

Cumulative Equalities Impact Assessment

Bristol's Budget 2014-2017

Executive Summary

This document explores the combined impact of Bristol City Council's budget proposals for 2014-2017 on equalities groups in our city.

Bristol City Council's vision is to support every citizen to reach their potential and create successful places in which to live, work and play. However, this vision need to be achieved in the context of reduced Government funding and increasing demand for Council services.

The consultation work we have undertaken around our proposals to meet our £90 million savings gap indicates that there are a number of equalities communities that are at risk of being disproportionately affected by a combination of national and wider pressures, and our proposals for 2014-2017.

We must think about how we can reconcile some of these impacts with our wider vision for Bristol, where we aim to close the inequality gaps within our City and ensure that opportunities are accessible to all citizens.

It has been identified that the main cumulative impacts can be grouped in the following areas:

Standard of Living - Lack of employment, increased cost of living and changes to welfare benefits mean that some people may be less able to live with independence and security, and secure necessary nutrition, clothing, housing warmth, utilities, social services and transport.

Health and Wellbeing - Some people will face changes, and reductions, in the health and social care that they receive. It may also be more difficult to access free or low-cost activities with health and wellbeing benefits.

Connection and Isolation - Services that visit people's homes may reduce and increase isolation, and changes to transport mean that some people may find it more difficult to get out to access employment, maintain a social life or participate in leisure activities.

Active Communities – Reductions to services or community assets in some geographical areas of Bristol could further widen inequality gaps for some neighbourhoods. Reductions to services to specific communities of interest could compromise culturally appropriate services or the voice and influence of non-geographical communities.

At this stage, we have identified key affected groups to be; **older people, disabled people, women and Black and Minority Ethnic (BME) people**. This document provides some further detail about how we think these groups might be affected.

Introduction and context

Bristol City Council needs to make savings of £90 million in 2014-2017. This savings gap is very challenging, and takes into account further anticipated cuts in Government grants, along with other pressures on the council's budget such as an increasing demand on services from a growing population. In order to achieve this saving we have produced and published a number of budget proposals.

This budget has been built using a set of guiding principles that include protecting vital services for those who most need it, creating resilient communities, closing the inequality gap, reshaping the council to become more efficient, whilst still investing in areas that will stimulate the local economy and achieve our ambitions for a better city. We also need to make sure we are resilient to cope with future anticipated further government cuts.

Assessing the potential impacts of our decisions for equalities communities is an important part of our decision-making process, and we have used our Equality Impact Assessment process for all individual budget proposals relating to the Mayors savings proposals. We also need to look at the 'bigger picture' of these impacts, and this document starts to explore this. We call this our 'Cumulative Impact Assessment'.

National Pressures

We understand that more people are experiencing financial pressures and worries in the current economic climate. This is for a range of reasons, including lack of employment, increased costs of living, low pay, pay freezes and reductions in benefits.

These national changes can often impact much more significantly on equalities groups and we have taken this into account when developing our proposals.

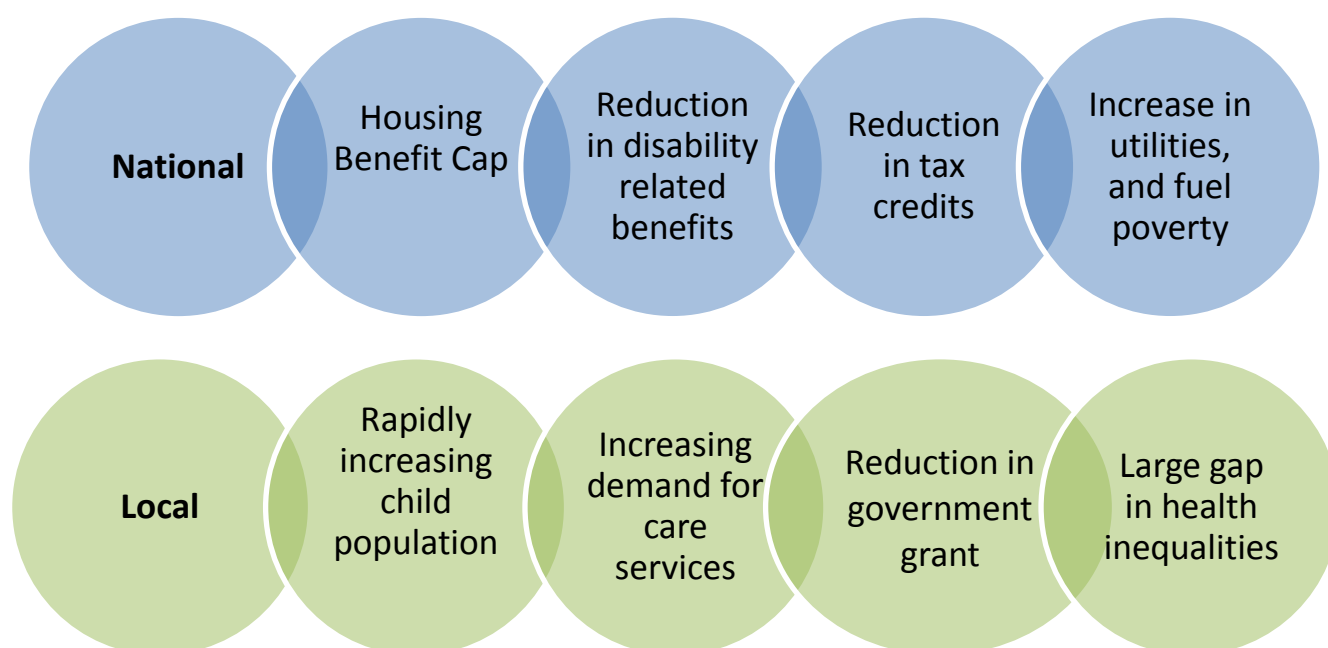
Local Factors

There are also a number of pressures specific to Bristol which we need to take into account when making our decisions.

Life expectancy in Bristol has been gradually improving and 8 out of 10 of the population describe their general health as good or very good. However, this masks substantial

differences across the city. The average life expectancy in the city is now 82 for women and 77 for men. But there is an 8 year gap in life expectancy between women who live in Bishopston, whose life expectancy is 86, and women living two miles away in Southmead, whose life expectancy is 79. Similarly, men in Bishopston have a life expectancy of 78 compared to men in Southmead whose life expectancy is 73. This is a clear illustration of how social and economic circumstances shape the health outcomes for different groups of people in the city.

Also, a key local factor is that in the last decade Bristol's child population has been rising, particularly in the central and inner city wards of the city, not only in numbers but also diversity. Between 2002 and 2012 the number of children under 5 has risen by 34% compared to an 18% rise for England. This has a significant impact on public services, and their readiness to respond – whether it be housing, school places, or health and social care services.



People protected under the Public Sector Equality Duty

The draft equality impact assessments, cumulative impact assessment and consultation activity indicates that there are a number of equalities communities at risk of being disproportionately affected by a combination of national and wider pressures, and our proposals for 2014-2017.

In the following sections, we have focussed on the impacts on disabled people, older people, BME people and women, as these were the groups of people most commonly identified as experiencing disproportionate impacts.

1. Disabled People

As a local authority, the focus of many of our services is the care and protection of our vulnerable citizens. Therefore, a number of our services are directly for disabled people and inevitably, reductions to any of these services will disproportionately impact this group.

Key facts and context

- 17% of Bristol's population are disabled. Of these people, 26% are aged 50-64, and 57% are 65 or over.
- Nationally, fewer than 50% of disabled people are employed and disabled people are twice as likely to live in poverty.
- The national Welfare Reform agenda will see a significant reduction in disability-related benefits, including the transfer from Disability Living Allowance to Personal Independence Payments, and changes to the Independent Living Fund, Access to Work and Employment Support Allowance.
- Over a quarter of disabled people say that they do not frequently have choice and control over their daily lives. Bristol's Quality of Life data reflects the disadvantage that disabled people face across a number of its indicators.
- Coping Index produced by Scope ranks Bristol 147th out of 152 local authorities, stating that the 'Coping Level' for disabled people in Bristol is 'Very Bad'

Health and Wellbeing

We have already started a large piece of work to transform our Health and Social Care services, and believe that the work we are doing to make social care services more personal to the needs of the individual (and their carer, where appropriate) will bring real benefits for older and disabled service users, by giving them greater choice and control over their lives.

There are a number of proposals within the budget which directly affect disabled people, such as changes to facilities such as School Road. In our view, this proposal will result in transition to more appropriate care and support, however for the residents and service users (and their carers) there will be upheaval that may cause distress or worry and we need to ensure we support people well during this transition.

Outside of our health and social care settings, there are also proposals that might impact more generally on the health and wellbeing of disabled people in the City. For example, the removal of leisure centre subsidies and reduction in sports development work might mean that there are fewer free or low-cost accessible sports opportunities for disabled people, and disabled people already have more barriers to participation in sport and lower levels of physical activity.

The proposed reduction in public toilets may also have health impacts for people with a range of different impairments. We have taken on board the need to make sure that the proposed Community Toilet Scheme is as accessible as possible, not just in the physical accessibility of the facilities themselves, but also in how we make people aware of the facilities (particularly for visually-impaired people).

Standard of Living

Many disabled people in Bristol will be affected by the national Welfare Reform agenda which will reduce some disabled people's incomes and their ability to pay for care and recreational activities, particularly in the transition from Disability Living Allowance to Personal Independence Payment.

Increasingly, social care will be arranged through personal budgets, which enable people to buy their own care and support. We do recognise that for many people, this change can create considerable uncertainty and worry, but we will work hard with families to achieve the best outcomes.

We have proposed reductions to our Welfare Rights and Money Advice Service (WRAMAS), where we have proposed to reduce the assisted casework service that we offer to our

funded services. We have protected the service that we deliver directly to clients, but we are aware that disabled people are significantly over-represented within this service, and particularly people with mental health issues. We are mindful that with imminent welfare benefits changes and wider austerity pressures, that demand for services such as WRAMAS is rising and that VCS advice partners do not have the capacity to absorb this work. In addition to protecting our direct WRAMAS service, we have also protected advice services that we fund within the Community Investment Fund.

There is also the potential for increased costs or reduced access to activities such as play, leisure and museums that used to be free or low cost. For parents with disabled children, these problems are compounded as for example, childcare costs tend to be more expensive than for non-disabled children and there is less choice overall as not all settings or activities are inclusive or provided for children with disabilities.

Connection and Isolation

For disabled people with specific access needs, there are often a number of barriers to accessing work, services, leisure activities or maintaining family and social relationships. A key link to accessing these things, and avoiding social isolation, is accessible transport.

We have proposed a significant reduction from our Community Transport budget. This will inevitably mean that some people who use this service may no longer be eligible, or may need to pay for Community Transport. In addition to this, accessible facilities are often city-wide and not local to disabled people and a community transport network in 'zones' could therefore further limit use of accessible facilities.

However, in our new Community Transport strategy we have tried to ensure that community transport provision is targeted to those who most need it, those who are unable to use public transport and do not have transport of their own.

Wider issues within Bristol's transport infrastructure, such as comparatively expensive and inaccessible bus services, could limit people's opportunity to use alternatives – and therefore might mean that they stay at home. While we appreciate that not everyone can afford taxis, recent reductions in the availability of accessible taxis put additional strain on wheelchair users who need to travel.

Disabled children and young people

Bristol has 10,000 children with Special Educational Needs, which is almost a fifth of our school population. We are re-designing our services for early years and for children and young people who are either disabled or have Special Educational Needs (SEN). This will create real benefits for children and young people, and their parents and carers, and better place us to deal with the rapidly increasing demand. We also have a new Transitions Strategy, and a restructured team to improve the experience of disabled young people moving into adulthood. However, there are also reductions in some services for disabled young people, such as the reduction in home-to-school transport which will have potentially significant impacts on some disabled children and their families.

2. Older People

People in later life are more likely to rely on council services, and may be more vulnerable than the population as a whole to reductions in those services. We recognise that this vulnerability could also be worsened for older people with poorer social and economic circumstances. It should also be noted that as older people are more likely to be carers, it may well be that our proposals have a significant impact on both the affected individual and the carer.

It has been raised strongly throughout the consultation that our proposals disproportionately impact older people, both through reductions in services that are primarily for older people, such as Health and Social Care, and also in some of the more generic proposals. A number of the specific concerns have centred around a number of lower level budget proposals around reducing preventative, discretionary services related to housing support.

We are planning to invest in new and improved facilities for older people through our Capital programme, for example, building new dementia care facilities and Extra Care Housing.

Key facts and context

- 13% of Bristol population is over 65, with 6.5% of the population aged between 65-74 and 6.6% aged 75 and over.
- 9000 people in Bristol are 85 or over, which is an increase of nearly a ¼ since 2001
- One fifth of pensioners live in poverty, and many more are experiencing fuel poverty. The average daily excess winter deaths for people aged 65 is 193 for the UK (8 per hour).
- 70% of older people who live alone in the UK are women. People aged 75 and over in Bristol are much less likely to talk to friends and family once a week (~83%)

Connection and isolation

One of the key concerns raised within the budget consultation has been the social isolation of older people. We are currently undertaking a project around social isolation issues, which is currently helping us to understand social isolation as an issue in Bristol. For example, as part of Bristol's submission for the Big Lottery Bid: Fulfilling Lives, Ageing Better, some research has been done into social isolation of older people in Bristol and a 'loneliness index' was drawn up from a number of different variables, which were then compiled to identify 'hotspots' of socially isolated older people across the city. It can be seen that there are particular issues in Lawrence Hill, Southmead, Easton, Westbury-on-Trym and Stoke Bishop, but also significant concentrations of socially isolated older people in places like Lockleaze, Eastville and Frome Vale.

As stated, we have a number of budget proposals that seek to make reductions in some of our preventative housing related support, such as warden services. For those people who have care needs, there will still be carers visiting people's homes – but we accept that the increased sense of security and confidence that wardens can give some residents.

We also have some proposals that, while they affect a small number of our older citizens, could have a significant impact on their quality of life. For example, the Library At Home service delivers a library service to older people who are unable to reach their local library. We have proposed that we will stop funding this as a dedicated service and seek to find another way to deliver this service, for example, by working more closely with Health and Social Care.

Further to this, we have proposed a significant reduction in the Community Transport budget. While we aim to ensure that this provision is targeted at those who most need it, as Community Transport has a significant number of older service users, it is likely that a reduction in provision will mean that there will be fewer older people who can use community transport facilities. As with disabled people above, we recognise that transport is often the key link to accessing services and leisure facilities, or maintaining social relationships.

Active communities

Concern has also been raised about the impact of our proposals on organisations that work specifically and directly with older people. One of the areas of concern was reductions to our voluntary and community sector budgets in both Health and Social Care and the Community Investment Grant, where it was raised that there are a number of older-people

led or equalities-led organisations that might be affected that provide a very specific or culturally competent offer.

3. Black and Minority Ethnic People

Bristol's population is growing quickly and becoming more diverse. This was raised a number of times throughout the consultation, as was the need for Bristol City Council to be ready to adapt and provide appropriate services for its citizens. There were some concerns that this may be compromised where some specific services are significantly reduced.

Key facts and context

- 16% of the Bristol population is BME, and 22% non-White British. Bristol has a rapidly increasing BME population as in the 2011 census, 8% were BME and 12% were non-White British.
- The BME population of Bristol has a younger age profile than the White population. 24% of 0-24 year olds in Bristol are BME.
- Bristol remains a racially segregated city, with some areas having a BME population of over 80%, and some areas having a BME population of less than 1.5%
- 9% of people do not speak English as their main language and of these 1.5% of cannot speak English or cannot speak English very well.
- Nationally, around two-fifths of people from ethnic minorities live in low-income households, twice the rate for White people. There is an over-representation of BME people in poverty or living in deprived areas, particularly Somali, Pakistani and Bangladeshi families – but a lack of national research into the impact of welfare reform on BME communities

Active Communities

There is a risk that some proposals might adversely impact BME communities if they result in reductions to services located in areas of the city where there are significant BME populations. As a number of proposals remain high-level, it is not possible to clearly identify areas where this may be the case – for example, it is currently not possible to identify the exact areas where reductions in libraries or children's centres might impact. We are currently looking at how we can use mapping to help inform our proposals as they develop.

However, where geographical impacts are identifiable, such as with the proposed removal of the subsidy for St Paul's Learning Centre, there has been significant concern raised that Bristol City Council are seeking to remove facilities from our most diverse and disadvantaged neighbourhoods, further widening the inequality gap between different areas of our city.

There are a number of proposals that may impact BME-led organisations, for example within the voluntary and community sector reductions that have been referred to earlier within this document. As with older and disabled people, often smaller BME-led organisations provide a highly culturally accessible and appropriate offer, and address needs that mainstream services cannot address.

Standard of living

There is a limited amount of research on the impact of national welfare reform on BME communities, but we know that BME people are over-represented in low-income families and unemployment.

Reductions to services such as the Welfare Rights and Money Advice Service may have an adverse impact on BME service users, who are overrepresented within this service. This reduction mainly affects the support that we provide supported housing providers that we fund, for example training these organisations and providing an assisted casework service for particularly complex cases. There are a number of barriers and issues for BME communities in securing appropriate and affordable housing within the City, and any adverse impacts in this area would have a significant cumulative impact.

4. Women

There has been significant concern that our budget proposals have a disproportionate effect on women in Bristol, compounding impacts already in play from previous budget reductions. This is primarily connected to women's caring responsibilities, but there have also been concerns raised about the role of women in Bristol's economic development.

Key facts and context

- Women are more likely than men to need adult social care, and also more likely to be carers
- 92% of single parents are women
- 55,000 women in Bristol are likely to face Domestic Abuse at some point in their lives
- Women in Bristol are likely than the national average to be in work, but the pay gap is slightly higher than the national average.
- Women in Bristol are more likely than men to rely on Housing Benefit and Tax Credits, and state-funded legal advice services

Standard of living

Women are much more likely to work in the public sector, and so are likely to be disproportionately affected by job losses within the Council and the wider Bristol public sector. The number of women claiming Jobseeker's Allowance is at its highest for 15 years, with BME women, disabled women and lone mothers more likely to be unemployed.

75% of the social care workforce is women, and therefore any reductions in this area are likely to disproportionately impact women. There were a number of concerns raised through the consultation, and a clear ask for Bristol City Council to use its commissioning activity to influence protections for this workforce such as the living wage and the end of zero-hour contracts.

There are a number of proposals that may disproportionately impact on women in their role as carers for children, although it is acknowledged that men who care for children may experience similar impacts. There was significant concern raised in the consultation that women would be adversely impacted by reductions in Children's Centres, particularly if there is reduced access to affordable childcare. The Home to School Transport reductions also caused concern in the situations where there is a reduction in service or no service available for some working parents. There is also the potential for increased costs or reduced access to activities such as play, leisure and museums that used to be free or low cost.

Health and Wellbeing

It acknowledged that women are more likely than men to need adult social care, and also more likely to be carers. Due to this, it is likely that women will be disproportionately impacted by any changes to Health and Social Care services.

The proposal to reduce public toilets also has a disproportionate impact on women, particularly pregnant women or new mothers. Women are also more likely to be caring for young children, or family members who might need to use these facilities. Women might also have safety concerns about some venues used for the community toilet scheme, particularly where these are licensed venues. There was also concern that the urinal facilities being retained for men to use in the City Centre was discriminatory towards women.

There was significant concern about the potential reduction of domestic and sexual abuse services from the crime reduction budget, particularly when evidence indicates that need for these services is rising rather than falling.

5. Other Protected Characteristics

We are aware that there are some protected characteristics which we mention very little within our Equality Impact Assessments. These include gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief and sexual orientation. This may be because some of these groups are not specifically or disproportionately affected by our proposals, but we recognise that this may also be because we have gaps in monitoring information or because we simply have not identified these impacts yet.