

Bristol City Council Equality Impact Assessment Form



(Please refer to the Equality Impact Assessment guidance when completing this form)

Name of proposal	2020/21 Corporate Business Plan [Covid-19 Recovery Edition] and Performance Framework
Directorate and Service Area	Policy, Strategy and Partnerships
Name of Lead Officer	Tim Borrett

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 aim of the Business Plan is to show what actions we will take in 2020-21 to meet the commitments that have been made in the Corporate Strategy 2018-2023.

For each of the key commitments in the Corporate Strategy, the Business Plan summarises high level actions and success measures that will make sure we spend our money, time and resources as effectively as possible. These actions and activities are drawn from the detailed contents of Service Plans created by every service. Service Plans also incorporate their Equality Action Plans (EAP) into their planning and the final Business Plan includes specific actions informed by these EAPs.

The Performance Framework is a more detailed set of measures used to measure, gauge, report upon, support and challenge performance from an operational managerial level up to the highest strategic levels of the council.

These have been updated to reflect COVID-19 recovery activity within the financial year 2020-21 and details how we will respond to the enormous changes that have taken place since the business plan was originally approved.

Whilst the document is not a savings plan, it notes that the council must close a significant budget gap within its timescale. However actual savings will be achieved through individual proposals outlined in the council's annual budget and medium term financial plan.

The scope of this Equality Impact Assessment is at a very high level and focus relates to the workforce and services delivered by the council. It is intended that separate equality impact assessments will be undertaken for each of the specific areas of work identified in the Business Plan.

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?

Legislative context

Relevant guidance states that Public bodies should place considerations of equality, where they arise, at the centre of formulation of policy, side by side with all other pressing circumstances of whatever magnitude¹. This means that the Public Sector Equality Duty (PSED) continues to apply to decision making in an emergency context:

A public authority must, in the exercise of its functions, have due regard to the need to:

- a) Eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

New Coronavirus Act 2020 provisions include:

- increasing the available health and social care workforce
- easing the burden on frontline staff – by reducing the number of administrative tasks they have to perform, enabling local authorities to priorities care for people with the most pressing needs, allowing key workers to perform more tasks remotely and with less paperwork, and taking the power to suspend individual port operations
- containing and slowing the virus – by reducing unnecessary social contacts, for example through powers over events and gatherings, and strengthening the quarantine powers of police and immigration officers
- managing the deceased with respect and dignity – by enabling the death management system to deal with increased demand for its services
- supporting people – by allowing them to claim Statutory Sick Pay from day one, and by supporting the food industry to maintain supplies

COVID-19 Impact

UK Government has published a summary of impacts from the Coronavirus Act 2020 here <https://www.gov.uk/government/publications/coronavirus-bill-summary-of-impacts/coronavirus-bill-summary-of-impacts>

National data from Office for National Statistics (ONS) shows marked disparities in mortality and health outcomes for some groups including Black, Asian and minority ethnic people, older people, disabled people, and men. See section 3.1 below for details.

Public Health England (PHE) has published a national review of disparities in [COVID-19 risks and outcomes](#)

¹ https://www.equalityhumanrights.com/sites/default/files/technical_guidance_on_the_psed_england.pdf

A Recent study from Behaviour Insight Teams in Partnership with the Cabinet Office (June 2020) highlights what we can learn from the BITs experimental data: The report highlighted three areas:

- When transmission rates were higher, worry about coronavirus was significantly more prevalent among Asian respondents
- Ethnic minorities are substantially more likely to be using facemasks
- Individuals from ethnic minority backgrounds may face circumstances that make it harder to strictly follow self-isolation guidance

The report suggested away forward in relation to these themes:

- Make public health guidance and [resources to help support people worried about coronavirus](#) more salient and accessible to all parts of the population.
- Turn widespread willingness to wear face masks and coverings into a norm of widespread (and [correct](#)) use, to protect individuals who are more at risk of contracting COVID-19.
- Make it easier for people who need to self-isolate to do so, for example by creating financial support and access to online services.

<https://www.bi.team/blogs/the-disproportionate-impact-of-covid-19-on-ethnic-minorities-in-the-uk-and-what-we-can-do-about-it/>

Promoting Equality and Inclusion

Worldwide events such as the killing of George Floyd and COVID-19 related health inequalities have increased public awareness of the urgency with which we need to collectively tackle race disparity, institutional racism, and other forms of structural inequality. In response to recent recommendations² the council has recently undertaken many new strands of work to improve equality, diversity and inclusion practice. For further information see <https://www.bristol.gov.uk/people-communities/equalities-policy>

Local data

Bristol [Joint Strategic Needs Assessment \(JSNA\)](#) and citywide data available from [Open Data Bristol](#) shows that Bristol is a thriving and diverse city, but its success is not shared by everyone, and inequality is growing. Bristol has 41 areas in the most deprived 10% in England, including 3 in the most deprived 1%. The greatest levels of deprivation are in Hartcliffe & Withywood, Filwood and Lawrence Hill. In Bristol 15% of residents - 70,400 people - live in the 10% most deprived areas in England, including 18,900 children and 7,900 older people.

Bristol has a relatively young age profile with more children aged 0-15 than people aged 65 and over. The median age of people living in Bristol is 32.5 years old, compared to 40 years in England and Wales.

The population of Bristol has become increasingly diverse and some local communities have changed significantly. There are now at least 45 religions, at least 180 countries of birth and at least 91 main languages spoken. The proportion of the Bristol population who are not

² <https://democracy.bristol.gov.uk/documents/s50544/Appendix%20Aii%20-%20Transforming%20race%20and%20equality%20at%20BCC%20-%20David%20Weaver%20DWC.pdf>

'White British' in census records increased from 12% (2001) to 22% (2011).

The government is asking people aged over 70 to take extra precautions to avoid getting ill. There are an estimated 43,200 people aged 70 and over living in Bristol (Mid-2018), making up 9.3% of the total population. This proportion varies across the city from as high as 19% of residents in Westbury-on-Trym and Henleaze ward to just 3% of residents in Central ward.

Life expectancy for women is 82.8 years and for men 78.7 years, both are significantly worse than the national average. In the past five years life expectancy for women has not increased and has risen by less than 0.5 years for men. The inequalities gap in life expectancy between the most and least deprived areas in Bristol is 9.6 years for men and 7.1 years for women.

COVID-19 response

A summary of changes and closures to council services is updated on our webpage:

<https://www.bristol.gov.uk/crime-emergencies/coronavirus-covid-19-what-you-need-to-know>

The Rapid Review Report was commissioned by the Council and led by Applied Research Collaboration (ARC) to look at the factors influencing the risk of death from COVID 19 amongst BAME communities.

<https://arc-w.nihr.ac.uk/research-and-implementation/covid-19-response/reports/the-impact-of-covid-19-on-black-asian-and-minority-ethnic-communities/>

Reasonable adjustments

As a baseline requirement the 'reasonable adjustments' duty under the Equality Act 2010 has three requirements that organisations must consider for their workplace and services that apply in situations where a disabled person would otherwise be placed at a substantial disadvantage compared with people who are not disabled. There are:

- changing the way things are done e.g. opening times;
- changes to overcome barriers created by the physical features of premises.
- providing auxiliary aids e.g. extra equipment or a different or additional service.

People with neurological differences including Dyspraxia, Dyslexia, ADHD, Dyscalculia, Autism, or Tourette Syndrome etc. may require adjustments such as making sure that communication is clear, concise and unambiguous; setting out time-scales to give sufficient advance notice; or managing any known issues around anxiety or sensory sensitivities around meetings.

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

We know that there are gaps in our diversity data for some protected characteristics citywide, especially where this has not historically been included in census and statutory reporting e.g. for sexual orientation.

We also know there are some gaps in our organisational diversity information - especially where personal and confidential information is voluntarily requested from staff.

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

- As part of our COVID-19 response we have been utilising and seeking advice from local equality groups and stakeholders championing the needs of people from different equalities groups including Voice and Influence Partnership, Black South West Network, Mayoral Commissions, Bristol Muslim Strategic Leadership Group, Bristol Sight Loss Council etc.
- We have been working with local partners including VOSCUR to update a COVID-19 volunteer and key worker register.

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?

The actions summarised in the Business Plan touch on all aspects of council business and therefore bring all Bristol citizens in to scope, particularly people who receive the most critical services. It is also inevitable that some actions will involve organisational change which will have an impact on our workforce.

We will ensure that ‘due regard’ is given to any potential negative impact of specific proposals for people on the basis of their protected and other characteristics by conducting individual Equality Impact Assessments for specific actions and proposals whenever Relevance Checks indicate they are required.

We are aware of the following issues for protected characteristic groups relating to coronavirus/COVID-19 which we will seek where possible to address and mitigate through the actions summarised in the Business Plan:

Age

- Children and young people who are not able to leave their home may be more likely to experience neglect or other forms of abuse (e.g. through increased contact and lack of external professional support)³.
- There are concerns regarding increased vulnerability to extra-familial risks such as child criminal exploitation, child sexual exploitation, trafficking and grooming of young people into drugs gangs including county lines.
- Duties for young people transitioning to adult social care have been suspended. The absolute duty to admit a child to a school where they are named on an EHCP has been replaced with a ‘reasonable endeavours’ duty.
- Although ‘vulnerable’ children and young people (including looked after children and children with special education needs) have been offered ongoing education placements, and there are plans for all school places to resume, resources and staffing are likely to be depleted, which may have negative impact on wellbeing and safety.
- There are continuity plans to ensure residential and secure children’s homes are adequately staffed and resourced.

³ <https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/coronavirus-abuse-neglect-vulnerable-children/>

- Young disabled people have been unable access some therapies (e.g. hydrotherapy) and lack of access to groups providing breaks and socialisation.
- Although initial measures have been lifted we know families in one-bedroom accommodation, particularly single-parent families, likened lockdown to prison.
- Disadvantaged young people may not have access to appropriate technology for learning, social connection and entertainment.
- Young people are most likely to have lost work or seen their income drop because of Covid-19⁴
- Bristol's Special Education Needs and/or Disabilities (SEND) Local Offer website has a dedicated Coronavirus information page for families⁵.
- Older people: Older Black, Asian and minority ethnic people, men and those with underlying health conditions are most at risk from COVID-19.
- Only 47.8% of people in Bristol aged 65+ say they are comfortable using digital services, compared to 81.8% overall⁶. We need to ensure that wherever possible telephone numbers are provided as an alternative to digital services as face-to-face services are not available, as well as making use of any available community volunteer support as appropriate. We also need to ensure as appropriate possible that communications channels include multiple platforms including radio, TV, press, post/letters and print media.
- We need to ensure that where older people are discharged from hospital into care homes where COVID- 19 is present there are adequate infection controls in place.
- Redeployment of other care professionals to respond to coronavirus will help save lives, but also risks leaving some older people exposed.
- At a local level we are working with partner organisations to ensure key messages for older people are being delivered via telephone, radio and print/postal media
- Older people maybe more vulnerable to COVID-19 related scams/crimes.

Disability

- Men aged 65 years and over, whose daily activities were “limited a lot” are 2.4 times more likely and women were 3.2 times more likely to die of COVID-19 related condition than their counterparts with no disability. Whereas, in the younger age group, the rate ratio is much higher, with the most disabled men and women being 6.5 and 11.3 times more likely to die than the non-disabled population in that age group⁷.
- Under new emergency legislation, various duties of the Care Act 2014 including the duty to meet the eligible needs of Disabled people (Section 18) and their carers (Section 20) were suspended and Local Authorities instead have to provide care they consider necessary to avoid breach of the European Convention of Human Rights (ECHR). There is a risk that the needs of disabled people may not be met due to increased demands and a reduced workforce.
- Reduced checks may lead to more people being detained under the Mental Health Act

⁴ <https://www.bbc.co.uk/news/business-52717942>

⁵ <https://www.bristol.gov.uk/web/bristol-local-offer/coronavirus-covid-19-what-you-need-to-know>

⁶ Bristol Equality of Life Survey 2019-20

⁷ ONS statistics: Coronavirus (COVID-19) related deaths by disability status England and Wales 2 March to 15 May 2020

unfairly.

- As many face-to-face services have been cancelled in response to the coronavirus crisis we must do everything we can to ensure we are making reasonable adjustments (see 2.1 above) and wherever possible we must ensure that there are alternative arrangements in place to meet the needs of disabled people who may not be able to access online and telephone services (including for accessing information⁸). For example our Translation and Interpreting Service can provide telephone or video interpreting (for BSL only) as an alternative to face to face interpreting⁹. Include options for SMS contact to helplines.
- Ensure communications are in plain English and that Easy Read versions are available (or on request if appropriate¹⁰).
- We need to provide alternative arrangements for people with sight loss to provide signatures and documents as evidence for applications.
- There is a guide to making new documents accessible on our intranet¹¹.
- The requirement to wear masks and face-coverings in shops and public spaces may have a negative impact on people with hearing loss who rely on lip-reading.
- People with sight loss may find it difficult to meet social distancing requirements if they cannot judge distances, or need to physically touch objects to be aware of their presence. Guide dogs are not trained to keep distance from people or objects.
- Reports that social distancing has led to people with sight loss being barred and thrown out of shops for either requesting sighted guides, going in to a shop with a sighted guide, or having to touch products.
- Lack of face-to-face contact with friends and key/support workers, and restrictions over movement is likely to exacerbate mental health issues. Even people with low-level mental health issues that had previously maintained their wellbeing through social prescribing and community services are reporting escalating conditions without support¹².
- Lack of PPE – There is a risk that people who employ PAs to provide care in their own homes are not able to access the requisite PPE to safeguard their health due to national supply shortages.
- People with mental health problems including PTSD may find lockdown measures restrict their coping mechanisms.

⁸ Public Health England campaign resources in BSL:

<https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5080> ; BSL users can talk to NHS111 using the InterpreterNOW app (registration is required). They can also connect via a PC or laptop.

⁹ This may change without notice in line with NHS and government guidance.

¹⁰ UK Government advice is available in accessible formats/languages, for example:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

<https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5080> Hand washing guidance in Easy Read, Larger Print and BSL

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>

¹¹ Internal link for BCC workforce only

¹² Advice from <https://www.voscur.org/>

Sex

Women:

- Additional workforce pressures are likely to place an additional burden on women who still bear the majority of caring responsibilities for both children and older relatives. There is a risk that good practice in recruitment may be bypassed e.g. in acting up arrangements (which in the circumstances are more likely to be given to people without caring responsibilities).
- Research suggest that in homes where there is a working mother and father, women have been doing more chores and spending more time with children during lockdown¹³.
- Women are more likely to be key workers, particularly in healthcare and supermarkets.
- Women are more likely to be furloughed – more women than men work in retail and hospitality sectors
- Nationally 27% of women experience domestic abuse in their lifetimes, with negative impacts on mental and physical health and further impact on families including children. The rate of recorded domestic abuse incidents in Bristol has shown a significant rise over the last two years and 74% of victims were female. Women who are victims of domestic violence may be trapped indoors with an abuser during coronavirus social isolation measures.
- Concerns regarding women with no recourse to public funds unable to leave their situations.
- Reports that PPE is poorly fitting as it has been made to fit men's bodies.

Sexual Orientation

- The Stonewall LGBT in Britain - Health Report shows LGBTQ+¹⁴ people are at greater risk of marginalisation during health crises, and those with multiple marginalised identities can struggle even more. In communications we should signpost and refer where possible to mutual aid and community support networks¹⁵.
- LGBTQ+ couples are being maliciously reported for being out with friends when they are with their partners/ spouses or families.
- Many LGBTQ+ people will have no choice in lockdown but to be in close contact with family that don't accept them. Many aspects of Bristol's LGBTQ+ scene have transferred online in response to COVID-19, and some businesses and performers are adapting to changing circumstances by providing digital services¹⁶.
- Stonewall research indicates that lesbian, gay, bisexual people may be at increased risk of domestic abuse, which is exacerbated through social isolation.
- Research has shown that LGBTQ+ people are more likely to be living with long-term

¹³ <https://www.bbc.co.uk/news/business-52808930>

¹⁴ LGBTQ+ is an acronym for lesbian, gay, bisexual, transgender, and queer; the "plus" is intended as an all-encompassing representation of sexual orientations and gender identities.

¹⁵ FFI see <https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help> + <http://lgbtbristol.org.uk/>

¹⁶ <https://www.bristol247.com/news-and-features/lgbt/coronavirus-how-brisols-lgbtq-community-is-responding/>

health conditions, are more likely to smoke, and have higher rates of drug and alcohol use, and so may be at higher risk of getting seriously ill from COVID-19¹⁷.

- HIV disproportionately affects gay, bisexual and other men who have sex with men. The risk of severe COVID-19 may be greater in people with HIV who are not on antiretroviral treatment and are not immunosuppressed.
- A Stonewall survey found that 14% of LGBTQ+ people have avoided treatment for fear of discrimination because of their sexual orientation or gender non-conformity. This may mean that LGBTQ+ people with severe COVID-19 symptoms may delay accessing healthcare or may not access healthcare at all.
- See 'Homelessness' risks - 24% of homeless people aged 16-24 are LGBTQ+ and 18% of LGBTQ+ people have been homeless at some point in their lives¹⁸.

Pregnancy & Maternity

- Pregnant women are identified as a high risk group for coronavirus.
- Just over half of the pregnant women admitted to hospital with Covid-19 are from a Black, Asian and Minority Ethnic background, even though they account for only a quarter of the births in England and Wales¹⁹.
- Limited support for women during the birthing process where English is not their first language and restrictions on who can attend appointments has impacted on women, the way they give birth and the support they have been given.
- As 'Disability' there is a risk of disruption to non-emergency medical treatment.
- As 'Sex' there is a risk pregnant women and those on maternity leave may be indirectly disadvantaged in their careers by coronavirus measures.

Gender Reassignment

- People seeking or undergoing gender reassignment have had trouble accessing specific healthcare (e.g. hormones and surgery) due to COVID-19 measures, on top of already very long wait times for this type of care.
- As 'Disability' there is risk of disruption to non-emergency medical treatment.
- See 'homelessness' risks – 25% of trans people have been homeless at some point in their lives²⁰
- As 'sexual orientation above' - 37% of trans of people and 33% of non-binary people have avoided healthcare through fear of discrimination²¹.

Race²²

- The rate of deaths involving COVID-19 for Black males in England and Wales is 3.3 times

¹⁷ https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

¹⁸ https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_home_and_communities.pdf

¹⁹ <https://www.bmj.com/content/369/bmj.m2107>

²⁰ https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_home_and_communities.pdf

²¹ https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

²² For further information see 'The impact of COVID-19 on BAME communities' <https://arc-w.nihr.ac.uk/Wordpress/wp-content/uploads/2020/05/COVID-19-Partner-report-BAME-communities-BCC001.pdf>

greater than that for White males of the same age, while the rate for Black females is 2.4 times greater²³

- These deaths do not appear consistent across Black, Asian and minority ethnic groups. As well as other issues identified below, a contributing factor is likely to be the result of an intersection of several other factors including the overrepresentation of Black, Asian and minority ethnic populations in lower socio-economic groups and disproportionate employment in lower band key worker roles.
- Bangladeshi, Pakistani, and black ethnic groups are more likely to live in deprived neighbourhoods; and the same groups and Chinese ethnicities are about twice as likely to live on a low income and experience child poverty compared to white groups (see 'Socio-economic' section below).
- There is disproportionate death / impact of C19 symptoms on Black, Asian and minority ethnic key workers who are over represented as consultants, doctors, nurses, HCAs, Social Care, etc.
- Black, Asian and minority ethnic groups remain over-represented in the "at-risk" communities identified by the Government, which is concerning and leading to higher death rates.
- Hate Crime – There has been a slight spike in hate crimes locally towards Chinese and South East Asian communities, as well as targeting of and abuse towards police officers and health service practitioners. There are clear risks associated with the impact of Covid-19 including a rise in frustration, ASB and Hate Crime as people are forced to stay home, may lose income and structure to their day and don't have access to many leisure and public facilities²⁴.
- Black, Asian and minority ethnic led businesses have been affected by COVID-19 such as restaurants, clubs, pubs, the hotel trade and taxi drivers. Many people are unclear on what support they will receive from the government. Many pharmacies are owned by and run by Black, Asian and minority ethnic people – they are very difficult arenas to work in at the moment. Lack of sufficient PPE and are getting incidents with the public.
- Ethnic minorities are more likely to live in overcrowded households (more people than bedrooms) and intergenerational households. Multi-generational and large households are more likely to struggle with social distancing due to the size of the household, and young people have struggled to keep within the home. The proportion of Bangladeshi, Pakistani, and black households experiencing overcrowding was 30%, 16%, and 12%, respectively, compared to 2% of white British households. Bangladeshi and Pakistani groups are more likely to live in multi-family households. In the South West, 70% of white British households own their home versus 40% of Black, Asian and minority ethnic households.
- Digital disadvantage – lack of IT for educational and information purposes.
- Emergency measures legislation - The lack of guidance around emergency measures, such as police powers and school closures is already leading to local variation and

²³ ONS May 2020

²⁴ Advice from <https://www.sariweb.org.uk/>

disproportionate impact on Black, Asian and minority ethnic communities.

- We have a statutory duty to foster good relations between people who share a protected characteristic and those who do not. This means we should be providing 'myth-busting' information and challenging misunderstanding wherever possible through our communications.
- People who do not speak English as a main language will require local updates and information in plain English, and alternative languages/formats to address the risk of misinformation being spread e.g. through social media.
- Concerns around historic pattern of Black, Asian and minority ethnic students being under-predicted in grades and not able to determine validation of their own achievement through the exam process – may be left behind with no current provision for them to be able to 'catch up'.
- Before the pandemic, young people from ethnic minority backgrounds were known to be 47% more likely to be on zero-hour contracts. Local research since lockdown found many young people lost their jobs and over 74% of those enrolled with local youth project experiencing high levels of stress, anxiety and loss of purpose²⁵.
- Black, Asian and minority ethnic led small businesses may lack information about the support available to them from the government²⁶ particularly taxi drivers, restaurants, cafes and hotels.
- GRT (Gypsy, Roma, Traveller) people may not be registered with GP, have higher levels of poor health, experience additional complications with lockdown/social isolation e.g. travelling season during expected peak of virus in UK.
- Our Translation and Interpreting Service can help with translation and interpreting in many languages. Video Interpreting over Zoom is being offered in addition to telephone interpreting and translations services.

Religion or Belief

- The highest age-standardised mortality rates of deaths involving COVID-19 are in the Muslim religious group with 198.9 deaths per 100,000 males and 98.2 deaths per 100,000 females; people who identified as Jewish, Hindu or Sikh also show higher mortality rates than other groups.²⁷
- Issues for faith groups may include delays to the speed of burials; some religious observations may not be adhered to, and limits the numbers of people who can attend funerals. However this may be mitigated as documentation procedures have been shortened possibly leading to quicker burials²⁸.
- The Local Authority must still have regard to the wishes of the deceased person (if known)
- Not being able to meet face-to-face for worship/prayer is likely to impact on communication channels for some faith groups.

²⁵ <https://babbasa.com/>

²⁶ <https://www.blacksouthwestnetwork.org/businesses-and-enterprises>

²⁷ ONS: Coronavirus (COVID-19) related deaths by religious group, England and Wales: 2 March to 15 May 2020

²⁸ <https://religionmediacentre.org.uk/factsheets/death-funeral-rituals-in-world-religions/>
<https://mcb.org.uk/community/burialfaqs/> e.g. cremation not acceptable for Muslims/ potential need to identify land for burial.

- Challenge for faith groups in adapting religious festivals e.g., Ramadan during social isolation measures.
- There is an increased risk of hate speech in the form of misinformation about faith groups e.g. associating mosques with continued communal gatherings and the spread of COVID-19.

Marriage and Civil Partnership

- Delays/limits to planned marriages and civil partnerships
- Possible difficulties in the registration of birth/deaths etc. for non-family members²⁹.

Deprivation / Socio-economic

- People living in the most deprived areas of England and Wales are significantly more likely to die from COVID-19³⁰, and risk of death from COVID-19 in England and Wales increases with deprivation. The risk in the most deprived areas is roughly double that in the least deprived, after accounting for age differences.
- An increased number of people are accessing foodbanks and there has been reliance on VCSO sector to support, though 91% of charities expect difficulties in meeting their objectives and to experience reduced income³¹.
- Food poverty exacerbated by price-hikes in local convenience stores e.g. double for basics such as rice.
- As the coronavirus outbreak and response will have an especially negative impact on the most deprived people in Bristol we must ensure that we are doing everything we can as a local authority to mitigate this e.g. by pausing debt collection activities; coordinating food-bank activities etc.

Homelessness

- Increased risk of infection in hostels
- Inability to self-isolate for rough sleepers
- Reduced income from lower city footfall
- Those who previously have sofa-surfed are now at risk of homelessness.
- BCC has a dedicated task-group to respond to emerging issues

Refugees and Asylum Seekers

- Difficulties accessing healthcare
- Poor quality housing
- As 'Race' need to provide translation and interpretation services
- Digital poverty – people on asylum support receive only £37 a week on cards which cannot be used online so are unable to purchase WiFi contracts - there is no WiFi installed in asylum support properties provided by the home office. Limited access to

²⁹ <https://www.gov.uk/register-a-death>

³⁰

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-involvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand17april>

³¹ <https://www.probonoeconomics.com/news/pbe-launches-new-survey-understand-impact-covid-19-charity-sector>

mobile data, or even devices on which to access the internet or contact friends/family and support services. Lack of information and ability to shop online.

- Young refugees and asylum seekers in shared property may be from different cultural and linguistic backgrounds.
- Fear of NHS charges to access healthcare – may not know Covid-19 treatment is exempt from charges
- Fear of data sharing between the NHS and the home office, means that some people in this group are afraid to access health care.
- Migrant victims/survivors of abuse who have no recourse to public funds cannot access women's refuges, as refuges are dependent on Housing Benefit for their bricks and mortar funding.
- BCC have a dedicated task-group to respond to emerging issues

Carers

- Significant increase in work and pressure for unpaid carers together with diminishing resources and support lead to a decrease in their mental health and wellbeing. Particularly where the person they care for is unable to leave the home to attend social activities (e.g. attending a community/ day service) or they are not able to get their usual amount of breaks or respite from their caring role. The person they care for may be experiencing exacerbated impact on their mental health due to being socially isolated or not having the mental capacity to understand why they cannot go out.
- Young carers are often hidden but with the pandemic and subsequent lockdown, they are more likely to be performing inappropriate caring duties and their education and health will suffer disproportionately compared with non-caring young people.

Workforce:

To cope with reduced capacity and increased work pressure for public bodies there is likely to be significant diversification of existing job roles, loosening of qualification criteria (e.g. for health care professional and social workers), recruiting of retired staff etc.

The Coronavirus Act 2020 allows for the rapid temporary registration of additional social workers, drawn mainly from those who have retired recently or people who have nearly completed social work training.

Bristol City Council needs to continue delivering essential statutory services to our communities. To allow us to do this, we will need to move colleagues from services which are currently closed to the public to help keep critical services running. Our HR team will ask managers in services which are currently closed to identify colleagues who are available to work in other parts of the organisation.

If members of staff are asked to work in a different role, as far as possible this will be within their existing skill set and they will receive appropriate training and risk assessment. The current grade will be maintained even where employee is redeployed into a lower graded role and matched if a higher graded role. Members of staff who are in any of the high risk groups and are currently self-isolating won't be asked to work elsewhere. Employees whose

reasonable adjustments cannot be met in the redeployed role and those on emergency care leave should also be excluded.

We conducted a homeworking survey for employees during lockdown which found almost a third of respondents reported feelings of isolation and many were missing face to face contact with colleagues and service users. 59% said that their wellbeing has been affected by the current situation. Nearly a third of respondents were looking after children, and we know there are colleagues who have other carer responsibilities which can cause increased stress and pressure.

We have a dedicated [intranet \(The Source\) page for up-to-date information](#) and have set up an email address for staff queries related to our response to Coronavirus. We have introduced new guidance for Managers of staff who are self-isolating or shielding because of coronavirus (COVID-19) to ensure employees are treated fairly. Carers leave entitlement limits have been temporarily waived and staff who looking after children at home because of school closures have been able to work flexibly or reduce working hours as required. We monitor differences in sickness absence and disciplinary rates by protected characteristic to identify disparity.

Staff health and wellbeing is one of the top priorities in our Organisational Improvement Plan. We have [launched a tool](#)^[1] to help employees discuss and keep a record of the support and arrangements in place to benefit their health and wellbeing. We have also launched a new [vulnerable persons' risk assessment tool and associated guidance](#) to help colleagues working with their managers to assess risk in the workplace and put appropriate measures in place where necessary.

A key element of the Business Plan is our need to address workplace racial and structural inequalities, under-representation, equality and inclusion, this commitment is strengthened by the council's transformational programme Advancing E&I New Action 2020/21. This document sets out 50 workforce actions that aim to change the culture of the council and build upon the significant progress made since 2016. The actions are set out across three thematic areas:

- Strategy Changes
- Recruitment, selection and talent management – a positive action strategy to address diversity gaps
- Leadership, Performance and Culture

<https://democracy.bristol.gov.uk/documents/s50543/Appendix%20Ai%20-%20Advancing%20equality%20and%20inclusion%20v1.0.pdf>

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

See section 3.1 above for specific mitigations. For further information about what the council and other groups and organisations have done to help communities, businesses and individuals affected by coronavirus in Bristol please see <https://www.bristol.gov.uk/council-and-mayor/bristols-response-to-coronavirus-covid-19>

- The BCC COVID-19 advice hotline is currently accessible to BSL users and people who whose first language is not English with a Freephone number³².

^[1] Internal link only

• ³² This was available 7 days a week during initial lockdown measures and currently open 8:30am-5:00pm Mon-Fri.

- Communities where there are high levels of economic and/or social capital have been more able to mobilise quickly and tap into mainstream systems. Bristol has been able to mitigate this by quickly establishing a coordinated infrastructure with the community and voluntary sector to support the tremendous volunteer effort. Through this we have been able get help to the people who need it quickly across the whole city. This has been made possible because Bristol has built a strong infrastructure by investment in the Voluntary, Community and Social Enterprise (VCSE) sector, Community Development, voice and influence partnerships and social action.
- Bristol has been able to mobilise volunteers with specific skills and security checks as appropriate through the existing CanDo Bristol volunteering web platform. Although we are now winding down parts of our emergency volunteer response we will still be taking referrals for people who are self-isolating and we will continue to link with volunteers at a scale that matches the current need and can be quickly increased if required.
- Bristol's One City Approach brings together a wide range of public, private, voluntary and third sector partners within Bristol. They share an aim to make Bristol a fair, healthy and sustainable city. A city of hope and aspiration, where everyone can share in its success.
- In collaboration with our five other thematic multi-agency boards made up of experts from across the public, private and voluntary sectors, the One City Economy Board has formed an economic recovery taskforce which is working collaboratively to develop a framework and prospectus for Bristol's requirements for economic recovery, best practice, and an action plan for advancing our aims under the One City Approach. This will be done in an inclusive manner with a continued awareness of regional, sub-national and national guidance and activity.

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

The Business Plan and Performance Framework outline what we will do (and measure) to meet the commitments in the Corporate Strategy including the key aim to create a fairer Bristol, where everyone can share in the city's success. Reducing inequality runs throughout the themes and key commitments outlined in the strategy, and the actions are clearly aimed at creating positive outcomes for disadvantaged groups/communities and the council's workforce.

3.4 Can they be maximised? If so, how?

Individual equality impact assessments for projects / actions as appropriate will focus on how activities can maximise positive outcomes for citizens. Equality Impact Assessments will be undertaken for any key workforce changes and the implementation of the Advancing E&I Action plan is the key transformational driver for address under-representation across the council's workforce.

Step 4: So what?

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?
Consideration of the potential impact of council activities on people on the basis of their protected characteristics has been central to the development of this business plan and update. Specifically this EqIA has highlighted the need to ensure than we are doing everything we can to mitigate the disproportionate impacts of COVID-19 on Bristol citizens and its workforce.
4.2 What actions have been identified going forward?
Specific relevance checks and/or full equality impact assessments for individual projects/proposals.
4.3 How will the impact of your proposal and actions be measured moving forward?
<ul style="list-style-type: none"> • Service Area Equality Action plans • Equality Impact Assessment Action Plans • Regular reporting structures • Citizen (e.g. 'Quality of Life in Bristol') and staff satisfaction surveys • Feedback and liaison with key external and internal stakeholders

Service Director Sign-Off: Tim Borrett, Director: Policy, Strategy and Partnerships	Equalities and Inclusion Team Sign Off: Reviewed by Equality and Inclusion Team
Date: 13/08/20	Date: 10/8/2020