

Equality Impact Assessment [version 2.9]



Title: Carers' Services recommissioning (07 09 2021)	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input type="checkbox"/> New <input checked="" type="checkbox"/> Already exists / review <input checked="" type="checkbox"/> Changing
Directorate: People	Lead Officer name: Sonia Davies
Service Area: Adult Social Care Commissioning	Lead Officer role: Strategic Commissioning Manager

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](https://sharepoint.com).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the [Equality and Inclusion Team](#) early for advice and feedback.

1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

Bristol City Council has a statutory (legal) duty to assess a carer's needs for support, where the carer appears to have such needs. There has been an increase in demand for carers support over the last six years since the introduction of the Care Act (2014), and this is expected to continue to rise.

'A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support' (Carers Trust).

The Carers services that are currently commissioned within Bristol City Council across Adult Health & Social Care and Children's Services are delivered by the Voluntary and Community Sector (VCS).

The Recommissioning of Carer Services in Bristol aims to:

- Commission effective services streamlined with single point of access so that citizens know where to go and the right people receive the right service (e.g. people are enabled to help themselves wherever they can and there is direct support for those who need it).
- Commission carers services in line with Public Procurement Regulations 2015.
- Devise a model for carers in line with the current strategic objectives (2021-2025)
- Meet statutory duties
- Secure best use of resources and securing value for money
- Design a whole-system approach to Adult Carers support
- Create closer longer-term/strategic partnerships working within the new Integrated Care Service and the three Integrated Care Partnerships in Bristol (formal from April 2022).

1.2 Who will the proposal have the potential to affect?

<input type="checkbox"/> Bristol City Council workforce	<input checked="" type="checkbox"/> Service users	<input checked="" type="checkbox"/> The wider community
<input checked="" type="checkbox"/> Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	
Additional comments:		

1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	[please select]
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Step 2: What information do we have?

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

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: <https://www.bristol.gov.uk/people-communities/measuring-equalities-success>.

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics and intelligence \(sharepoint.com\)](#). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](#) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment Form](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
Census Data – Information from Bristol JSNA 2018, and JSNA 2016/17	<ul style="list-style-type: none"> There are over 40,100 carers in Bristol (all ages), which is just under 1 in 10 of the population (9.4%). However, a more recent 2015 estimate indicates there are almost 42,300 carers in Bristol, an increase of 20.4% since 2001. In the decade since the 2001 Census the number of unpaid carers recorded has increased by 5,000, but the proportion

	<p>stayed the same (9.3% in 2001) as Bristol’s population has risen considerably.</p> <ul style="list-style-type: none"> • The majority of adult carers (25,700) are caring under 20 hours a week but just over 9,000 are providing unpaid care for 50 hours or more each week. • Of the 40,100 unpaid carers identified in the 2011 Census, 860 were children under 16 and 2,700 were young people aged 16- 24. • There are also 8,300 carers who are over 65 years of age (15% of all people over 65 in Bristol), and 40% of people in this age category (3,350 people) provide care for over 50 hours a week, which is disproportionately high. • 75% of carers in Bristol are considered working age (18-64 years) and 66% of carers combine work and their caring role. • Over 4,000 carers in Bristol are working and caring for 50 hours or more each week. (2011 Census). • There is a higher concentration of carers in the areas of the city with higher levels of deprivation, such as Avonmouth, Lockleaze, Fromevale, Hillfields, Hartcliffe & Withywood, and Hengrove. • These are also the areas of the city with higher levels of people living with a long-term health problem or disability.
<p>Commissioned Services – Information from providers (2020/21): Bristol and Avon Chinese Women’s Group; Bristol Black Carers; Carers Support Centre.</p>	<p>The contracted providers supply detail of service user numbers broken down into Protected Characteristic data. This shows that there is a gap in provision for carers from Black, Asian and minority ethnic communities, which is intended to be addressed through this recommissioning exercise.</p>
<p>Pandemic impact: Local Bristol Older Persons Forum (BOPF) research</p>	<p>There are up to 9.1 million carers across the UK prior to the Covid-19 Pandemic. There are 4.5 million new carers since the Pandemic started (March 2020), 2.8 million of whom are juggling work and care.</p> <ul style="list-style-type: none"> • Number of respondents: 5,583 carers and 321 former carers • 81% of carers are providing more care since the Pandemic • 40% of carers are providing more care because the needs of the person cared for have increased. • 38% of carers are providing more care because of local services reducing or closing. <p>BCC commissioned a survey of older people in a caring role, which was carried out by Bristol Older People’s Forum (BOPF). There were 139 respondents; key findings:</p> <ul style="list-style-type: none"> • Older people supply a disproportionate amount of care, and older women are more likely to be looking after loved ones. There were high levels of people in the oldest age range caring for partners, siblings and/or disabled children. Of those people doing full-time care, 40% were aged seventy-five or over. • The Covid pandemic has increased the number of new carers. • The need for different levels of respite was highlighted, including specialist care for complex conditions such as Dementia and Autism. • the need for an improvement in financial support available.
<p>Additional comments:</p>	

2.2 Do you currently monitor relevant activity by the following protected characteristics?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Age | <input checked="" type="checkbox"/> Disability | <input type="checkbox"/> Gender Reassignment |
| <input type="checkbox"/> Marriage and Civil Partnership | <input type="checkbox"/> Pregnancy/Maternity | <input checked="" type="checkbox"/> Race |
| <input type="checkbox"/> Religion or Belief | <input checked="" type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation |

2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

Data on internal and commissioned services: There is a lack of data from commissioned providers on the demographic breakdown of service users, especially in the areas of religion, sexual orientation or gender identity where no analysis is possible.

There is a lack of data on referrals to the BCC Integrated Care Teams regarding sexual orientation, gender identity, and religion, where no analysis is possible.

Seldom Heard / Hidden Carers

We also know that many unpaid carers across all ages, who are eligible for Carer Support Services, do not self-identify as carers and therefore do not come forward for Carer Assessments.

Many studies also indicate that carers from Black, Asian and Minority Ethnic communities generally have a lower uptake of carer assessments and a lower incidence of accessing services.

2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities. See <https://www.bristol.gov.uk/people-communities/equalities-groups>.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to [Managing change or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

We have recirculated the summary of recommissioning public consultation (completed January 2020 – delayed due to the Pandemic) to our carer representatives and other key stakeholders, requesting that if they have new comments or views to give these to us. We restarted meetings with key stakeholders (group meetings held November 2020, January and April 2021) and meetings with individual providers to progress this. The stakeholders included: Carer representatives; Carers' Voice Forum; the council's Adult Social Care Equalities Forum and Building Healthier Communities delivery group; Young Carers' strategy action group; current carers support service providers and other Black, Asian and minority ethnic and VCE providers; the BNSSG Carers' Group.

2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

We will continue to engage with these stakeholders through the planning and delivery of the recommissioning of carers' support services.

Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#)

3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories (different kinds of disability, ethnic background etc.) and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)	
PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Young Carers and Young Adult Carers are recognised as 'Hidden Carers' and have specific needs. It has been identified that the number of young adult carers currently accessing commissioned adult carer services is low. Carer Services should benefit young adult carers as long as these services are accessible and meet specific needs of young and young adult carers. There is potential for adverse impact if gaps in provision and needs are not recognised as part of the recommissioning of applicable Carer Services.
Mitigations:	BCC work on transition pathway Young Carers to Adult Carers. Ongoing promotion of adult carer services as widely as possible will be specified in the new contract.
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	According to The Social Market Foundation One in five (21%) of those aged 55 to 59 provide family care, compared to 15% amongst the adult population as a whole. Whilst a substantial proportion of those who are of working age are providing care, the proportion of those above 65 who are providing care is also significant: 17% of those aged 75 to 79 are providing care, and this figure is likely to grow. Carer Services should benefit older carers as long as these services are accessible and meet the specific needs of older carers. There is potential for adverse impact if gaps in provision and needs are not recognised as part of the recommissioning of applicable services. Bristol Older People's Forum research indicates an increasing number of older people in the city are living with dementia.
Mitigations:	The new contract will specify targets and outcomes to ensure the needs of older carers are met.
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Carer Services should benefit carers with a disability and the disabled people they may care for, as long as these services are accessible and meet specific needs of disabled carers. It has been highlighted for example that more people with learning disabilities and their family carers are growing old together. Research highlights that more people with learning disabilities are becoming carers for their partners as well as parents, and there is a danger this group is 'hidden.' According to Carers UK people providing care for a disabled child were the most likely to report that they get no support, with almost 3 in 10 (29%) stating this. (Carers UK 'Carers Week' Research Report 2018). In the 2018 Bristol Quality of Life Survey 43% of respondents who were Carers also said they had a limiting illness, health problem or disability themselves, and 9.4% said their poor health prevented them from leaving the house when they want to.
Mitigations:	The new contract will specify targets and outcomes to ensure the needs of carers who are themselves disabled people are met.

Sex	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	The majority of carers are women. The proposals should have no adverse impact on people of different sex, as long as the specific needs of female carers are recognised. It is also recognised that male carers, especially older male carers, have specific needs and these must also be considered.
Mitigations:	
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	There is a lack of profile data on sexual orientation. There is no evidence that the proposals would have an adverse impact. It is important that people do not experience barriers to social care services due to their sexual orientation.
Mitigations:	
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Race	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	We currently commission two Black, Asian and minority ethnic led carer support organisations; there are other Black, Asian and minority ethnic communities that may benefit from similar services. It is recognised that carers from Black, Asian and Minority Ethnic communities generally have a lower uptake of carer assessments and a lower incidence of accessing services. Sometimes they can face additional challenges if English is not their first language and if there are cultural needs that are not being acknowledged. There is evidence of an underrepresentation of Black, Asian and Minority Ethnic groups receiving mainstream carer support services in Bristol, particularly among African and Pakistani groups (which could include the Somali Community). It is recognised that statutory and other services need to work closely with community groups which often provide direct and culturally appropriate support services to carers (Bristol Carers Strategy 2015-2020). Bristol City Council must ensure that the needs of Black, Asian and Minority Ethnic communities are met through the recommissioning of services to ensure there is no adverse impact on any ethnicity.
Mitigations:	Specific specialist organisations supporting carers from Black and Minority Ethnic communities are likely to be grant funded. The new contract will specify targets and outcomes to ensure the needs of carers from Black, Asian and minority ethnic communities are met.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Carers	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	See whole document, as this is all specific to carers.
Mitigations:	
Other groups [Please add additional rows below to detail the impact for other relevant groups as appropriate e.g. Asylums and Refugees; Looked after Children / Care Leavers; Homelessness]	
Potential impacts:	

Mitigations:	
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3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

The proposals have the potential to benefit people on the basis of several protected characteristics:

Age

The proposals should create benefits for older carers through the provision of services specifically to meet the Carer needs of this group. The specific needs of older carers, such as the impact of long-term conditions, need to be recognised in service specifications.

Disability

Carers who are disabled should benefit from the proposals through the provision of Carer Services that support carers and the disabled people they may care for. This includes the impact of Mental Health, Parent Carers who may care for a disabled child, and the specific carer needs of disabled people including carers with a learning disability.

Race

The proposals should create benefits through the provision of services specifically aimed at meeting the Carer needs of people from Black, Asian and minority ethnic groups, including where it has been identified there is an underrepresentation of Black, Asian and minority ethnic groups accessing carer services.

Sex

The proposals should create benefits for both male and female carers, recognising where carer services may need to be tailored to meet the specific needs of male or female carers, as identified in the Needs Analysis.

There is no evidence that the proposals would have a specific benefit for the following Protected Characteristics – Religion, Gender Reassignment, Sexual Orientation, Marriage and Civil partnership and Pregnancy and Maternity. However commissioned providers will be expected to record service user equalities information for all protected characteristics and ensure that services are non-discriminatory.

Step 4: Impact

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

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

Summary of significant negative impacts and how they can be mitigated or justified:

This Equality Impact assessment has highlighted the need for the Recommissioning of Carers Services to:

- Ensure we commission providers that can meet the needs of the local carer population across the Protected Characteristics, including the Carer needs of Black, Asian and minority ethnic communities.
- Recognise where there may be an underrepresentation of Black, Asian and minority ethnic groups currently accessing Carer Services and ensuring this is resolved.
- Ensure our service specifications specify that service delivery takes into account any needs in relation to the Protected Characteristics.
- Consider whether equalities service standards and targets should be used in the contract specification or Performance Management Frameworks.

- Ensure that there is nothing preventing or discouraging small and medium-sized enterprises and Black, Asian and minority ethnic organisations accessing any future tendering activity
- Ensure any tender process ensure providers' employment policies, procedures and practices are not discriminatory.

Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:

The commissioning process provides the opportunity to review service specifications and contracts with service providers. This could include the addition of measures, or changes, to the way we ask providers to deliver services, and what measures we performance monitor, to ensure the benefits of the proposals are maximised for the protected characteristics.

4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
Procure commissioned services that meet the needs of local populations including small and medium-sized enterprises groups, older and disabled people. Consider whether specialist providers need to be commissioned to meet any unmet need.	Sonia Davies	30/06/22
Design a procurement process that does not discriminate against small and/or specialist small and medium-sized enterprises businesses tendering and encourages them to do so.	Manda Maple	01/12/21
Review and implement effective equalities service standards and targets as part of any revised performance management framework.	Manda Maple	01/12/21

4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

The impact of this proposal and the actions will be measured through ongoing consultation and service re-design of future Carer Services. Once implemented, equalities monitoring will be managed through the contract management and quality assurance of the contracts. In addition the impact of the project will be measured to ascertain whether it has achieved its benefits.

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the [Equality and Inclusion Team](#) before requesting sign off from your Director¹.

Equality and Inclusion Team Review: <i>Reviewed by Equality and Inclusion Team</i>	Director Sign-Off:  Stephen Beet
Date: 9/9/2021	Date: 20/10/2021

¹ Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.