HEALTH & WELLBEING BOARD SUPPORTING PAPERS

4.00PM, TUESDAY, 12 SEPTEMBER 2017

COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD, HOVE, BN3 4AH

SUPPORTING PAPERS

ITEM **Page**

Equality Impact and Outcome Assessment (EIA) Template - 2015

EIAs make services better for everyone and support value for money by getting services right first time.

EIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then action plan to get the best outcomes for staff and service-users[1].They analyse how all our work as a council might impact differently on different groups[2]. They help us make good decisions and evidence how we have reached these decisions[3].

See end notes for full guidance. Either hover the mouse over the end note link (eg: Age[13]**)** or use the hyperlinks ('Ctrl' key and left click).

For further support or advice please contact the Communities, Equality and Third Sector Team on ext 2301.

1. Equality Impact and Outcomes Assessment (EIA) Template

First, consider whether you need to complete an EIA, or if there is another way to evidence assessment of impacts, or that an EIA is not needed[4].

Title of EIA[5]	Re-commissioning of Public Health Community Nursing services	**ID No.[6]**	CS43
Team/Department[7]	Public Health		
Focus of EIA[8]	The Health and Social Care Act 2012 sets out the statutory responsibility of local authorities to deliver and commission Public Health services for children and young people aged 5-19 years. Responsibility for children's Public Health commissioning for 0-5 years, specifically health visiting transferred from NHS England to local authorities on 1st October 2015. The move to commissioning of children's Public Health services by local authorities is an opportunity to take a fresh look at ensuring coherent, effective, services for children and young people aged 0-19. At point of transfer, the arrangement for delivery of the Healthy Child Programme was under several contracts with Sussex Community NHS Trust (SCT):		

- Health visiting service and Family Nurse Partnership (FNP a targeted service for first time pregnant mothers under the age of 19);
- Breastfeeding support service (Peer Support Programme; targeted work in areas of inequalities);
- School nursing service;

In October 2015, the proposal submitted to the Health and Wellbeing Board to deliver the services within one Public Health Community Nursing contract from 2017/2018, was accepted.

The Public Health Community Nursing services for children and young people aged 0-19 combine the existing functions of the health visiting service and the school nursing service to create area based teams structured in line with children's services. The services will work together to deliver seamless, efficient and integrated services for children, young people and their families. The focus is on early intervention to improve children and young people's health, improve life chances and reduce health inequalities.

The specification for this service has been informed by the PHE (2016) Commissioning Guide 2: Model specification for 0-19 Healthy Child Programme: Health Visiting and School Nursing Services including changes for local implementation for two target audiences most affected:

- Young parents with the replacement of the FNP with a dedicated service and pathway for young parents
- A new service for young people aged 16 – 19

This EIA will focus on the equalities impact for these two service user audiences, and take account of the full age range (0 – 19) to ensure the commissioning process includes the actions outlined to

	achieve the best outcomes for all service users. The new service is planned to be in place from April 2017 and will be required to take forward the recommendations outlined in this EIA. The service is being re-commissioned in the context of the financial constraints on the Local Authority and 18% savings targets set for Public Health.

Protected characteristics groups from the Equality Act 2010	**What do you know[9]?** Summary of data about your service-users and/or staff	**What do people tell you[10]?** Summary of service-user and/or staff feedback	**What does this mean[11]?** Impacts identified from data and feedback (actual and potential)	**What can you do[12]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age[13]	In 2012 there were almost 59,000 children and young people aged 0-19 years in the city. This number is expected to rise to 60,500 by 2020. *[Office for National Statistics. 2013 Mid-year Population Estimates. London: Office for National Statistics; 2014.]* Approximately a quarter of these (14,900) are under five. There are approximately 80 teenage parents (19 years or under) in the city. As of August, 2016, 33 of these who are on the Family Nurse Partnership programme have been identified as being affected by the change in service. *[Brighton and Hove FNP data]* Mothers under 20 are most likely to smoke during pregnancy, are	**Mental Health** The number of children reporting they are anxious often or sometimes rises from 45% in 11-12 year olds to 57% in 15-16 year olds. *[Brighton & Hove City Council. Safe and Well at School Survey 2013. Brighton & Hove: Brighton & Hove City Council; 2014.]* 20% of college students said they are not happy with their life at the moment and 10% report that they have suicidal thoughts sometimes or often. *[Brighton & Hove Safe and Well at School Survey. Summary Report: All Colleges, 2015]* Things college students tend to worry about the most often are college/school work (58%), exams (55%), their future in work and education (48%) and	Adolescence is a time of increasing incidence of mental health problems. The use of alcohol, cigarettes and non-prescribed drugs also increases in the teens. Young people feel that mental health is not taken as seriously as physical health, and that mental health issues have to reach a critical point before help and support is given. Young people don't always have the information they need to make healthy choices or	The Public Health Community Nursing services will expand the service offer to include services for 16-19 year olds. The Service specification will require performance monitoring to include protected characteristic groupings described by BHCC. The requirement will ensure there is a dedicated service and pathway for young parents that is based on their level of vulnerability and need rather than age and first pregnancy. It is anticipated that each

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	less likely to breastfeed their babies, have poorer mental health and are more likely to live in poverty compared to mothers over 20. *[A framework for supporting teenage mothers and young fathers, Public Health England]* There is much evidence to suggest that providing support to families with children in the early years has a significant impact on children's outcomes and how well they do throughout their life. *[Fair Society Health Lives: The Marmot Review, Feb 2010; Chief Medical Officer's Report 2012: Our Children Deserve Better: Prevention Pays]* Over half of mental health problems in adult life (excluding dementia) start by the age of 14 and seventy-five per cent by age 18. Recently, the pressures of social media, exam stress and worries about body image have all been associated with rising rates of depression and anxiety among teenagers. *[The Government's Future in Mind report, March 2015]* There are significantly higher	the way they look (31%). *[Brighton & Hove Safe and Well at School Survey. Summary Report: All Colleges, 2015]* Consultation with 42 young people aged 16-19 in the city highlighted mental health (including depression, anxiety, eating disorders and self-harm) as a key health priority. They identified key issues as schools not taking mental health as seriously as physical health, long waiting times for counselling and mental health support, social stigma, lack of clarity about confidentiality and information sharing between professionals and lack of prevention services. *[Public Health Community Nursing Service Consultation 2016]* Higher thresholds for Child Adolescent Mental Health services can mean that some young people may not be immediately eligible for ongoing support. They may then go on to meet such thresholds later if their unmet mental health needs have resulted in deteriorating health.*[Right Here Brighton and*	know where to get help. They can feel intimidated by health professionals, unclear about what information will be shared and confused by medical jargon.	client will have an individual assessment of need in place which will be robustly monitored. Ensure Community Nursing staff: • Work with schools, colleges and other services to ensure young people get the information they need to make informed, healthy choices. • To clarify Community Nurses role in the city wide anti-stigma campaigns • Publicise and make it easier for young people to access health services by providing drop in sessions in schools and colleges such as C-cards (access to contraception), STI testing and smoking cessation services.

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	rates of hospital admissions for both self-harm and alcohol for young people in Brighton & Hove. *[Public Health England. Child Health Profiles. London: Public Health England; 2014.]*	*Hove. How to create youth friendly mental health and wellbeing services]* Research by Right Here identified a rise in the number of children self- harming at around 13 years. *[Right Here Brighton and Hove. Young People and Self Harm: Perceptions and Understanding, 2014]* **Smoking, alcohol and drugs** Smoking increases with age, while only 5% of 11-12 year old students said they had ever smoked this rose to 51% for 15-16 year old students. *[Brighton and Hove Council Safe and Well at School Survey, 2015].* Research on attitudes to smoking in young men aged 16-25 found 85% of those who smoked had tried to quit unsuccessfully (most citing lack of willpower). However, nearly half of respondents didn't know where to go to get help to stop smoking. *['Young men's attitudes to smoking & smoking support in Brighton & Hove': A report by the Right Here project's Young Men's Health Champions.]* 68% of college students		• Ensure that young people understand their rights with regards to confidentiality and information sharing. Clearly display and adhere to a strong confidentiality policy (Gillick Principle) • Communicate with young people in plain language avoiding medical jargon. • Are trained and competent in working with young people. • Understand young people's lifestyles, culture and issues which affect them, particularly in relation to alcohol, substance misuse and sex. • Ensure that the experiences and views of young people inform all service

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		reported drinking alcohol in the last 4 weeks and of those, 63% reported getting drunk at least once in that time period. 35% said they drink alcohol a lot either sometimes or often. *[Brighton & Hove Safe and Well at School Survey. Summary Report: All Colleges, 2015]* Only 4% of 11-14 year olds say they have taken non-prescribed drugs – this figure rises to 21% for 14-16 year olds and 32% for college students. *[Brighton and Hove Council Safe and Well at School Survey, 2015].*		developments • Ensure that health prevention messages are relevant and promoted to all under 19s. The commissioners and provider to work in partnership with the CCG on the implementation of the Transformation Plan that aims to make it easier to access support both where and when needed by both increasing service capacity and developing a service offer that is children and young person friendly. The transformation will involve a shift in the balance of services, towards prevention, early intervention, resilience and promoting mental health and wellbeing, and in particular targeting those most at risk. Ensure the provision of

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				health information includes age-specific health information resources.
Disability[14]	Applying national estimates to Brighton & Hove suggests between 3% and 5.4% of children in the city are disabled. 19.1% of Brighton and Hove pupils have special educational needs (SEN), which is a 1.85 reduction since January 2015 and is above the national figure of 15.4% (Jan 2015) 2.9% of our pupils have a Statement or Education, Health & Care Plan. 16.2% of our pupils have 'SEN Support' which is SEN without a statement or Education, Health & Care Plan. *[School Census Trend Report Summary Spring (January) 2016]* People with physical and learning disabilities are more likely to suffer discrimination, poor access to some health services and worse employment prospects as a result of their disabilities, and these factors all impact negatively	Right Here Brighton & Hove's research on mental health found that young people with physical or learning disabilities are at higher risk of developing mental health problems. An information needs survey of young people with SEND carried out by Amaze found that the majority (64.7%) wanted more information on emotional and mental health. Young people with SEND tell us they experience barriers to making and getting to medical appointments, often needing someone to help with this. Some young people with SEN can find it difficult to take in the information they are given by health professionals and it would help if doctors and other medical staff could speak clearly, slowly and not use jargon. The information provided to	Children and young people with SEND tend to have higher mental, physical and sexual health needs. However, they face multiple barriers in the way that their needs are identified and addressed.	Require the service provider to undertake an audit of service users regarding disability and any impacts on access to the service Require the service provider to collaborate with local charities like the PossAbility People and Amaze to ensure the experiences and needs of SEND young people inform the delivery of the Healthy Child Programme including sexual and mental health. Ensure Community Nursing staff are trained to meet the communication needs of SEN young people. This includes training for those providing sexual health services to ensure young people with SEN

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	on their health. *[Brighton and Hove JSNA 2013]* Nationally, 40% of disabled children live in poverty *[Children's Society 2011]* Pupils with Special Educational Needs tend to have poorer outcomes, such as a lower likelihood of achieving five GCSEs at grades A* to C, and a higher likelihood of being NEET (Not in Education, Employment or Training). *[Brighton and Hove JSNA 2013]* Compared with their peers, children and young people who are disabled or who have a Statement of SEN are considerably less likely to achieve well at school and are four times less likely to participate in higher education. *[Brighton and Hove JSNA 2013]* There are significant numbers of referrals for sexual health support and concerns around sexual exploitation for young women with SEN. *[Brighton and Hove JSNA 2013]*	young people as part of the C-card service, which provides young people with free contraception, needs to be clearer for SEN young people, particularly around the issue of consent.		get the information and support services they need to help them make safe and effective decisions. Ensure Community Nursing Staff are aware of SEND young people's vulnerabilities with respect to sexual exploitation, can identify sexual exploitation and work in a joined up way across statutory and voluntary sector agencies. Ensure that where possible, Community Nursing staff are recruited from diverse groups to provide positive role models. Ensure the provision of health information includes information resources appropriate for young people with SEN. Through joint working and commissioning, ensure

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	Young people who need extra help at school are more likely to report that they have experienced bullying (30%) as well as being more likely to bully others.(13%). *[Safe and Well at School Survey, 2015]* Children with a learning disability have a six and a half fold increased risk of mental health problems, an increased risk of developing psychological problems, two fold increased risk of experiencing anxiety disorders and six fold increased risk of experiencing conduct disorders. *[East Sussex CAMHS needs assessment. East Sussex County Council. June 2014]*			that there are effective pathways in place to ensure children and young people get access to the services they need.
Gender reassignment[15]	Local research indicates significant inequalities in health and wellbeing faced by trans people, including an increased risk of mental ill health, as well as inequalities in housing, employment, crime and safety *[Brighton and Hove Trans Needs Assessment, 2015]* There is no reliable information regarding the size of the trans population in the UK for either children or adults. Recent	Trans people, including young people, are less likely to report that they are in good health and more likely to report that they have a limiting long-term illness or disability. They also report a lack of knowledge regarding health screening and are less satisfied with NHS health services than the overall population. *Brighton & Hove Trans Needs Assessment 2015*	Trans people comprise a small group of the local population who experience high levels of need in terms of social stigma and mental health issues.	Ensure Community Nursing staff have trans-awareness training and are sensitive and understanding of their specific issues and needs. Ensure that where possible, Community Nursing staff are recruited from diverse groups to provide positive role

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	estimates suggest that 0.6% to 1% of adults may experience some degree of gender variance. The Trans Needs Assessment states that 55 young trans people are in contact with local specialist youth provision in the city. *[Brighton and Hove Trans Needs Assessment, 2015]* 48% of trans people under 26 said they had attempted suicide, and 30% said they had done so in the past year, while 59% said they had at least considered doing so. *[National survey by LGBT mental health charity Pace, 2014]* By comparison, about 6% of all 16- to 24-year-olds say they have attempted suicide *[Adult Psychiatry Morbidity in England Survey, 2009].* The Pace research also found 59% of transgender youth said they had deliberately hurt themselves, compared with 8.9% of all 16- to 24-year-olds.	Trans young people tell us they experience social stigma when accessing health services in the city. GPs and other health professions tend to focus on their bodies (which may not reflect the gender they identify with) rather than the person. It can be awkward, confusing and embarrassing for the young person. *[Public Health Community Nursing Service Consultation 2016]* **Mental Health** Trans people, including young people, report high levels of mental health need (including stress, depression, self-harm, and suicidal ideation) which participants related to gender dysphoria* but more commonly to factors such as discrimination and NHS treatment delays *[Brighton & Hove Trans Needs Assessment 2015]* **Gender dysphoria means feelings of discomfort or distress arising from a mismatch between a person's biological sex and gender identity. Note that children can experience gender dysphoria from a very young age. Therefore it is important to offer staff training and support in primary school settings.*		models. Recognise and respond appropriately across the ages so that trans young people's needs are recognised and supported. Ensure the provision of health information includes trans-specific health information resources. Ensure Community Nursing staff are working collaboratively with local LGBT support groups such as Allsorts and Transformers. Review pathways to counselling/ family support to ensure ease of access for Trans children and young people, particularly for those under 11. To increase awareness of the Brighton Hove Trans Inclusion Schools Toolkit

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		Those using another term to describe their gender are significantly more likely than boys and girls, to have experienced bullying (35%) *[Safe and Well at School Survey, 2015]* **Smoking, alcohol and drugs** Local surveys suggest that trans people have higher rates of smoking and lower rates of physical activity than the overall population. *[Brighton and Hove Trans Needs Assessment, 2015]*		across schools partners including Community Nurses.
Pregnancy and maternity[16]	There were 2,967 live births in Brighton & Hove in 2013. *[Brighton and Hove JSNA, 2015]* In 2014, Brighton & Hove had a rate of 44.8 live births per 1,000 women aged 15-44. This is lower than England (62.2) and the South East (61.4). *[Brighton and Hove JSNA, 2015]* The number of births per year in the city is projected to increase by 11% from 2013 to 2024. Higher than in England (4%) and the South East (3%). *[Brighton and Hove JSNA, 2015]* Breastfeeding rates (at initiation (89%) and sustained at 6-8	Summary of findings from the *Public Health Community Nursing Service Consultation 2016.* Young parents said the factors they valued most in parenting support services were the intensity of the relationship with their health professional, the consistency of support, getting support when they needed it and not feeling judged. They valued both the regular home visits from a health professional and drop in groups	Young parents benefit greatly from frequent contact with a consistent, non-judgemental health specialist from before birth to the child's first year. They also benefit from access to parenting groups with other young parents for emotional and practical support and to reduce feelings of isolation.	NB: where 'parents' are referred to below, this includes fathers. The HCP contract will required the provision and promotion of dedicated service and pathway for young parents Ensure young parents have frequent emotional and practical support from a consistent health professional prior to birth and at during the baby's first year.

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	weeks (76%)) are higher in all areas of Brighton and Hove than the England average. Breastfeeding rates across the city have improved by 4% in the past ten years. Whilst the under 18 conception rate locally shows a long-term downward trend, latest figures show an increase of 9% compared with the previous year. The latest local rate is higher than both England and the South East. Teenage Pregnancy Performance Report July 2016 As of April 2016, 71 teenage mothers were participating in the city's Family Nurse Partnership Programme which aims to improve pregnancy outcomes, child health and development and parents' economic self-sufficiency. 75% of the parents on the programme are 18 or under and 53% are 17 or under. Many participants are highly vulnerable young people. The most deprived areas of the city have significantly higher rates of maternal smoking at delivery:	where they could meet other young parents and talk to a professional at the same time. The groups were perceived as important in terms of widening their social networks and reducing feelings of isolation. What they found least helpful was the large volume of paperwork. Young parents valued having a specialist teen midwife and meeting the family nurse or health visitor prior to the birth to help the transition from practitioners. Going forward they felt that a parenting pathway for young parents should include parents over 19 and with a second child if they needed support.		Ensure young parents have access to regular groups and activities where they can socialise with other young parents and increase their support networks. Ensure that young parents influence service development and evaluation, particularly of the dedicated pathway. Ensure young parents form strong relationships with: • Midwifery • Youth Employment Services • Housing Ensure that Community Nursing staff are recruited from diverse groups to provide positive role models, where possible.

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	12% in Whitehawk and 13% in Moulsecoomb compared to 4% in Hove (Conway Court).. *[Brighton & Hove City Council Children's Centre data, 2014/15].* Although Moulsecoomb & Whitehawk have had significantly higher rates of maternal smoking than Brighton & Hove, throughout the past decade, they have seen a significant improvement over this time. Moulsecoomb saw the greatest reduction from 42% of mothers smoking at booking in 2003/04 to 18% in 2014/15. *[Brighton & Hove City Council Children's Centre data, 2014/15].* The impact of welfare reform and universal credit has left young parents, particularly single parents under 25 worse off and at higher risk of poverty. *[Young parents' involvement in the child welfare system. Family Rights Group, June 2016]* Young parents often have less developed support networks compared to older parents, and those who are care leavers are likely to have fewer established familial support systems in place			

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	as they move into adulthood. This can be a significant factor increasing the vulnerability of young parents to having children who are deemed to be at risk or experiencing the removal of a child. *[Young parents' involvement in the child welfare system. Family Rights Group, June 2016]* Young fathers are often marginalised during the involvement of services. *[Young parents' involvement in the child welfare system. Family Rights Group, June 2016]*			
Race[17]	25% of the city's school and pre-school pupils are from a black or minority ethnic (BME) background. *[Brighton & Hove Schools Data, 2016]* Around a third of the city's under 5 population are BME. *[Brighton & Hove City Council Children's Centre data, 2014/15].* Child obesity is higher for BME children. 30% for Black/Black British Children; 22% for Asian/Asian British children and 16% for White UK/British	**Mental Health** When secondary school students were asked to report if they were happy, either often or sometimes, there was no difference between ethnic groups. *[Brighton and Hove City Council Safe and Well at School Survey, 2015]* With regards to bullying, in general there is no significant difference between Black & Minority Ethnic (BME) students compared to those who identify	We have a mixed knowledge of inequality impacts for different BME groups but can be confident we there is high levels of need to narrow the gap across health outcomes attached to the HCP We know that health outcomes are worse for gypsy and traveller families in general but health inequalities for	There is a requirement in the Community Nursing Service contract that the service provider undertakes an annual equalities impact assessment. Ensure that Community Nursing staff are recruited from diverse groups to provide positive role models, where possible. Recognise and respond appropriately across the

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	children. *[Taken from year 6 figures and JSNA, 2015]* The health of Gypsies and Traveller families is much poorer than that of the general population. The infant mortality rate is three times higher than the overall population. *[Brighton and Hove JSNA, 2015]* While 53% of White UK/British pupils obtained five or more GCSEs at grade C or above including English and Maths in 2014 there was considerable variation across different BME groups. Chinese (82%), Pakistani (80%), Bangladeshi (72%) White & Asian (65%); White and Black African (40%); White and Black Caribbean (31%). Due to small numbers there is no data available for Indian, Black African and Black Caribbean pupils. *[Brighton and Hove JSNA, 2015]* The sexual health needs assessment reported that Chlamydia detection rates were highest in Asian or Asian British young people. *[Brighton and Hove JSNA, 2013]*	as White British (16% and 13%), but Chinese students are significantly more likely to state having been bullied (30*%). [Brighton and Hove City Council Safe and Well at School Survey, 2015]* **Sexual Health** White British students are significantly more likely to be aware of C Card services (83%) and health based school drop-ins (66%) than BME students (71% & 59%, respectively). *[Safe and Well at School Survey, 2015]*	BME groups are more mixed and complex. We know that there is local inequality for some BME group in academic achievement, sexual health and obesity levels. There are also gaps in our local information around health inequalities for BME groups. Given that the population of BME young people is rising in Brighton and Hove, it is even more important that these health inequalities are identified and addressed.	ages so that BME young people's needs are recognised and supported. Ensure the provision of health information includes BME health information resources. Ensure that Community Nursing staff undertake specific targeted work with BME groups and work collaboratively with other targeted groups and services such as BMEYPP and the Travellers Education Service. Ensure that service users from BME groups inform service planning.

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	BME secondary school children are less likely to have tried alcohol than their white British peers. *[Brighton and Hove JSNA, 2015]* The ethnic composition of children and young people with mental health problems in Brighton and Hove is not known. Nationally this varies across ethnic groups. The prevalence of mental health disorders in Black children aged 11-16 years is 14% compared to 11.5% for White children. There is lower prevalence amongst Indian adolescents, approximately 3% *[ONS survey of child an adolescent mental health, 2004]*			
Religion or belief[18]	The annual Safe and Well at School Survey (SAWSS) doesn't currently include data on religion which is a gap. However this will be included in the next academic year (2016/17). Population data shows the religion breakdown for 0-15 year olds in the city as: No religion (47%), Christian (37%), Muslim	Across all religious groups, the majority reported they were in good or very good health. However there were small differences in the number by religious group: Sikh 100% Hindu 99% No religion 97% Christian 97% Jewish 97%	Our data is limited to the census data as religion isn't recorded in hospital admissions data, or from compass data. In order to understand and address any inequalities here, there is a need to improve data collection through the next SAWSS and better Community	Ensure that the service provider audits service use and performance by protected characteristic groups including religion or religious belief. Ensure that Community Nursing staff are recruited from diverse groups to provide positive role

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	(4%), Jewish (1%), Hindu (1%), Buddhist (0.4%), Sikh (0.1%). Across all age groups, Islam is the largest minority religion across the city, although significantly smaller than England as a whole. *[Census data, Office of National Statistics, 2011]* Note that our data is limited as religion isn't recorded in hospital admissions data, or from compass data.	Buddhist 97% Muslim 96% Other religion 96% *[Census data, Office of National Statistics, 2011]* Across all religious groups the majority of 0-15 year olds were reported as not having long term health issues or disabilities that limited their day to day activities. However there were some differences by religious group. Percentage that reported their day to day activities were limited a little: Sikh (4%), Christian, Muslim, Jewish and Buddhist (3%), No religion (2%), Hindu (0%) Percentage that reported that their day to day activities were limited a lot: No religion, Christian, Muslim, Jewish, Buddhist (1%), Sikh and Hindu (0%). *[Census data, Office of National Statistics, 2011]*	Nursing Service performance data.	models. Community Nursing staff will be required to work proactively with other services and groups to understand the needs, cultural practices and beliefs of the different faith communities in the city, particularly in relation to sexual and mental health. Community Nursing staff will be required to undertake outreach and targeted work to address inequalities in health outcomes. SAWSS surveys will include religion in the personal characteristics from 2016
Sex/Gender[19]	Boys are considerably more likely to do more physical activity or sport, both within or outside school, than girls. *[Brighton and Hove JSNA, 2015]*	**Mental Health** Girls were less likely than boys to say they were often happy. *[Brighton & Hove City Council. Safe and Well at School Survey 2015.]*	Some health outcomes are different for young men and women. Boys tend to be more physically active but are	During the transition from July 2016 to April 2017 - Ensure there is adequate support for teenage parents within universal*

Protected characteristics groups from the Equality Act 2010	**What do you know[9]?** Summary of data about your service-users and/or staff	**What do people tell you[10]?** Summary of service-user and/or staff feedback	**What does this mean[11]?** Impacts identified from data and feedback (actual and potential)	**What can you do[12]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	However, locally, and nationally, a higher proportion of boys are obese than girls. Local obesity prevalence is around 1% higher for boys than girls in reception year and 3% higher in year 6. *[Brighton and Hove JSNA, 2015]* White British boys in receipt of Free School Meals are most likely to underachieve at school. *[Brighton and Hove JSNA, 2015]* In 2014, there were 128 referrals from A&E to the young people's alcohol worker. Of these 56% were male and 44% were female. Young women are more likely than young men to be sexually active: Females are significantly more likely to accept screening for chlamydia than males who account for only about 30% of screens. *[Brighton and Hove JSNA, 2015]* Over two thirds of children and young people recorded as being disabled are male. *[Brighton and Hove JSNA, 2015]* There is a gender divide in the	Girls are more likely (16%) to experience bullying than boys (12%). *[Brighton & Hove City Council. Safe and Well at School Survey 2015.]* Young men said they were less likely to seek help for mental health issues and would prefer to talk to women about their feelings than other men. *[Public Health Community Nursing Service Consultation 2016]* **Smoking, alcohol and drugs** Girls report they are more likely to smoke and drink alcohol than boys. This is more significant for older girls aged 14-16 years who are also more likely than boys to report 'drinking to get drunk' either often or every time they drink. *[Brighton & Hove City Council. Safe and Well at School Survey 2015.]* Young men were more likely to prioritise getting fit than young women. *[Public Health Community Nursing Service Consultation 2016]* **Parenting** Young dads said it was important not to forget or	also slightly more likely than girls to be obese. Young women are more likely to experience bullying, get drunk, be sexually active and seek help for mental health issues. Young men are more likely to express emotion in behaviour that's leads to criminal actions. The changes to the parenting pathway is unknown at present. At July 2016, 33 young women will be supported with an appropriate transition plan to other health visiting support.	services, including engagement and inclusion services for young dads. Ensure Community Nursing staff provide a service that meets the inequalities across genders and takes account of the different ways the genders express their health needs • Work with schools, colleges and other services to ensure young men and women get the information they need to make informed, healthy choices. • • Publicise and make it easier for young men and women access health services by providing drop in sessions in schools and colleges such as C-cards (access to

Protected characteristics groups from the Equality Act 2010	**What do you know[9]?** Summary of data about your service-users and/or staff	**What do people tell you[10]?** Summary of service-user and/or staff feedback	**What does this mean[11]?** Impacts identified from data and feedback (actual and potential)	**What can you do[12]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	presentation to and use of mental health services, with more females than males accessing services, particularly counselling. *[Children and Young People's Mental Health and Wellbeing JSNA, 2016]* Case load data for the Youth Offending Service (YOS) indicates the majority of offenders were male (69% in Q1 and 84% in Q3 2014/15);	exclude them from parenting services. *[Public Health Community Nursing Service Consultation 2016]* Staff working in schools and youth settings repeatedly inform PH that young men display their behaviour and emotions in activities that result in a behaviour deficit or criminal response than young women.		contraception), STI testing and smoking cessation services. • Are trained and competent in working with young men and young women. • Understand the difference between young men and young women's lifestyles, culture and issues which affect them, particularly in relation to alcohol, substance misuse and sex. • Ensure that the experiences and views of young people inform all service developments

Protected characteristics groups from the Equality Act 2010	**What do you know[9]?** Summary of data about your service-users and/or staff	**What do people tell you[10]?** Summary of service-user and/or staff feedback	**What does this mean[11]?** Impacts identified from data and feedback (actual and potential)	**What can you do[12]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
				Ensure that Community Nursing staff are recruited from diverse groups to provide positive role models. Ensure strong links with the sports development team so that there is connectivity between emotional health and physical activity.
Sexual orientation[20]	There is an estimated 3,200 (16%) LGBT young people aged 13 to 24 in Brighton & Hove. *Note that this data is not recorded on the census or collected in a systematic way. However, young people are more likely to identify as LGB and regard their sexuality as fluid.*	**Mental Health** LGBT young people are 'very likely' to experience bullying. *[Youth Service Review, 2015].* Lesbian, Gay or Bisexual (LGB) students (28%) and students unsure of their sexual orientation (22%), are significantly more likely to be bullied than heterosexual students (13%). *[Brighton & Hove City Council. Safe and Well at School Survey, 2015].* LGBT children and young people were more likely to report being anxious often or sometimes. *[Brighton & Hove City Council. Safe and Well at School Survey 2015.]*	LGBT young people are more likely to experience social stigma and mental health issues.	Ensure HCP staff are trained to recognise mental health issues and work with schools, colleges and mental health services across the city to prevent them from getting worse. Ensure HCP staff are trained in working with LGBT children and young people and are sensitive to their needs. Ensure that Community Nursing staff are recruited from diverse groups to provide positive role models.

Protected characteristics groups from the Equality Act 2010	**What do you know[9]?** Summary of data about your service-users and/or staff	**What do people tell you[10]?** Summary of service-user and/or staff feedback	**What does this mean[11]?** Impacts identified from data and feedback (actual and potential)	**What can you do[12]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
		LGBT young people tell us that mental health was their highest health priority, including anxiety, depression, self-harm and eating disorders. They felt that schools didn't treat mental health issues seriously, that low level mental health issues often went untreated / left to get worse, that there was a shortage of counselling services available in the city and that waiting times to get help were too long. They also said they felt social stigma and embarrassment in accessing health services, and wanted the option of having access to an LGBT counsellor. *[Public Health Community Nursing Service Consultation 2016]* **Smoking, alcohol and drugs** LGBT young people are more likely to smoke, drink alcohol and take drugs *[Brighton & Hove City Council. Safe and Well at School Survey, 2015].*		Provide information to children and young people to help them recognise mental health problems and behaviours and what services and support are available. Give young people the option of accessing an LGBT practitioner if they prefer. Provide training for health professionals to help them become more informed about and sensitive to LGBT young people led by LGBT young people. As above with the Transformation Plan.
Marriage and civil partnership[21]	Lone parent families are overwhelmingly headed by	Some young parents are lone parents and experience poverty and homelessness.	Children of single parents are more likely to face disadvantages and live in	Ensure that there is a dedicated service and pathway for young

Protected characteristics groups from the Equality Act 2010	**What do you know[9]?** Summary of data about your service-users and/or staff	**What do people tell you[10]?** Summary of service-user and/or staff feedback	**What does this mean[11]?** Impacts identified from data and feedback (actual and potential)	**What can you do[12]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	females and lone-parent families are at much higher risk of experiencing child poverty. Whereas child poverty is around 20% across the city, it is more than 50% in lone parent families with children under 5. National data on lone parents indicates that they are more likely to be on low incomes.		child poverty.	parents with the universal service offer and that the Community Nursing services work collaboratively with housing and financial support services in the city.
Community Cohesion[22]	No data available.	Young parents tell us that they value and benefit from parenting groups, particularly if they can meet other young parents. Younger parents tend to lack the social networks that older parents have and group work can be beneficial for them in terms of widening their social networks reducing isolation and social stigma. *[Public Health Community Nursing Service Consultation 2016]*	Young parents are at higher risk of social isolation. Young people who are vulnerable/ have ill-health are potentially at higher risk of social isolation	Ensure that the Community Nursing staff use a community asset based approach when working with young people, including young parents. This includes building relationships and make connections between themselves, the young people and other groups and agencies.
Other relevant groups[23]	Around 20% (8,600) children live in poverty (lower than across England). Child poverty varies	At the recent review of children's centre services (2015), staff and centre users told us that child	According to a literature review carried out by the Joseph Rowntree	Ensure that there is a dedicated service and pathway for young

Protected characteristics groups from the Equality Act 2010	**What do you know[9]?** Summary of data about your service-users and/or staff	**What do people tell you[10]?** Summary of service-user and/or staff feedback	**What does this mean[11]?** Impacts identified from data and feedback (actual and potential)	**What can you do[12]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	widely; East Brighton has 47% and Withdean just 7%. *[Brighton & Hove City Council. Joint Strategic Needs Assessment 2013. Brighton & Hove: Brighton & Hove City Council; 2013.]* The rate of family homelessness is worse than England, with 302 statutory homeless households with dependent children/pregnant women (2012/13). *[Public Health England. Child Health Profiles. London: Public Health England; 2014.]* Across all domains on the Child Wellbeing Index, Brighton & Hove rank fairly highly compared to the other 326 Local Authorities in England, suggesting lower levels of child wellbeing. We have higher rates of children in care than the national average. For every ten thousand children in the city, 95.2 are in care compared with 60 in every ten thousand children across England. Compared to the England average, we have a higher rate of children in need (361 versus 332 per 10,000 children), and a higher rate of children who are the	poverty figures may be higher as not all families in poverty claim these benefits. Families who have a higher level of income and are not eligible for benefits are affected by the high cost of housing and other living costs in the city. Families and staff tell us that these 'hidden poor' often cannot afford to provide their children with a decent standard of living.	Foundation in 2008, children born into low-income households are more likely to experience health problems from birth and accumulate health risks as they grow older. The relationship between poverty and ill-health is bidirectional: poverty contributes to ill-health and ill-health contributes to poverty. Infant mortality is higher amongst children born into poverty, and poverty is associated with postnatal depression, lower rates of breastfeeding, poor nutrition, childhood obesity, poor mental health and a range of other illnesses.	parents with the universal service offer and that the Community Nursing services work collaboratively with housing and financial support services in the city and with groups working in the areas of domestic violence such as Rise and Survivors Network.

Protected characteristics groups from the Equality Act 2010	**What do you know[9]?** Summary of data about your service-users and/or staff	**What do people tell you[10]?** Summary of service-user and/or staff feedback	**What does this mean[11]?** Impacts identified from data and feedback (actual and potential)	**What can you do[12]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	subject of child protection plans (66 versus 46 per 10,000 children). In 2013, 52% of children who were subject to a Child Protection Plan had domestic violence/abuse recorded as a contributory factor. There are significantly higher rates of hospital admissions for both self-harm and alcohol for young people in Brighton & Hove. *[Public Health England. Child Health Profiles. London: Public Health England; 2014.]*			

Assessment of overall impacts

Around a fifth of children in Brighton and Hove live in poverty and this varies widely across the city from 47% in East Brighton to just 7% in Withdean. Child poverty is much higher for disabled children, children living in lone parent families and those living in the East of the city. There is much evidence that children born into low-income households are more likely to experience health problems from birth and accumulate health risks as they grow older. Although the city's child poverty figures are slightly better than the national average, the high living costs in the city may mask the actual number of children living in poverty.

Right Here's research on mental health found that children and young people most at risk of developing mental health problems needing support included:

- young people who are unemployed;
- young parents;
- young carers;

Protected characteristics groups from the Equality Act 2010	**What do you know[9]?** Summary of data about your service-users and/or staff	**What do people tell you[10]?** Summary of service-user and/or staff feedback	**What does this mean[11]?** Impacts identified from data and feedback (actual and potential)	**What can you do[12]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations

- those that have been bullied;
- those who are isolated, homeless or separated from families;
- substance misusers;
- LGBTQI young people;
- those with physical and/or learning disabilities;
- young offenders;
- young people in or leaving care;
- young asylum seekers and refugees;
- black and minority ethnic (BME) young people in need of support.

There are significantly higher rates of hospital admissions for both self-harm and alcohol for young people in Brighton & Hove. *[Public Health England. Child Health Profiles. London: Public Health England; 2014.]*

The Family Nurse Partnership programme will be decommissioned in March 2017 and replaced with a dedicated service and pathway for young parents. During the transition period a jointly agreed action plan is in place to reduce the impact on existing service users during this period of change.

The re-commissioning of Community Nursing Services 0-19 presents an opportunity to reconfigure services and service priorities to address the inequalities identified in this EIA. Reducing these inequalities needs to be integral to service delivery and explicit in the service specification. The Public Health universal services will need to be delivered with a scale of intensity proportionate to the level of needs experienced by certain population groups including those with protected characteristics.

In addition, the re-commissioning of Community Nursing Services is extending the Healthy Child Programme to include 16 to 19 year olds who weren't previously included. We consulted young people in this age group across the city, specifically targeting groups with protected characteristics, in order to understand their health needs and how best to improve their health outcomes. This included exploring better access to information using digital media, how to support young people to make informed and positive choices and take greater responsibilities for their health.

3. List detailed data and/or community feedback which informed your EIA

Title (of data, research or engagement)	**Date**	**Gaps in data**	**Actions to fill these gaps** (add these to the Action plan below)
Brighton and Hove City Council Safe and Well at School Survey	2015	Only includes children and young people in schools and colleges.	Have already addressed some gaps with the 16-19 consultation. The service provider will be required to monitor performance for groups with protected characteristics to identify health inequalities.
Right Here Brighton and Hove. Young People and Self Harm: Perceptions and Understanding.	2014		
Brighton & Hove JSNA	2015		
Children and Young People's Mental Health and Wellbeing JSNA	February 2016	There is a lack of information on the ethnicity of children and young people with mental health problems in the City, including the mental health needs of young migrants, refugees and asylum seekers.	
'Young men's attitudes to smoking & smoking support in Brighton & Hove': A report by the Right Here project's Young Men's Health Champions	31 July 2015	Only covers some of the age group we are interested in.	Have already addressed some gaps with the 16-19 consultation
Information Needs Survey on Young People with Special Education Needs and Disabilities (SEND)	Sept 2015	Only some data useful/relevant	Have already addressed some gaps with the 16-19 consultation

Youth Service Review	Nov 2015	Doesn't include what 16-19s think/feel about health services in the city.	Have already addressed some gaps with the consultation with 16-19s and with young parents
Children's centre review and consultation with service users	Dec 2015	Only covers early years and parenting	We have already addressed gaps in 16-19 year olds with own consultation.
Public Health Consultation on decommissioning FNP and informing a future parenting pathway for young parents.	June 2016		
East Sussex consultation on health services with school aged children		Doesn't include children in Brighton and Hove.	Have used information from Safe and Well in Schools Survey and our own consultation with 16-19s

4. Prioritised Action Plan[24]

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.				
Actions relating to all/most groups: • there is a requirement in the Community Nursing Service contract that the service provider undertakes an annual EIA • ensure staff are trained to work proactively and positively with young people with different protected characteristics • ensure that where possible, Community Nursing staff are recruited from diverse groups to provide positive role models				
Teenage parents	The consultation with young parents will be used to inform the Community Nursing Service specification. Include in the Community Nursing Service specification a requirement for a specific pathway that is flexible and provides a consistent service of care and support to meet their individual needs.	Service specification reflects the need of young parents	There is a specific pathway for young parents within the Community Nursing Service which meets the needs of young parents in the city. Young parents are given the parenting support they need from pregnancy and during the child's first few years. Strong service user satisfaction survey and achievement of relevant KPIs.	To be included in the new service specification by 18 July 2016 To be included in the new service by 1 April 2017. To be performance managed during the life of the contract regularly.
Young people aged 16-19 particularly those at risk from poorer health outcomes	Expand the service offer to include services for 16-19 year olds.	Health services for young people aged 16-19 are included in the Healthy Child Programme.	Young people aged 16-19 get access to health services relevant to their needs.	To be included in the new service specification by 18 July 2016

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				To be included in the new service by 1 April 2017. To be performance managed during the life of the contract regularly.
Young people aged 16-19	Consultation with young people used to inform the service specification and the service provision.	Service specification and service provision reflects the needs and wishes of young people 16-19	Young people aged 16-19 get access to health services relevant to their needs.	18 July 2016
Young people aged 16-19	Ensure that the service provider is required to work with colleges and other organisations to ensure: • Young people get the information they need to make informed, healthy choices • Young people can get access to health services via drop in sessions in colleges and youth groups • Staff are trained and competent in working with young people and can communicate with them effectively • Young people's understand their rights with regards to confidentiality and information sharing • Young people's views and experiences inform health services	Service specification reflects the needs and wishes of young people 16-19 identified to date	Improved health outcomes for young people.	18 July 2016

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Young people aged 0 -19	The Service specification will require performance monitoring to include protected characteristic groupings described by BHCC.	Better information on health inequalities to inform service delivery.	Improved health outcomes for young people and a reduction in health inequalities.	To be included in the new service by 1 April 2017.
Young people aged 0 -19	To work with the successful provider/s to ensure that the recruitment of Community Nursing staff is representative of the protected characteristic groupings defined by BHCC.	Community Nursing staff provide children and young people positive role models that they can more easily relate to. Staff are better able to understand the needs and lifestyles of young people they are working with.	Improved engagement with young people. Young people more likely to approach, trust and confide in health professionals.	To be included in the new service by 1 April 2017. The successful applicants' recruitment procedures will be activated however TUPE will apply and so diversity will be an ongoing issue to monitor when staffing levels are clarified.
SEND young people	Ensure staff are trained in working with young people with SEND and are aware of their vulnerabilities and communication needs. Better access to counselling services to prevent mental health issues from getting worse. More education for YP in mental health awareness.	Service specification reflects the needs of young people with SEND	Services are delivered in a way that is accessible, sensitive and appropriate to SEND young people. Improved health outcomes for young people and a reduction in health inequalities.	To be included in the new service specification by 18 July 2016 To be included in the new service by 1 April 2017.
LGBT young people	Address shortage of counselling services in schools, colleges and in the city and ensure young people have the	Better access to counselling services to prevent mental health issues from getting worse.	Improved health outcomes for young people and a reduction in health inequalities.	Whole School approach to mental health and emotional wellbeing is being piloted in 3 secondary schools and

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	option of seeing an LGBT counsellor if they wish. Learn from the whole school approach to mental health and emotional wellbeing. More education for YP in mental health awareness.			joint training between schools and CAMHS in 11 schools across the City. This should be rolled out as effectively as possible within available resources.

EIA sign-off: (for the EIA to be final an email must sent from the relevant people agreeing it or this section must be signed)

Lead Equality Impact Assessment officer: Ali Ghanimi **Date:**

Directorate Management Team rep or Head of Service: Kerry Clarke **Date:**
Communities, Equality Team and Third Sector officer: **Date:**

Guidance end-notes

[1] The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EIA in itself does not meet the requirements of the equality duty. All the requirements above must be fulfilled or the EIA (and any decision based on it) may be open to challenge. Properly used, an EIA can be a tool to help us comply with our equality duty and as a record that to demonstrate that we have done so.

[2] **Our duties in the Equality Act 2010**

As a council, we have a legal duty (under the Equality Act 2010) to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership.

This applies to policies, services (including commissioned services), and our employees. The level of detail of this consideration will depend on what you are assessing, who it might affect, those groups' vulnerability, and how serious any potential impacts might be. We use this EIA template to complete this process and evidence our consideration.

The following are the duties in the Act. You must give 'due regard' (pay conscious attention) to the need to:

- **avoid, reduce or minimise negative impact** (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- **promote equality of opportunity**. This means the need to:
  - Remove or minimise disadvantages suffered by equality groups
  - Take steps to meet the needs of equality groups
  - Encourage equality groups to participate in public life or any other activity where participation is disproportionately low
  - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **foster good relations between people who share a protected characteristic and those who do not**. This means:
  - Tackle prejudice
  - Promote understanding

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[3] EIAs are always proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The numbers of people affected
- The size of the likely impact
- The vulnerability of the people affected

The greater the potential adverse impact of the proposed policy on a protected group (e.g. disabled people), the more vulnerable the group in the context being considered, the more thorough and demanding the process required by the Act will be.

[4] **When to complete an EIA**:

- When planning or developing a new service, policy or strategy
- When reviewing an existing service, policy or strategy
- When ending or substantially changing a service, policy or strategy
- When there is an important change in the service, policy or strategy, or in the city (eg: a change in population), or at a national level (eg: a change of legislation)

Assessment of equality impact can be evidenced as part of the process of reviewing or needs assessment or strategy development or consultation or planning. It does not have to be on this template, but must be documented. Wherever possible, build the EIA into your usual planning/review processes.

Do you need to complete an EIA? Consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people (potentially) affected?

If there are potential impacts on people but you decide not to complete an EIA it is usually sensible to document why.

[5] **Title of EIA:** This should clearly explain what service / policy / strategy / change you are assessing

[6] **ID no:** The unique reference for this EIA. If in doubt contact Clair ext: 1343

[7] **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

[8] **Focus of EIA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EIA)'

This section should explain what you are assessing:

- What are the main aims or purpose of the policy, practice, service or function?
- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the policy, practice, service or function, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? Eg: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the policy, practice, service or function tell you?
- What is the reason for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

[9] **Data:** Make sure you have enough data to inform your EIA.

- What data relevant to the impact on protected groups of the policy/decision/service is available?[9]
- What further evidence is needed and how can you get it? (Eg: further research or engagement with the affected groups).
- What do you already know about needs, access and outcomes? Focus on each of the protected characteristics in turn. Eg: who uses the service? Who doesn't and why? Are there differences in outcomes? Why?
- Have there been any important demographic changes or trends locally? What might they mean for the service or function?
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any groups?
- Do any equality objectives already exist? What is current performance like against them?
- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?
- Use local sources of data (e.g.: JSNA: http://www.bhconnected.org.uk/content/needs-assessments and Community Insight: http://brighton-hove.communityinsight.org/#) and national ones where they are relevant.

[10] **Engagement:** You must engage appropriately with those likely to be affected to fulfil the equality duty.

- What do people tell you about the services?
- Are there patterns or differences in what people from different groups tell you?
- What information or data will you need from communities?
- How should people be consulted? Consider:
    (a) consult when proposals are still at a formative stage;
    (b) explain what is proposed and why, to allow intelligent consideration and response;
    (c) allow enough time for consultation;
    (d) make sure what people tell you is properly considered in the final decision.
- Try to consult in ways that ensure all perspectives can be considered.
- Identify any gaps in who has been consulted and identify ways to address this.

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[11] Your EIA must get to grips fully and properly with actual and potential impacts.

- The equality duty does not stop decisions or changes, but means we must conscientiously and deliberately confront the anticipated impacts on people.
- Be realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific so decision-makers have a concrete sense of potential effects. Instead of "the policy is likely to disadvantage older women", say how many or what percentage are likely to be affected, how, and to what extent.
- Questions to ask when assessing impacts depend on the context. Examples:
    - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
    - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
    - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
    - If there is negative differential impact, how can you minimise that while taking into account your overall aims
    - Do the effects amount to unlawful discrimination? If so the plan must be modified.
    - Does the proposal advance equality of opportunity and/or foster good relations? If not, could it?

[12] Consider all three aims of the Act: removing barriers, and also identifying positive actions we can take.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to improve the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EIA which has attempted to airbrush the facts is an EIA that is vulnerable to challenge.

[13] **Age**: People of all ages

[14] **Disability**: A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis.

[15] **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

[16] **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

[17] **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers

[18] **Religion and Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.

[19] **Sex/Gender:** Both men and women are covered under the Act.

[20] **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

[21] **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

[22] **Community Cohesion:** What must happen in all communities to enable different groups of people to get on well together.

[23] **Other relevant groups:** eg: Carers, people experiencing domestic and/or sexual violence, substance misusers, homeless people, looked after children, ex-armed forces personnel, people on the Autistic spectrum etc

[24] **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.