



# Changing the way we provide public toilet services in Bristol

The Equalities Impact Assessment is a living document which is regularly updated and full equalities information will be used to design and develop the proposals for decision.

Name of proposal	Changing the way we provide public toilet services in Bristol
Directorate and Service Area	Neighbourhood Management
Name of Lead Officer	Hayley Ash

## Step 1: What is the proposal?

*Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.*

### 1.1 What is the proposal?

The current facilities consist of 16 public toilets and two urinals, open between 8am and 7pm six days per week (a few sites have seven day provision). The current toilets are getting older, are not spread equally across the city and in many cases do not provide quality, accessible toilet provision. The current provision is open from 7am until 6/7pm 6 days per week, with 3 sites being open 7 days per week. We now have a budget saving target which reduces the available funding for public toilets by £440k to £30k a year.

We have consulted on 3 options:

- 1) Close all the public toilets listed and invest the remaining £30k per annum in the development of a Business/Community Toilet Scheme. This would involve the council working alongside partners and business to open up as many publicly accessible toilets as possible to replace traditional stand-alone toilet provision. The aim would be, as a minimum, to double the amount of publicly available toilet sites and ensure that they are spread across the city. This scheme would aim to provide clean, safe, and accessible toilets in more convenient locations for residents and visitors to the city at a fraction of the price of current provision and help protect other services.
- 2) Close all the public toilets except 1 – location to be identified through the consultation.
- 3) Close all the public toilets and make a further £30k saving from the remaining budget

## Step 2: What information do we have?

*Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.*

### 2.1 What data or evidence is there which tells us who is, or could be affected?

All members of the community within Bristol would have the need for a public toilet at some point, but the need is more prevalent amongst certain groups. Using the sources stated below and working with public health we have put together the assessment in 3.1(below) as to how the closure of the 18 public toilets might impact on people in Bristol.

Census 2011

Department for Communities and Local Government *Improving Public Access to Better Quality Toilets: A Strategic Guide* (2008 Communities and Local Government [www.communities.gov.uk/publications/localgovernment/publicacesstoilets](http://www.communities.gov.uk/publications/localgovernment/publicacesstoilets)) The guide aimed at improving public access to better quality toilets, and encourages partnerships between local authorities and the private sector and favours Community Toilet Schemes where they can improve and increase toilet provision. The Steering Group who produced the Guide included Help the Aged and the Disability Rights Commission.

Communities and Local Government, The Provision of Public Toilets, Twelfth Report (House of Commons Communities and Local Government, The Provision of Public Toilets, Twelfth Report of Session 2007-08

<http://www.parliament.the-stationery-office.co.uk/pa/cm200708/cmselect/cmcomloc/636/636.pdf>

)This report considers simple and practical recommendations to improve public provision and supports the Government's Strategic Guide. It favours the Community Toilet Scheme approach. The report identifies disabled people, particularly those with inflammatory bowel disease, older people, especially those that suffer from incontinence and prostate problems, families, in particular, those with babies and very young children, women, tourists and visitors, as the groups that are most likely to want public toilets.

Gail Knight and Jo-Anne Bichard. Publicly Accessible Toilets An Inclusive Design Guide.

[http://www.hhc.rca.ac.uk/CMS/files/Toilet\\_LoRes.pdf](http://www.hhc.rca.ac.uk/CMS/files/Toilet_LoRes.pdf)

Help the Aged *Nowhere to Go* Help the Aged, March 2007

([http://www.ageuk.org.uk/documents/en-gb/professionals/research/nowhere%20to%20go%20public%20toilet%20provision%20\(2007\)\\_pro.pdf?dtrak=true](http://www.ageuk.org.uk/documents/en-gb/professionals/research/nowhere%20to%20go%20public%20toilet%20provision%20(2007)_pro.pdf?dtrak=true)) A survey of older people's views on public toilet provision in their local areas identified the practical, health and social issues that impact older people. The research findings included the following:

1. "many older people suffer from incontinence or have incontinence issues, caused by muscle weakness. It is estimated that over 3-3.5 million people suffer from urinary incontinence in the UK." (page 2)
2. "a major barrier in preventing people from using public toilets is that they are often not located in places where older people need them such as on trains, bus and transport terminals and in parks" (page 3)
3. "older people need toilets to be clean, safe, accessible, staffed, open and located in the wide variety of places where they go" (page 4)
4. "...Lack of public toilets is a significant contributory factor in the isolation older people..." (page 5)
5. "84% of respondents to our survey felt that shops and businesses should make more effort to provide toilet facilities for the public to use" (page 10)

British Toilet Association. Written evidence provided to the Health and Social Care Committee, National Assembly for Wales. Public health implications of inadequate public toilet facilities. December 2011.

World health Organisation. *Global Age-friendly Cities: A Guide*, 2007.

NHS choices <http://www.nhs.uk/Conditions/Incontinence-urinary/Pages/Introduction.aspx>

Bladder and Bowel Foundation. <http://www.bladderandbowelfoundation.org/>

## 2.2 Who is missing? Are there any gaps in the data?

The national data and publications above gave us the starting point, to explore the potential issues in the local context and the original Business Community Toilet Scheme proposal was developed to mitigate these issues as much as possible.

## 2.3 How have we involved, or will we involve, communities and groups that could be affected?

Public consultation as part of the Your Neighbourhoods consultation. This took the form of an online survey with paper copies available at all libraries' and 8 city wide focus groups. In addition to this we also worked with Bristol Older Peoples Forum and Being (**Bristol Equalities Influencing & Networking Group**) to facilities an additional two focus groups. We have also had a conversation with the Taxi Drivers Reps and BPAC.

Responses to the one line survey from the equalities communities are detailed below, with comparative data from the Censuses 2011

		Number of respondents	% respondents in Age group	citywide ONS Censuses 2011
Category of respondent	Resident	2051	96.65%	
Age	Under 18	16	0.75%	20%
	18 – 24	41	1.93%	
	25-44	755	35.58%	
	45-64	752	35.44%	
	total 18 - 64		<b>72.95%</b>	<b>67%</b>
	65-74	385	18.14%	
	Over 75	118	5.56%	
	total over 65		<b>23.70%</b>	<b>13%</b>
	Prefer not to say	50	2.36%	
	Not Answered	5	0.24%	
Gender	Female	1324	62.39%	51%
	Male	701	33.03%	49%
	Prefer not to say	84	3.96%	
	Not Answered	13	0.61%	
Transgender	Yes	5	0.24%	
	No	1911	90.06%	
	Prefer not to say	145	6.83%	
	Not Answered	61	2.87%	
Ethnicity	White British background	1740	82.00%	81%
	Other white background	126	5.94%	5%
	Mixed / Dual Heritage	38	1.79%	
	Black / Black British	18	0.85%	
	Asian / Asian British	19	0.90%	

	Other ethnic group	11	0.52%	
	Prefer not to say	155	7.30%	
	Not Answered	15	0.71%	
	<b>BME total</b>		<b>4.05%</b>	<b>14%</b>
Disability	Yes	203	9.57%	18%
	No	1758	82.85%	
	Prefer not to say	146	6.88%	
	Not Answered	15	0.71%	
Religion	No religion	964	45.43%	25%
	Christian	798	37.61%	
	Buddhist	32	1.51%	
	Hindu	2	0.09%	
	Jewish	9	0.42%	
	Muslim	11	0.52%	
	Sikh	2	0.09%	
	Any other religion or belief	53	2.50%	
	total with religion		42.74%	68%
	Prefer not to say	223	10.51%	
	Not Answered	28	1.32%	
Sexual orientation	Heterosexual (straight)	1671	78.71%	
	Lesbian, Gay or Bisexual	97	4.57%	
	Prefer not to say	325	15.31%	
	Not Answered	30	1.41%	

SHINE (Supporting Healthy Inclusive Neighbourhood Environments) also assisted with a response to the proposals

<http://www.bristolhealthpartners.org.uk/latest-news/2013/12/16/shine-responds-to-closure-of-bristols-public-toilets/46#sthash.RaKfxODc.dpuf>

### Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

#### 3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

**Gender:** Urinary incontinence affects more women than men. An estimated 34% women aged over 19 are affected by urinary incontinence (NICE 2015) this equates to 60,000 Bristol residents.

Women who are pregnant or at the menopause need to use the toilet more often, as do those with other conditions such as diabetes. At any one time, about a quarter of all women of childbearing age will be menstruating and require access to toilets. In Bristol this equates to 61000 residents.

Carers of older people or children need toilets in accessible locations with facilities to accommodate the needs of those for whom they are caring as well as their own.

## **Gender reassignment:**

Transgender people may be worried that they will be turned away due to, people's perception about their gender.

## **Disability:**

The census suggests that 17.9% of Bristol's Residents have a day to day activity limiting illness. These conditions often include problems with mobility or stamina and require access to adapted toilets. Conditions such as irritable bowel syndrome, ulcerative colitis, and Crohn's disease cause many people to reduce their outdoor activities and stay at home because of concerns about toilet facilities.

It is estimated that over 1 in 20 women aged between 15 and 44 years and up to 1 in 7 women aged between 45 and 64 suffer with bladder problems. Over 1 in 33 men of working age have bladder problems. Faecal incontinence remains a greater taboo subject than urinary incontinence; it is quite prevalent, with an estimated 1–10% of adults living with this condition.

## **Mental Health & Social Exclusion:**

A potential knock-on effect of inadequate public toilet facilities is that people who cannot go out in their community could become inactive. This can impact on health and social care as, with inactive individuals likely to become more immobile, isolated, ill and depressed leading to a possible need further treatment. It could also have detrimental effects on people's mental health due to the isolation created by not leaving home.

## **Faith:**

The closure of public toilets in itself does not have a direct impact on those of faith, however if we went along the Business/Community toilet scheme, it would be important to ensure there is provision suitable for people of different cultural or religious backgrounds. For example, if all the community provision was in licensed premises, this would not be appropriate for some members of the community.

## **Age:**

### **Children**

Carers of young children may need more frequent access to public convenience facilities. (Thirteen of the current sites have baby changing facilities) Small children have less control over their bladders and outings can be abruptly shortened if a child needs to use a toilet.

### **Older people**

Elderly people are more likely to suffer with incontinence and may need to use the toilet more frequently and with greater urgency. Bristol has a population of 59600 people over 65.

For many older people, lack of toilet facilities can stop them going out which can increase physical and mental health problems.

## **Homeless people:**

There could be negative impacts to homeless individuals who use public toilets as somewhere to wash as well as a toileting facility. The needs of homeless people are seldom mentioned in connection with public toilets, but their toileting requirements do need to be addressed if street fouling is to be reduced. Homeless people may also suffer from stigma, and may not be or may not feel welcome in some establishments.

There is evidence of more people sleeping in parks away from the city centre rather than on the streets (in tents and in vehicles in and around some of the parks, cemeteries etc.). As they feel safer their but this has also led to soiling in these areas due to a lack of toilets. Work is currently under

way to look into this issue in more detail, linked to the Mayors homeless strategy. Options 2 and 3 outlined in the consultation survey would be less effective in providing facilities for these groups.

### **3.2 Can these impacts be mitigated or justified? If so, how?**

The decision to remove the majority of the budgets for managing public toilets has already been made as part of the budget decisions in February 2017. Option 1 aims to mitigate the impacts of closing the current 18 street toilets.

- \* In Option 1, the development of a Business/Community Toilet Scheme as proposed could significantly increase the availability of publically accessible toilets, across the city and in a range of different venues. (We have already identified over 50 locations with fully accessible toilets in super markets, chain pubs and stores that allow public access, but have not advertised this fact. We also aim to work with businesses across the city to encourage them to participate, Bedminster has already done this and they have a map detailing over 17 privately owned toilets that are open to the public) This would not only offset the negative impacts of closing the Council's Public Toilets, but will also offer an increase in provision. This would need to ensure appropriate accessibility for all residents, with specific attention to those with access requirements from protected characteristic groups. There are already successful Business/Community Toilet Schemes in a number of other Authorities including Gloucester, Oxford, Richmond, Poole, Sheffield, and Edinburgh to consider as examples.
- \* In Option 2, there will be a single Public Toilet remaining. This is a mitigation though most likely to be of use to people living in or visiting that specific location and limited beyond that. If this option is agreed there is little mitigation for people with protected characteristics across the City.
- \* Option 3 has no mitigation for people with protected characteristic.

The recommended option is Option 1

### **3.3 Does the proposal create any benefits for people with protected characteristics?**

The benefits of the proposal are mostly focussed on Option 1, because of the impact of the Business/Community toilet scheme. This could increase accessible provision across the city. The quality of this provision could be higher than the standard currently offered by the public provision. Areas with no accessible provision currently could be targeted through the scheme to increase accessibility. Some participating premises are likely to have longer opening hours into the evening, unlike the current provision.

Option 2, keeping a single toilet, is likely to mean improving the quality of that specific provision, thereby benefiting those in that area, but this would leave a gap around the rest of the City.

### **3.4 Can they be maximised? If so, how?**

As outlined above for option 1. In addition, the Business/Community Toilet scheme would be targeted to specific needs of communities of protected characteristics. For example, such as mapping accessible provision clearly, ensuring close proximity to transport links, ensuring all participating business comply with the Equality Act 2010. Much of this work can be done in partnership with leading VCS/equality organisations to ensure all the communications about such a scheme are accessible and clear, including web presence, signage etc.

Further work has been undertaken with 1 major city centre location to install a Changing Places toilet for adults. we will also work internally with facilities to enable the opening of the Changing Places facilities in City Hall.

There are some mitigating factors in that there are a number of services that are available for homeless people and rough sleepers to access during the day where they can access services. We will work with St Mungo's and other providers of services to the homeless to gather information regarding those toilet sites that welcome homeless people and update the homeless peoples guide to Bristol to include this information.

#### **Step 4: What next?**

*The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.*

#### **4.1 How has the equality impact assessment informed or changed the proposal?**

After the results of the consultation, (full report can be found here

<https://www.bristol.gov.uk/council-spending-performance/your-neighbourhood-consultation-2017> <https://www.bristol.gov.uk/libraries-archives/future-of-bristols-libraries-consultation>) feedback from the focus groups and conversations with Crohns and Colitis UK, we have further developmental the mitigations offered by the potential Business/Community Toilet Scheme.

1. A full communications strategy will be developed which mitigates the impact of moving from one delivery model to another. This will include, universal symbols used in signage, stickers and advertising, updating the street signage, a website page with interactive map, identifying where toilets are, and what facilities they contain, a paper map produced in partnership with Bristol Ageing Better and distributed to all older peoples groups and forums. This map will be accessed at all tourist locations, in doctors surgeries, and we will work with equalities organisations in Bristol and National membership organisations including, Crohn's and Colitis UK, MS Society, IBS Network , Bladder and Bowel Foundation (BBF), Macmillan, Prostate Cancer UK, Pelvic Radiation Disease Association, The Pituitary Foundation to ensure that their members have up-to-date information regarding the changes to the service. We will also work with councillors, to encourage them to take copies of the map around as they canvas across the City.

NB. We understand that there may be a time lag between the closure of the current sites, and the production of the map, to mitigate this we will ensure that the BCC website contains a GIS map that is up-to-date, with businesses being added as soon as they sign up. We will target partners in the vicinity of the old toilet sites in the first instance, and signage will also be attached to all toilets that close, directing people to the nearest toilet.

2. Bristol Physical Access Chain have agreed to take an active role in assessing (mystery shoppers) the accessible toilets within the Business Community Scheme
3. We are working with the Downs Committee and the Merchant Ventures regarding the 4 sites on their land
4. We aim to open up Changing Places toilets at 2 city centre locations Colston Hall (as part of the redevelopment of the site) and we will work with facilities management to gain access to the facility at City Hall. We will also work Mobil changing places facilities, permissions required for big city festivals. Work with facilities management to open up the changing places toilet at City Hall, and with events to explore making a pop up Changing Places available for major city events.
5. We are working with ST Mungo's to produce a list/map of sites that welcome homeless people.
6. The consultation also identified interest in several of the current sites by the private sector, property have agreed that any lease or sale to the private sector would include a

caveat regarding making a toilet facility available as part of any redevelopment of the sites.

7. To add value to the Business Community Scheme we are also speaking to the Merchant Venturers and the Downs Committee regarding the 4 sites that they own/manage, and looking into the advantages of transferring some of the City's Toilet Sites via Community Asset Transfer, lease or licence to other bodies.

#### **4.2 What actions have been identified going forward?**

In addition to the actions stated above in section 4.1, we will also work with the Crones and Colitis UK to market the scheme to their members. We also understand that some businesses may not want to join the Bristol Business/Community Toilet Scheme, however we will ask these to allow people with membership cards to the Crones and Colitis UK, and other such charitably membership organisations, to have access to their facilities.

We will work with participating businesses to ensure that they understand the needs of equalities groups.

We are working with property services to ensure that any council owned buildings leased or Community Asset Transferred to 3<sup>rd</sup> parties has a clause within the contract stating that when the building is open the toilet facilities must be open to all free of charge.

#### **4.3 How will the impact of your proposal and actions be measured moving forward?**

For Option 1, an ongoing regular monitoring and review approach will be put in place for any Business/Community Toilet Scheme, to ensure access for all residents and to understand any further support required by businesses to continue to manage and improve the scheme.

We will measure this by the amount of provision that is made available for the general public, the number of businesses taking part, and the spread across the city. We are also exploring with BPAC a mystery shopper approach to the accessible sites.

Working with Councillors we will also look into a best kept loo competition.

For the other options, there will not be a formal reviewing approach, but we will be alert to feedback received from the public moving forward regarding further impacts or issues arising.

Service Director Sign-Off:	Equalities Officer Sign Off: Jean Candler
Date:	Date: 7 November 2017