
| <p>2. Ongoing work to identify Blue Badge fraud will free up parking spaces for eligible blue badge holders and we will continue with Blue Badge fraud investigation work to protect disabled bays from misuse.</p> |
| <p>3. Surplus parking income is mainly spent on providing free concessionary bus passes for elderly and disabled people to encourage alternative sustainable transport choices.</p> |
| <p>4. The hours residents of Brighton and Hove can use an older person's concessionary travel pass have been extended to between 9.30am – 4.30am on weekdays and 24hrs a day on weekends. Those unable to use the concessionary travel pass can swap the pass for an annual allocation of £70 worth of Taxi Vouchers.</p> |

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|---|------------------------|
| Responsible Lead Officer: | Merran Wrigley Head of Parking Services | 29-Oct-2025 |
| Accountable Manager: | Merran Wrigley Head of Parking Services | 29-Oct-2025 |

Budget Proposal: EIA 15

| | |
|--|---|
| Title of budget saving being assessed: | Increase income from introducing paid parking into light touch parking schemes across the city. |
| Name and title of officer responsible for this EIA: | Merran Wrigley, Head of Parking |
| Directorate and Service Name: | City Operations, City Infrastructure |

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

Increase income from introducing paid parking into light touch parking schemes (light touch parking schemes consist of permit only parking that is enforced for 2 hours a day eg 10-11am and 6-7pm) in the outer areas of the city where many residents have driveways. This is focused on underutilised areas where there are no waiting lists for resident permits and there is capacity to allow more opportunities for visitors to park. The areas are currently underutilised, where uptake of resident parking permits is as low as 30%, with many parking bays remaining free from use all day. Paid parking only will replace permit holder parking (it can't be shared as the permit restriction is one hour in the morning and one hour in the evening). As demand is lower than supply residents should still have adequate parking.

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

The introduction of paid parking will be prioritised in parking zones where demand is lower than high demand central areas. This will be an inclusive change as more people will be able to park in areas that are restricted to permit holders, also making it easier for traders, carers and providers of support services to residents, to access parking closer those they are working for/supporting. The light touch parking zones that may change are predominantly in/spread throughout the city (outside the central business zones) and initially include areas such as Hove Park and Westbourne. There will be no proposed time changes to permit bays. Meaning those who currently park for free during unrestricted hours will be able to continue to do so.

Consultation, engagement and supporting EIAs

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

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

The Traffic Regulation Order has been advertised, and the comments analysed by officers and will form part of the appendix to the report which has yet to be approved. The service receives valuable feedback and intelligence about the experience of disabled car users and their carers via the Disabled Car Users Group, which is informing Parking proposals.

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

N/A

Current data and impact monitoring

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

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

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

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

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

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

All residents are invited to give feedback to the proposal via the TRO process. All objections are evaluated and taken into consideration before any changes will be implemented, including due consideration of any equality impacts raised.

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

Regular review meetings are held to review on-street and off-street parking usage and there are also regular meetings with the Disabled Car Users group to identify issues and areas of concern. We will also review the waiting list of resident permits and analyse blue badge and concessionary travel pass demand to monitor whether there is a disproportionate impact on any one group of residents.

Individual and collective resident concerns can be raised via Parking Services customer services phone line and email inbox, plus via ward councillors and resident meetings which we are happy to attend.

Parking Services produce a Parking Annual Report providing transparency and meaningful insight into the overall service including how and where funding is raised and distributed.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|---|--|--|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes | Age UK tell us that many older people face a difficult existence in retirement because of having a limited income combined with the extra costs of ageing. Introducing more paid parking in the city may add to older people’s financial pressures. Paid parking will allow visitors to purchase 1hr parking as a cheaper alternative to using a residents visitor parking permit. |

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|--|-----|---|
| | | <p>The introduction of paid parking in light touch spaces will increase accessibility for older people who may not qualify for a blue badge but find public transport challenging and travelling by car increases access to goods and services. It increases parking options for those wanting to visit older people reducing risk of social isolation.</p> <p>Age UK tell us that older people find it difficult to travel to hospital and other appointments.</p> <p>Inability to park may lead to older people relying on more expensive alternatives such as taxi's which will impact their limited income. This could mean they choose to not make the journey leading to isolation and poor access to services and goods.</p> |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | <p>The introduction of paid parking in light touch zones will increase accessibility for people who may not qualify for a blue badge but find public transport challenging and travelling by car increases their ability to access goods and services whilst supporting independence. It increases parking options for those wanting to visit disabled people, such as carers, traders or family and friends, reducing risk of social isolation and having a positive impact on health and wellbeing.</p> |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | No | |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | Yes | <p>Increasing parking options in areas of the city and opportunities for increased community engagement and access to goods and services including access to places of worship or social gatherings.</p> |
| Gender and Sex including non-binary and intersex people | No | |

| | | |
|--|-----|---|
| Gender Reassignment | No | |
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | Yes | The introduction of paid parking in light touch zones will increase accessibility for people who may not qualify for a blue badge but find public transport challenging and travelling by car increases their ability to access goods and services. It increases parking options for those wanting to visit the residents, reducing risk of social isolation |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | |
| Carers considering for age, language, and various intersections | Yes | <p>Research carried out by Carers UK found that many unpaid carers experience financial hardship because of their caring role. Increases in parking charges will add to the financial pressures.</p> <p>Unpaid carers are entitled to apply for an annual parking permit of £11.60. This proposal does not impact these permits or reduce permit bays in the areas affected. The introduction of paid parking will allow for those standing in for carers on an ad-hoc basis to be able to use paid parking. This option is not currently available. There will still be free parking available in permit bays outside the enforceable 2 hours.</p> |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, | No | |

| | | |
|---|-----|---|
| language, and various intersections | | |
| Domestic and/or sexual abuse and violence survivors | No | |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | No | |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | No | |
| Human Rights | Yes | Increasing availability of parking options in areas of the city supports independence and accessibility to goods and services, such as the ability to access public spaces more easily. |
| Another relevant group (please specify here and add additional rows as needed) | No | |

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

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

Cumulative impacts

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

No impact due to these areas being underutilised for parking and the proposal enabling more people to park and access services

Action planning

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

| |
|---|
| No mitigation actions are available as the proposal should have positive impact for some groups and no negative impact for others. However, these impacts will continue to be monitored through the data already collected via parking design and implementation processes. |
|---|

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|---|------------------------|
| Responsible Lead Officer: | Merran Wrigley – Head of Parking Services | 29-Oct-2025 |
| Accountable Manager: | Merran Wrigley – Head of Parking Services | 29-Oct-2025 |

Budget Proposal: EIA 16

| | |
|--|--|
| Title of budget saving being assessed: | Introduce/review car parking charges at Victoria Park and other City Parks sites |
| Name and title of officer responsible for this EIA: | Mike Harris, Head of Parks and Leisure |
| Directorate and Service Name: | City Operations, Parks & Leisure |

Briefly describe the budget saving proposal:

Introduce/review car parking charges at City Parks sites, examples of parks where there are currently no charges, and further consideration and a business case will be produced are Victoria Park, Lower and Upper Waterhall, Wild Park, Saunders Park, Rottingdean Recreation Ground, Easthill Park, Sheepcote Valley car park and view point, Devils Dyke x 2 parking areas, Castle Hill car park.

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

Where parking is a problem, access for park users can be impacted by blocking dropped kerbs and pedestrian walk ways. The enforcement of marked parking bays and double yellow lines ensures that parking is limited to spaces which enable better access for all and provision of disabled bays or wider access bays in suitable locations for park users.

At Victoria Recreation Ground the Victoria Road site is managed by One Parking Solutions (OPS), the site has restrictive parking hours (2 hours max stay) and these are reputedly limiting the use of the playground and bowling ground. The Bowls Pavillion has been allowed 8 permits for parking to be included in their lease but have failed to sign the lease in 2 years, which means we have received no income or benefit for this unusual concession.

Displacement effects may negatively affect residential areas in Portslade, Rottingdean and Woodingdean which are not already in a parking management zone, and this will be carefully considered before any decision to proceed in this location.

Lack of access to smartphones can limit access due to reliance on paybyphone in paid parking in our public parks.

Low income /living in a deprived area having limited access to high quality natural environment and not being able to afford paid parking is a cumulative impact of cost of living increases.

Consultation, engagement and supporting EIAs

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

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

Early engagement with disability and access forums and the Community Engagement Team to identify best community forums to speak to will help to inform the draft parking design. To make a new Traffic Regulation Order we advertise proposals for new restrictions in a public notice. You can [comment on the proposals](#) during a 21 day period. The comments are considered by the Project Team. If there are 6 or more objections which cannot be answered by response and further explanation and withdrawn the design may be altered to mitigate and approval sought from senior officers/ members or withdrawn. If the proposals are approved, we seal the traffic regulation order and make the necessary changes with line marking and signage in the city.

The consultation is written in Plain English and notices with details to respond are advertised on location and in the newspaper.

Previously, the sustainable travel plan for Stanmer Park as a destination park worked with Brighton & Hove buses to provide subsidised bus routes to ensure access to the countryside, a premier heritage destinations and the engagement activities provided there.

Community Engagement survey data (e.g. Wild East) show which greenspaces people travel to and where from in the city.

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

City Infrastructure/Parking Services

Current data and impact monitoring

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

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

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

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

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

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

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

The data may be gathered by Parking Services who receive the TRO comment or objections but is not passed on to Cityparks. Parking design and implementation, signage, lining and provision of bays are dictated by highways regulations which are national standards.

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

Parking Services do their own assessment of objections and complaints to the service. For example in Stanmer Park, the reintroduction of paid parking machines in 2 locations to respond to complaints about age biased digital access.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|--|--|--|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes | Young people and older people are more likely to be on low incomes and therefore more likely to be adversely impacted by any parking charges. Age UK tell us that many older people face a difficult existence in retirement as a result of having a limited income combined with the extra costs of ageing. Introducing paid parking at city park |

| | | |
|--|-----|---|
| | | locations may add to older people's financial pressures and limit / deter them from visiting. Older residents may be more likely to be digital excluded - Parking Services have plans to address this in some locations. |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | <p>Research carried out by Scope found that the cost of living with a disability or families with disabled children is significantly higher than households with no disabled people. Transport was identified as one of the main factors for this increase in costs. Introducing parking fees may add to financial pressures on these families and limit / deter them from visiting. Link to research. Disability Price Tag Disability charity Scope UK</p> <p>Blue badges are issued to disabled people who are drivers or non-drivers allowing free parking for an unlimited amount of time in pay and display bays and parking in disabled bays.</p> |
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | No | |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | |
| Sex | No | <p>The intersection of sex and disability and caring is a consideration. 90% of lone parent households with dependents in the city are headed up by women. The percentage of women providing unpaid care is 58% in comparison to men (42%).</p> <p>Introducing parking fees may add to financial pressures and limit / deter them from visiting.</p> |
| Gender Reassignment | No | |
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No | |

| | | |
|---|-----|--|
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | |
| Carers considering for age, language, and various intersections | Yes | Research carried out by Carers UK found that many unpaid carers experience financial hardship because of their caring role. Introduction of parking charges at city park locations may limit / deter them from visiting. |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | No | |
| Domestic and/or sexual abuse and violence survivors | No | |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | No | |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | No | |
| Human Rights | No | |
| Another relevant group (People on a low income and people living in the most deprived areas) | | |

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

- Ex-offenders and people with unrelated convictions

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

Cumulative impacts

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

Any other proposals related to introduction or increase of parking charges may worsen the impacts of this proposal.

Action planning

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

| |
|--|
| SMART action 1: Engagement with park user group and community forums prior to TRO advertisement. |
| SMART action 2: Early engagement with identified relevant groups prior to TRO advertisement. |
| SMART action 3: A sustainable travel plan ensuring needs of relevant groups are addressed. |

Outcome of your assessment

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

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

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

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

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

Publication

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

N/A

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|--|------------------|
| Responsible Lead Officer: | Mike Harris, Head of Parks and Leisure | 20 November 2025 |
| Accountable Manager: | Mike Harris, Head of Parks and Leisure | 20 November 2025 |

| Budget Proposal: EIA 17 | |
|--|---|
| Title of budget saving being assessed: | Income from trade and garden waste |
| Name and title of officer responsible for this EIA: | Louise Lawrence, Head of Strategy & Service Improvement |
| Directorate and Service Name: | City Operations, Environmental Services |

Briefly describe the budget saving proposal:

The council currently provides a chargeable fortnightly garden waste collection to residents who sign up to the service, and a chargeable waste collection service to businesses across the city with a trade waste agreement. The proposal is to increase the cost and market both services more widely to generate a surplus to reinvest in services.

There is also a proposal to introduce a fee for collection of waste from third sector organisations.

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

It is difficult to determine the level of impact as the service is demand led, and customer equality data is not collected. There are other companies that provide garden and trade waste collections in the city. Residents can also dispose of their garden waste for free at one of the Household Waste & Recycling Sites (HWRS).

Current policy in place provides free waste collection from third sector organisations. Introduction of a fee for this service may significantly impact organisations that don't generate profit, compared with sites that are hired out for commercial activity and organisations with single outlets compared with multiple outlets.

Consultation, engagement and supporting EIAs

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

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

Consultation will be undertaken through the Council's budget setting consultation process which sets out the proposed savings and revenue raising choices that the council will need to make in order to set a balanced budget for 2026/27.

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

None

Current data and impact monitoring

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

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

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

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

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

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

Through the digital improvements being made to the garden waste service, opportunities for collecting this data can be explored.

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

Budgets will be monitored.

Equality data will be collected through customer feedback / Stage 1 complaints.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|--|---|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | No | Younger and older people may have limited income and so be disadvantaged in terms of the charges for waste. |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | Disabled people may have lower incomes than other working age adults and so be disadvantaged in terms of the charges for waste. Disabled people are more likely to be unemployed or in low-waged work than non-disabled people. |
| Ethnicity, ‘Race’, ethnic heritage including Gypsy, Roma, Travellers | No | |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | |
| Gender and Sex including non-binary and intersex people | No | |
| Gender Reassignment | No | |
| Sexual Orientation | No | |

| | | |
|---|-----|---|
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No | |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | |
| Carers considering for age, language, and various intersections | No | |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | No | |
| Domestic and/or sexual abuse and violence survivors | No | |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | Yes | <p>People on low incomes may be disproportionately impacted by the proposals. They may not be able to afford to pay for the service.</p> <p>People without access to a car may be disproportionately impacted by the proposals. They may not be able to access the HWRS to dispose of the items for free.</p> |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | No | |
| Human Rights | No | |

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

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

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

Cumulative impacts

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

| |
|--|
| |
|--|

Action planning

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

| |
|--|
| 1. SMART action 1: Continue to promote other means of disposing of garden waste, such as taking to the HWRS, home composting or using another service. |
| 2. SMART action 2: Analyse Stage 1 complaints and feedback to identify trends related to accessibility or affordability. |
| 3. SMART action 3: Review existing approach for waste collection from third sector organisations and ensure any fees introduced are applied fairly |

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|---|------------------------|
| Responsible Lead Officer: | Louise Lawrence, Head of Strategy and Service Improvement | 24/11/25 |
| Accountable Manager: | Rachael Joy, Director of Environmental Services | 24/11/25 |

Budget Proposal: EIA 18

| | |
|--|--|
| Title of budget saving being assessed: | Introduce new charged-for services including bin replacements, wheelie bin cleaning service and Christmas tree collection. |
| Name and title of officer responsible for this EIA: | Louise Lawrence, Head of Strategy and Service Improvement |
| Directorate and Service Name: | City Operations, Environmental Services |

Briefly describe the budget saving proposal:

- a. Introduce a fee for customers requesting bin replacements, for which the council currently does not currently charge.
- b. Introduce a new bin cleaning service available to both residents and businesses throughout the city.
- c. Introduce a new charged for Christmas tree collection service for residents.

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

Low-income households may be disproportionately negatively impacted by bin replacement charges.

It is difficult to determine the level of impact for bin cleaning and Christmas tree collection as these services will be demand led. There are other companies providing bin cleaning and Christmas tree collections in the city. Residents can also dispose of their Christmas trees for free at one of the Christmas tree recycling points in the city.

Consultation, engagement and supporting EIAs

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

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

Consultation will be undertaken through the Council's budget setting consultation process which sets out the proposed savings and revenue raising choices that the council will need to make in order to set a balanced budget for 2026/27.

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

Income from trade waste and garden waste

Current data and impact monitoring

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

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

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

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

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

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

Through the digital improvements being made to existing charged for services, such as garden waste, opportunities for collecting this data can be explored.

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

Budgets will be monitored for uptake of the services.

Equality data will be collected through customer feedback / Stage 1 complaints.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|--|---|--|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes | Older people on fixed incomes may find new charges for bin replacement financially challenging; some may struggle with online payment. Students/young adults in HMOs and private rentals may experience more frequent bin churn (lost/contaminated bins), amplifying exposure to charges. |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | Disabled people are more likely to be unemployed or in low-waged work than non-disabled people, therefore may be disadvantaged by introduction of bin replacement charges. Disabled people may experience accessibility barriers in requesting/replacing containers. |
| Ethnicity, ‘Race’, ethnic heritage including Gypsy, Roma, Travellers | No | |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | |
| Gender and Sex including non-binary and intersex people | No | |

| | | |
|---|-----|--|
| Gender Reassignment | No | |
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | No | Households with primary carers (disproportionately women) could experience additional burden organising replacements and payments. |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | |
| Carers considering for age, language, and various intersections | No | |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | No | |
| Domestic and/or sexual abuse and violence survivors | No | |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | Yes | People on low incomes may be disproportionately impacted by the proposals. They may not be able to afford to pay for the services. |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | No | |

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

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

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

Cumulative impacts

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

Existing charges for garden and trade waste services.

Action planning

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

| |
|--|
| SMART action 1: Undertake a full Equalities Impact Assessment as part of drafting new policy on bin replacement charges considering accessibility needs and possible exemption criteria. |
| SMART action 2: Continue to promote other means of disposing of Christmas trees, such as taking to a recycling point in the city. |
| SMART action 3: Analyse Stage 1 complaints and feedback to identify trends related to accessibility or affordability. |

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|---|------------------------|
| Responsible Lead Officer: | Louise Lawrence, Head of Strategy and Service Improvement | 21/11/25 |
| Accountable Manager: | Rachael Joy, Director of Environmental Services | 24/11/25 |

Budget Proposal: EIA 19

| | |
|--|---|
| Title of budget saving being assessed: | Introduction of charging for high footfall public toilets |
| Name and title of officer responsible for this EIA: | Louise Lawrence Head of Strategy and Service Improvement |
| Directorate and Service Name: | City Operations, Environmental Services |

Briefly describe the budget saving proposal:

Introduce a charge at public toilets with high footfall.

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

The proposal will affect the community as a whole, as well as visitors to Brighton and Hove (all potential public toilet users). It may have a disproportionate impact on disabled people, children, older people, homeless people and general accessibility.

Consultation, engagement and supporting EIAs

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

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

Consultation will be undertaken through the Council's budget setting consultation process which sets out the proposed savings and revenue raising choices that the council will need to make in order to set a balanced budget for 2026/27.

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

Public toilets refurbishment programme

Current data and impact monitoring

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

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

| | |
|------------|----|
| Age | No |
|------------|----|

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

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

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

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

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

Public toilets are available to all residents and visitors to the city. It is not possible to monitor the characteristics of people using the sites, however installation of paddle gates will enable footfall numbers to be monitored accurately.

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

Customer complaints will continue to be monitored and reviewed.

Feedback from organisations advocating or supporting people with protected characteristics will be reviewed to ensure any disproportionate impacts of charging are identified.

Impacts

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

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

- **Consider a wide range (including but not limited to):**
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|--|--|---|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes | Children, young families and older people are more likely to need to use the toilet more frequently and this will have a disproportionate financial impact on them. They may be less likely to find alternative suitable facilities nearby. Controlling access to the toilets physically may impact disproportionately on parents/carers with buggies trying to access the facilities. |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | Disabled people with limited mobility will potentially be unable to access other toilets further away. They may need to use the toilet more often and this will have a disproportionate financial impact on them. They may be less likely to find alternative accessible facilities nearby. |
| Ethnicity, ‘Race’, ethnic heritage including Gypsy, Roma, Travellers | No | |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | No | |
| Gender and Sex including non-binary and intersex people | Yes | Women and girls may need toilets more often due to menstruation or menopause. Charging could exacerbate gender-based inequalities in access. |
| Gender Reassignment | No | |
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |

| | | |
|---|-----|--|
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | Yes | Pregnant people are more likely need to use the toilet more often and this will have a disproportionate financial impact on them. Menopausal people may need access to toilet facilities more frequently that other members of the public due to common perimenopausal symptoms such as irregular periods, recurrent UTIs, hot flushes. |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | No | |
| Carers considering for age, language, and various intersections | No | |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | No | Lone parents and people caring for individuals with health conditions requiring frequent toilet use, may be disproportionately affected. |
| Domestic and/or sexual abuse and violence survivors | No | |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | Yes | Charging at public toilets sites will have a disproportionate impact on people who have lower incomes. |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | Yes | Homeless people and rough sleepers are less likely to have access to a consistent source of income, thereby unable to pay for access to public toilets. They may feel a greater stigma when using other facilities and may not feel welcome. |
| Human Rights | No | |

| | | |
|---|-----|---|
| Another relevant group (please specify here and add additional rows as needed) | Yes | Lone parents, carers, and individuals with health conditions requiring frequent toilet use may be disproportionately affected. Intersectional impacts are also noted for people with substance use disorders, survivors of abuse, and sex workers. |
|---|-----|---|

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

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

Cumulative impacts

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

| |
|--|
| Potentially other budget proposals that affect disabled people, older people, people with childcare responsibilities, people on low incomes. |
|--|

Action planning

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

| |
|--|
| SMART action 1: Continue to monitor complaints to see if people with protected characteristics are disproportionately affected by the changes |
| SMART action 2: Ensure communications about the charges at public toilet sites are inclusive |
| SMART action 3: Publicise other toilets available, such as libraries, museums, shopping centres etc. Encourage businesses to sign up to a Community Toilet Scheme / Use Our Loo Scheme, to allow the public to use their toilets |
| SMART action 4: Ensure paddle gates installed do not limit how accessible the public toilets are. |
| SMART action 5: Ensure paddle gates' specification allows for parents/carers with buggies to access the toilets. |

Outcome of your assessment

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

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

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

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

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

Publication

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

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MMM-YY |
|----------------------------------|---|------------------------|
| Responsible Lead Officer: | Louise Lawrence, Head of Strategy and Service Improvement | 21/11/25 |
| Accountable Manager: | Rachael Joy, Director of Environmental Services | 24/11/25 |

Budget Proposal: EIA 20

| | |
|--|--|
| Title of budget saving being assessed: | Implement service efficiencies and improve productivity through a review of the waste collection model and design of collection rounds |
| Name and title of officer responsible for this EIA: | Satti Sidhu, Acting Head of Strategy and Service Improvement |
| Directorate and Service Name: | City Operations, Environmental Services |

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

Implement service efficiencies and improve productivity through a review of the waste collection model and design of collection rounds. Implementation proposals will be subject to a more detailed EIA when Cabinet considers decision reports in spring/summer 2026.

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

Changes to the waste collection model could impact on disabled people, elderly people, and larger families who are more likely to produce higher volumes of waste because of potential health-related materials, or the number of people living in one household.

Consultation, engagement and supporting EIAs

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

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

Public consultation planned as part of implementing the proposal. This will be undertaken in an inclusive and accessible way.

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

None

Current data and impact monitoring

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

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

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

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

- 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

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

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

Assisted collection data is reviewed and the introduction of in cab technology will assist in improved data capture for monitoring.

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

Customer contacts and complaints will continue to be monitored.

Impacts

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

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

- Consider a wide range (including but not limited to):
 - [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.

| Assess impact for different population groups | Is there a possible disproportionate negative impact? State Yes or No | Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why. |
|--|--|--|
| Age including those under 16, young adults, multiple ethnicities, those with various intersections. | Yes | The change will apply to all households. The city has an ageing population; older people may require assistance with their collection, and this is already available on request, either by calling or applying online. |
| Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities. | Yes | The change will apply to all households. Disabled people may require assistance with their collection, and this is already available on request. A communications plan will be developed to cover any significant changes in the service delivery model. This will include consideration of accessible communications, to ensure key messages are widely understood. |

| | | |
|--|---------|---|
| Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers | Yes | <p>The changes will apply to all households, but people whose first language is not English may find it more challenging to understand the potential implications for their household.</p> <p>A communications plan will be developed to cover any significant changes in the service delivery model. This will include mechanisms for communicating changes to people whose first language is not English.</p> |
| Religion, Spirituality, Faith, Atheism, and philosophical belief | Unknown | |
| Gender and Sex including non-binary and intersex people | No | |
| Gender Reassignment | No | |
| Sexual Orientation | No | |
| Marriage and Civil Partnership | No | |
| Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum) | Yes | <p>Households with young families and higher waste levels due to infants in nappies or post-natal health issues may temporarily produce higher levels of waste.</p> <p>Households can already apply for larger waste bins on the grounds of a medical condition or larger family.</p> |
| Armed Forces Personnel, their families, and Veterans | No | |
| Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections | Yes | <p>The changes will apply to all households, but people whose first language is not English may find it more challenging to understand the potential implications for their household.</p> <p>A communications plan will be developed to cover any significant changes in the service delivery model. This will include mechanisms for</p> |

| | | |
|---|----|--|
| | | communicating changes to people whose first language is not English. |
| Carers considering for age, language, and various intersections | No | |
| Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections | No | |
| Domestic and/or sexual abuse and violence survivors | No | |
| Socio-economic disadvantage considering for age, disability, D/deaf/blind, ethnicity, expatriate background, and various intersections | No | Any potential disproportionate impacts on households in socially or economically disadvantaged areas of the city will be assessed as part of a full-service EIA when specific proposals to the waste collection delivery model are considered. |
| Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections | No | |
| Human Rights | No | |
| Another relevant group (please specify here and add additional rows as needed) | No | |

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

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

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

Cumulative impacts

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

None

Action planning

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

1. SMART action 1: Undertake a review of household waste generated, following the introduction of food waste collections and wider recycling, to understand the impact on the current waste collection model and residents in the city.
2. SMART action 2: Develop an exceptions scheme to enable households who need a larger waste bin to apply for one.
3. SMART action 3: Continue to promote and deliver an inclusive assisted collection service and ensure service is ready for a potential increase in demand.
4. SMART action 4: Run further recycling and waste reduction campaigns to support households to reduce the amount of waste they produce, ensuring the campaigns are accessible and inclusive of the diverse communities of the city.

Outcome of your assessment

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

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

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

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

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

Publication

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

Directorate and Service Approval

| Signatory: | Name and Job Title: | Date: DD-MM-YY |
|----------------------------------|--|-----------------------|
| Responsible Lead Officer: | Satti Sidhu, Acting Head of Strategy and Service Improvement | 20-Jan-2026 |
| Accountable Manager: | Ali McManamon, Corporate Director City Operations | 27-Jan-2026 |

Equality Act 2010: section 149 Public Sector Equality Duty

- (1) A public authority must, in the exercise of its functions, have due regard to the need to —
- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to —
- (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- (4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- (5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
- (a) tackle prejudice, and
 - (b) promote understanding.
- (6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.
- (7) The relevant protected characteristics are—
- age;
 - disability;
 - gender reassignment;
 - pregnancy and maternity;

- race;
- religion or belief;
- sex;
- sexual orientation.

(8) A reference to conduct that is prohibited by or under this Act includes a reference to—

(a) a breach of an equality clause or rule;

(b) a breach of a non-discrimination rule.

(9) Schedule 18 (exceptions) has effect.