

# Equality Impact Assessment [version 2.9]



Title: Budget Proposal - Undertake Care Act Reviews	
<input checked="" type="checkbox"/> Budget Proposal ASC4	<input checked="" type="checkbox"/> Changing
Directorate: People	Lead Officer name: Stephen Beet
Service Area: Adult Social Care	Lead Officer role: Director

## 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 \(EqIA\) \(sharepoint.com\)](#).

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.

#### Budget context:

Bristol City Council is required by law to set a balanced budget however we face a potential gap in our core budget of around £23.1 million next year. With such a significant challenge the budget cannot be balanced without additional funding, making greater efficiencies (doing the same for less money) or by transforming the way we do things.

The Council has defined statutory responsibilities, but deliver against a far broader agenda, providing universal services benefiting the whole community, and targeted services aimed at individuals, communities with particular needs, and businesses – administered by our workforce, city partners, stakeholder organisations and commissioned services.

The COVID-19 pandemic has been far reaching, with a lasting impact on our people and our economy. Our finances are stretched to the limit, and the UK Government has stopped funding local COVID-19 responses. Up and down the country councils are facing this funding crisis with less money to keep services going. This is because more money is needed to: help citizens with the impact of the COVID-19 pandemic; support low-income households and local businesses in need of support post-COVID-19; support more people than ever with mental health and social care services; and meet the rising need and cost of home to school transport for children with special educational needs and disabilities (SEND) etc. At the same time, the pandemic saw us receive less income from business rates, commercial rentals, parking, sports facilities, and our museums, shops and cafes.

The [Medium Term Financial Plan](#) underpins the Council's financial planning process and outlines the approach we will take to meet the challenges presented by focusing primarily on delivering efficiencies, service re-design programmes which cut across directorate boundaries, and increasing external income and Invest to Save revenue.

### This proposal:

This proposal is to ensure that we undertake planned Care Act reviews for people who are receiving different forms of care and support services (e.g. homecare, care home placements, Extra Care Housing, Supported Living, Outreach Services) to ensure we are helping people to maximise their independence and achieve agreed outcomes, access the right support, making best use of community resources and Technology Enabled Care and getting value for money from care and support services.

Through undertaking planned reviews we will help people access more meaningful support and enable better outcomes for people, e.g. helping people to move out of care homes to live more independently, helping people access their community, access employment or make use of Technology Enabled Care. This also leads to more cost-effective support. We are also working in partnership with care providers to ensure that their pricing methodology is effective and offering best value.

Reviews are a statutory requirement under the Care Act and we will be undertaking them in line with Care Act requirements and will have a responsibility to meet any identified eligible needs.

We will not target individuals or attach savings to specific packages or cohorts of service users. Savings will be realised through more cost-effective, appropriate support opportunities which enable people to live more independently.

### 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 type="checkbox"/> The wider community
<input checked="" type="checkbox"/> Commissioned services	<input 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](#)

<b>Data / Evidence Source</b> [Include a reference where known]	<b>Summary of what this tells us</b>
<a href="#">Census 2011</a> and <a href="#">Census 2021</a>  <a href="#">2011 Census Key Statistics About Equalities Communities</a>	The Census details the demographic profile of Bristol. The first results of the 2021 census will not be available until Spring 2022, so demographic data is still informed by 2011 census and other population related documents (listed below)
<a href="#">The population of Bristol</a>	Updated annually. The report brings together statistics on the current estimated population of Bristol, recent trends in population, future projections and looks at the key characteristics of the people living in Bristol.
<a href="#">New wards: data profiles</a>  <a href="#">Ward Profiles - Power BI tool</a>	The Ward Profiles provide a range of data-sets, including Population, Life Expectancy, health and education disparities etc. for each of Bristol's electoral wards.
<a href="#">Bristol Quality of Life survey 2020/21 final report</a>  <a href="#">Quality of Life 2020-21 — Open Data Bristol</a>	The Quality of Life (QoL) survey is an annual randomised sample survey of the Bristol population, mailed to 33,000 households (with online & paper options), and some additional targeting to boost numbers from low responding groups. In brief, the 2020 QoL survey indicated that inequality and deprivation continue to affect people's experience in almost every element measured by the survey.  The Open Data 'Equalities View' tool shows at a glance the disparities for each Quality of Life indicator based on people's characteristics and circumstances including protected characteristics, caring responsibility, tenancy, education level, and deprivation.
<a href="#">Citizens' Assembly</a>	The citizens' assembly is composed of 60 randomly selected participants. The group reflects as far as possible the diversity of the population in terms of age, sex, ethnicity, disability, employment status, and geographical location. Bristol Citizens' Assembly was part of a process created by the city of Bristol to gather public input to inform its COVID-19 recovery plan.
<a href="#">Joint Strategic Needs Assessment (JSNA)</a>	<b>Care Home Placements</b> Just under 60% of care home places for all clients are for females and just over 40% are for males. By age group, 41% of places for clients aged 18-64 were for

	<p>females and 59% were for men. In contrast, 65.7% of places for clients aged 65 and over were for females and 34.3% were for men. In terms of ethnicity the largest recipient group were White British (74.6%), followed by White (5.5%) and Caribbean (2.4%).</p> <p><b>Home care packages</b>  Approximately 63% of all home care packages were received by females and 37% by men. By age group 57% of packages for clients aged 18-64 were received by females and 43% by men. For clients aged 65 and over, 65% were received by females and 35% were received by men. By ethnic group, 74.5% of recipients were White British, 4% were mixed / multiple ethnicities, 3% were Black / Black British and 2.6% were Caribbean.</p> <p><b>Extra care housing</b>  Equalities data: Just under two thirds of ECH packages (55+) were for women (62.9%) in 2020/21 and just over a third were for men (37.1%). 80% of recipients were White British, 4.2% were multiple ethnicities and a further 4.2% ethnicity was unknown.</p>
<p><a href="#">Final report on progress to address COVID-19 health inequalities - GOV.UK (www.gov.uk)</a> December 2021</p>	<p>Multiple sources of data and evidence have highlighted the disproportionate impact of COVID-19 on equalities communities, and the impact of measures taken to address this. This final report highlights the government response to the original recommendations and the long lasting ‘take homes’. This highlights the importance of not treating ethnic minorities like a homogenous group and nurturing existing local partnerships and networks for public health programmes. It also gives recommendations around communications, developing and providing materials in multiple languages and working with community partnerships to improve understanding and co-create content for key audiences.</p>
<p><a href="#">HR Analytics: Power BI reports (sharepoint.com)</a>  [internal link only]</p> <p><a href="#">Equality and Inclusion Annual Progress Report 2020-21 (pdf, 982KB)</a> Appendix – Workforce Diversity Data – summary analysis</p>	<p>The Workforce Diversity Report shows Bristol City Council Workforce Diversity statistics for Headcount, Sickness, Starters and Leavers data. The report is updated once a month with data as at the end of the previous month. It excludes data for Locally Managed Schools/Nurseries, Councillors, Casual, Seasonal and External Agency employees. The report is based on the sensitive information that staff add to Employee Self Service on iTrent (ESS).</p>
<p><a href="#">Designing a new social reality - Research on the impact of covid-19 on Bristol’s VCSE sector and what the future should be – Black South West Network 2020</a></p>	<p>Local research has highlighted how long-term underinvestment and lack of equity in funding and procurement has eroded the local Voluntary and community sector – in particular for Black and minority ethnic led organisations. 30% of the organisations surveyed stated to operate on an annual budget below £5,000, and an additional 18% operated on below £25,000. 42% of the organisations sampled had no paid staff at all and fully relied on volunteers to deliver their activities and</p>

services. There is a marked increased need for mental health support

**Additional comments:**

**Covid-19 impact:**

Covid-19 has impacted on all service areas within Adult Social Care, but some have felt it much more than others. In summary:

- Mental Health pressures have shot up - In the period 1st March 2020 to July 2021 Mental Health experienced a 21% growth equal to an additional 110 service users. There are also significant waiting lists for tier 2 alternatives such as the 'help when you need it' service
- Learning Disabilities pressures continue to grow
- Increased pressures on carers increasing initial contacts (over £1m in one off Direct payments made during COVID)
- Safeguarding spike during lockdowns creating backlogs and pressure points in assessments

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

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

Although our corporate approach is to collect diversity monitoring for all relevant characteristics, there are gaps in the available local diversity data for some characteristics, especially where this has not always historically been included in census and statutory reporting e.g. for sexual orientation. We also know there are some under-reporting gaps in our workforce diversity information - where personal and confidential information is voluntarily requested from staff.

There are some gaps in diversity monitoring for service users where this has not been recorded on our LAS system, e.g. for Sexual orientation

## 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 held a public Budget Consultation from Friday 5 November 2021 until Friday 17 December 2021. Alongside asking for views on different options for Council Tax next year, we shared some of the broad areas where we were

looking at to reduce council spend to seek citizen's view. We made it clear in our communications that "We know we may need to consult with you about some of our more detailed saving proposals before we make any final decisions about them in future, and they may include difficult choices."

Where a person has substantial difficulty in being actively involved with a review, and where there are no family or friends to help them to engage, an independent advocate must be involved.

## 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.

All responses to the Budget Consultation will be analysed and included in a report that will be published on the Bristol City Council website in early 2022. We will take Budget consultation responses into account when developing our final proposals to put to the Cabinet and a meeting of the Full Council for approval. The final decision will be taken by Full Council at its budget setting meeting in February 2022.

## 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)

Even when we plan to consult in more detail on specific service delivery proposals at a later time, we must ensure that any budget setting decisions that are likely to affect future services are informed by sufficient consultation and proper analysis. This is so that decision makers can have due regard to any likely disproportionate or negative impact for citizens, service users or employees on the basis of their protected and other relevant characteristics at the time the budget is approved – not afterwards<sup>1</sup>.

Decision makers will have the ability to make changes to the individual spending plans following further consultation as appropriate and detailed evaluation of the impact of specific proposals. Within the proposed budget envelope there will be financial mitigation put aside for any non-delivery or amendments to proposals which may occur due to future consideration of equalities issues or other factors.

As well as identifying whether budget changes will have a disproportionate impact on particular groups (e.g. because they are over-represented in a particular cohort of affected service users), we need to pay particular attention to the risk of indirect discrimination: when an apparently neutral decision puts members of a given group at a particular disadvantage compared with other people because of their different needs and circumstances.

Because the underlying reasons for the Council's budget deficit are very far reaching and likely to impact other public bodies and providers - we need to avoid making any assumptions that people's needs will still be met by other / external provision if we reduce or decommission our existing services.

<sup>1</sup> [Bristol judgment clarifies Councils' Budget consultation duties — The Consultation Institute](#)

Where budget proposals are likely to impact on our workforce we will follow the ‘Management of Change’ guidance for internal consultation and seek advice from diversity consultants in the Equality and Inclusion Team to mitigate risks of discrimination. For proposals which are likely to impact external workforce teams e.g. in commissioned services, we will consider any likely disproportionate impacts of TUPE transfer arrangements etc.

Where proposals relate to changing work locations or conditions we will also consider the impact on those who may be more reliant on car parking or public transport; provide and support access to funding for workplace adaptations and aids to enable disabled employees to obtain and retain their employment; and promote flexible working patterns wherever possible to maximise opportunities for people with caring responsibilities and those from faith groups etc.

As there is evidence showing that lack of equity in funding and procurement has eroded the local voluntary and community sector, we need to consider the extent to which any proposed reductions in budgets for commissioned services, or proposals to increase income (e.g. by reducing subsidies or charging more commercial rates for premises and services) may have a disproportionate impact on smaller organisations which are led by and/or support local equalities communities.

We are also aware of existing structural inequalities and particular considerations, issues and disparities for people in Bristol based on their characteristics, which we have taken into account in making this budget proposal (detailed below).

**This proposal**

As people’s needs change over time there will be significant positive impacts on people who receive a package of care. This is because they will get a package of care that is in line with their current needs. The review will make sure that support plans are proportionate to need and also build in the current model of delivering adult social care. Adult social care seeks to enable maximum independence where possible and appropriate, and the use of community resources wherever possible as a way of building resilience and self-reliance. More people will be diverted to tier 1 support which will increase their independence and wellbeing and avoid them becoming dependent on funded services which reduce their independence. We are mindful of the resources available in the community and will ensure that the resources for individuals to utilise are available where people take up tier 1 support.

Some people who are reviewed may find their package of support has reduced. However there will not be a significant negative impact as any change to a support plan will be in line with their assessed need. Decision making will be fair and based on existing policies. We will not be changing any of the decision making processes around assessing care needs or allocating care. Whilst there may be savings attached to this proposal, we will be using a person centred approach and will ensure that the appropriate level of care is provided at all times.

**PROTECTED CHARACTERISTICS**

<b>Age: Young People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• Young people are often under-represented in engagement and consultation and in Bristol are less satisfied than average with the way the council runs things.</li> <li>• Children and young people in Bristol are considerably more ethnically diverse than the overall population of Bristol.</li> <li>• Children and young people from the most deprived areas of Bristol have the poorest outcomes in health and education in terms of health, education and future employment etc.</li> <li>• Young people in Bristol are more likely to: <ul style="list-style-type: none"> <li>○ have poor emotional health and wellbeing</li> <li>○ find inaccessible public transport prevents them from leaving their home when they want to</li> <li>○ 6.8% of 16-17 year olds (2020/21) were “not in education, employment or training” (NEET)</li> </ul> </li> </ul>
Mitigations:	See general comments above
<b>Age: Older People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• Older people in Bristol are:</li> </ul>

	<ul style="list-style-type: none"> <li>○ Less likely to be comfortable using digital services</li> <li>○ more reliant on public and community transport</li> <li>○ more likely to be an unpaid carer</li> <li>○ more likely to help out or volunteer in their community</li> <li>○ less likely to have formal qualifications</li> <li>● Bristol Ageing Better says at least 11,000 older people are experiencing isolation in the city.</li> <li>● We must factor aging and the needs of older people into long term budgeting and service design</li> </ul>
Mitigations:	See general comments above
<b>Disability</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>● 17% of Bristol’s population are disabled. There are more disabled women than men living in Bristol.</li> <li>● The UK Disability pay gap is 20% (2020)</li> <li>● There is a disproportionate impact of COVID-19 on disabled people <a href="https://www.gov.uk/government/news/the-lived-experience-of-disabled-people-during-the-covid-19-pandemic">The lived experience of disabled people during the COVID-19 pandemic - GOV.UK (www.gov.uk)</a></li> <li>● Disabled people are less likely to be employed in a managerial or professional occupation</li> <li>● 22% of disabled people aged over 16 are economically active in Bristol compared with 70% of the general population, and are more likely to work part time.</li> <li>● Disability increases with age: 4.1% of all children, for the working age population it increases to 12.3% and for people aged 65 and over it increases to 55.9%.</li> <li>● Disabled people on average have lower qualification levels than the population as a whole.</li> <li>● A higher proportion of disabled people rent from a social provider (local authority or housing association)</li> <li>● Disabled people have lower car ownership levels</li> <li>● Disabled people experience higher rates of hate crime and domestic abuse compared to the general population</li> <li>● Disabled people should be empowered to make independent living choices and have a say in access to service provision.</li> <li>● Budget setting needs to provide sufficient resource and flexibility to meet our legal duty to make anticipatory and responsive reasonable adjustments for disabled people including: <ul style="list-style-type: none"> <li>○ changing the way things are done e.g. opening / working times;</li> <li>○ changes to overcome barriers created by the physical features of premises.</li> <li>○ providing auxiliary aids e.g. extra equipment or a different or additional service.</li> <li>○ is ‘anticipatory’ so we must think in advance and ongoing about what disabled people might reasonably need.</li> </ul> </li> <li>● Disabled people must not be charged for their reasonable adjustments, accessible formats or other adaptations. It is a legal requirement under the Equalities Act to ensure information is accessible to disabled employees and service users.</li> <li>● Mental Health pressures have shot up - In the period 1st March 2020 to July 2021 Mental Health experienced a 21% growth equal to an additional 110 service users. There are also significant waiting lists for tier 2 alternatives such as the ‘help when you need it’ service</li> <li>● Learning Disabilities pressures continue to grow</li> </ul>
Mitigations:	See general comments above
<b>Sex</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Potential impacts:	<ul style="list-style-type: none"> <li>• Women are over represented in those who receive packages of care.</li> <li>• Women still bear the majority of caring responsibilities for both children and older relatives.</li> <li>• Women are more likely to be excluded from conversations which affect decision making due to lack of representation in boards / organisational leadership.</li> <li>• Services and workplace requirements may not take into consideration the impact of women’s reproductive life course including menstruation, avoiding pregnancy, pregnancy, childbirth, breastfeeding, and menopause.</li> <li>• Young women between the ages of 16 and 24 have higher risk of common mental health problems and higher rates of self-harm and post-traumatic stress disorder etc.</li> <li>• Bristol female preventable mortality rates are significantly higher than the England rates</li> <li>• Nationally 27% of women experience domestic abuse in their lifetimes. 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.</li> <li>• Men and boy’s health is in general poorer than that of women and girl’s</li> <li>• Male life expectancy at birth in Bristol is around four years less than for females.</li> <li>• On average men in Bristol live 18 years in poor health, women live 22 years in poor health</li> <li>• A higher proportion of boys have physical impairments and more boys than girls have diagnosed mental health disorders and learning difficulties.</li> <li>• Men in Bristol are more likely than women to have unhealthy lifestyle behaviours including being overweight and obese, smoking, alcohol and substance misuse</li> <li>• There are differences between men and women in health practices and the way they use health services</li> <li>• Men are three times more likely than women to take their own lives.</li> </ul>
Mitigations:	See general comments above
<b>Sexual orientation</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• Lesbian, gay and bisexual people are statistically more vulnerable to verbal and physical abuse</li> <li>• 1 in 5 Lesbian, Gay, Bisexual and Trans (LGBT) staff have been the target of negative comments or conduct from work colleagues in the last year because they’re LGBT.</li> <li>• More than a third of LGBT staff have hidden or disguised that they’re LGBT at work in the last year because they were afraid of discrimination.</li> <li>• 1 in 10 Black, Asian and Minority Ethnic LGBT staff have similarly been physically attacked because of their sexual orientation and /or gender identity, compared to 3% of White LGBT staff</li> <li>• One in four lesbian and bisexual women have experienced domestic abuse in a relationship, one third of them were abused by a man. Almost half of all gay and bisexual men have experienced at least one incident of domestic abuse from either a family member or a partner since the age of 16.</li> <li>• Research shows LGBT people face widespread discrimination in healthcare settings and one in seven LGBT people avoid seeking healthcare for fear of discrimination from staff</li> <li>• The Stonewall <a href="#">LGBT in Britain - Health Report</a> shows LGBT 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 networks<sup>2</sup>.</li> <li>• Research has shown that LGBT people are more likely to be living with long-term health conditions, are more likely to smoke, and have higher rates of drug and alcohol use.</li> </ul>

	<ul style="list-style-type: none"> <li>• Half of LGBT people experienced depression in the last year</li> <li>• 14% of LGBT people have avoided treatment for fear of discrimination because they are LGBT.</li> </ul>
Mitigations:	See general comments above
<b>Pregnancy / Maternity</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• The Equality Act 2010 applies to those who are pregnant or have given birth in the past 26 weeks, as well as making provisions to protect the rights of breastfeeding mothers.</li> <li>• Around 80% of women will give birth and many women will also experience termination, miscarriage and stillbirth</li> <li>• In the workplace we need to ensure equal access to recruitment, personal development, promotion and retention for employees who are pregnant or on maternity leave (including briefing and updates for any workforce changes)</li> <li>• Ensure there is equality of opportunity for services in relation to pregnancy and maternity. This includes e.g. providing physical access when using prams and pushchairs, and availability of toilets and baby-changing facilities etc. , and flexible working patterns and service times for childcare arrangements</li> <li>• Black, Asian and Minority Ethnic women more likely to experience complications at birth</li> </ul>
Mitigations:	See general comments above
<b>Gender reassignment</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• As sexual orientation above Transgender people are statistically more vulnerable to verbal and physical abuse. Transgender people regularly face prejudice and discrimination because of the way in which they transgress many of the norms of our culture and society.</li> <li>• 1 in 8 Trans people (12%) in the workplace have been physically attacked by customers or colleagues in the last year because they were Trans</li> </ul>
Mitigations:	See general comments above
<b>Race</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• Black, Asian and minority ethnic people are disproportionately impacted by COVID-19</li> <li>• Ethnic minorities in Bristol experience greater disadvantage than in England and Wales as a whole in education and employment and this is particularly so for Black African people<sup>2</sup>.</li> <li>• In the last census (2011) 16% of the population belonged to a Black, Asian or minority ethnic group and this is likely to be higher now.</li> <li>• The top three countries of birth outside UK for Bristol residents are Poland, Somalia and India.</li> <li>• Although the race or ethnicity pay gap has narrowed in recent years there are still wide pay differences between particular ethnic groups and most minority ethnic groups earn less on average than White British people.</li> <li>• 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</li> <li>• Black, Asian and minority ethnic households are less likely to own their home and more likely to living in overcrowded housing and intergenerational households. Bangladeshi and Pakistani groups are more likely to live in multi-family households.</li> <li>• Black people in the UK are less likely to hold a driving licence and more likely to rely on public transport.</li> <li>• Black Asian and minority ethnic groups in Bristol are more likely to find inaccessible public transport prevents them from leaving their home when they want to</li> </ul>

<sup>2</sup> CoDE Briefing Bristol v2.pdf ([runnymedetrust.org](http://runnymedetrust.org))

	<ul style="list-style-type: none"> <li>Black African young people are disadvantaged in education compared to their White peers<sup>8</sup>. A disproportionately high percentage of Bristol school pupils from Black, Asian and minority ethnic backgrounds are excluded from school and In Bristol pupils with the lowest 'Attainment 8' scores are from Black ethnic background (highest from Chinese ethnic background.)</li> <li>Organisations may lack cultural competence because Black, Asian and minority staff are under- represented.</li> <li>People from Black African, Other, and Black Caribbean groups have persistently high levels of unemployment and almost all ethnic minority groups in Bristol experience employment inequality when compared to White British people.</li> <li>Black Asian and minority ethnic groups are more likely to be self-employed than the Bristol average and over-represented in low income self-employment including taxis, takeaway restaurants</li> <li>Black Asian and minority ethnic people are underrepresented in political and civic leadership.</li> <li>People who do not speak English as a main language may require information in plain English and community language translations or videos etc.</li> </ul>
Mitigations:	See general comments above
<b>Religion or Belief</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>There are at least 45 religions represented in Bristol. Approximately 1 in 20 people in Bristol are Muslims, and Islam is the second religion in Bristol after Christianity</li> <li>Budget proposals should take into account differing needs because of people's religion and belief (for example different requirements around diet, life events, and holidays)</li> <li>Having a designated multi-faith room can make environments such as workplaces and shopping centres is more accessible and friendly for people from faith groups where regular prayer is required.</li> </ul>
Mitigations:	See general comments above
<b>Marriage &amp; civil partnership</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>OTHER RELEVANT CHARACTERISTICS</b>	
<b>Socio-Economic (deprivation)</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>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 &amp; Withywood, Filwood and Lawrence Hill.</li> <li>In Bristol 15% of residents - 70,800 people - live in the 10% most deprived areas in England, including 19,000 children and 7,800 older people.</li> <li>9.8% (approximately 19,572 households) of all households in Bristol are living in fuel poverty (<a href="#">BEIS, 2020</a>)</li> <li>4.2% of households have experienced moderate to severe food insecurity, rising to 13% in the most deprived areas of the city (QoL 2020-21)</li> <li>25% of people in Bristol are dissatisfied with the way the Council runs things, but this is 43% for people living in the most deprived areas of the city (QoL 2020-21).</li> <li>The inequalities gap in life expectancy between the most and least deprived areas in Bristol is 9.6 years for men and 7.2 years for women.</li> </ul>
Mitigations:	See general comments above
<b>Carers</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>Being a carer can be a huge barrier to accessing services and maintaining employment</li> </ul>

	<ul style="list-style-type: none"> <li>• We need to consider the timing/availability of services, events etc. to allow flexibility for carers.</li> <li>• As with Disability and Pregnancy and Maternity – policies which aim to restrict driving or parking can have a disproportionate impact on people who are reliant on having their own transport.</li> <li>• Studies show around 65% of adults have provided unpaid care for a loved one.</li> <li>• Women have a 50% likelihood of being an unpaid carer by the age of 46 (by age 57 for men)</li> <li>• Young carers are often hidden and may not recognise themselves as carers_</li> <li>• Increased pressures on carers increasing initial contacts (over £1m in one off Direct payments made during COVID)</li> </ul>
Mitigations:	See general comments above
<b>Other groups</b> [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:	

### 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 support that people receive will better reflect their individual support needs, including their cultural needs or any needs that are specifically related to their protected or other relevant characteristic. The more frequently we undertake reviews with people we can be more confident that any impacts of having a protected characteristic is taken into account in the way they receive and manage their support.

## 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:

We have not identified any significant negative impacts from the savings proposal. However we will continue to ensure there is no adverse impacts of planned reviews for people on the basis of their protected characteristics.

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

We will ensure that planned reviews enable people to meet assessed needs and maximise their outcomes on the basis of their 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
<ul style="list-style-type: none"> <li>We will ensure that practitioners are updating demographics on our recording system when completing reviews to improve data regarding outcomes in the context of protected characteristics</li> <li>Reviews or reassessments are completed under the Care Act (2014) and follow the associated statutory guidance. A review should ensure the person’s identity, spirituality, and volition are central to support planning and outcomes are culturally appropriate. However outcomes should not disproportionately affect one group identity over another as the same legislation and guidance is used. If a support plan spend reduces it will be because the review determined there to be a change in need, or the need remains unchanged but we have been able to utilise alternative methods of support than paid care</li> <li>We can ensure that people from diverse backgrounds aren’t waiting longer than others for a review</li> </ul>	Social work leads  Social work leads  Social work leads	

### 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.

Power BI data is able to show us:

- Numbers of people with different protected characteristics who are awaiting a review
- Cost change outcomes of reviews alongside group identity
- Reviews outcome forms are completed after each review in MI Citywide which ensure the impact for the service user, family, carer, and provider is captured (often in their own words if possible). We can quality assure our reviews utilising these alongside a range of measures.

## 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 Director<sup>3</sup>.

<b>Equality and Inclusion Team Review:</b>  Reviewed by Equality and Inclusion Team	<b>Director Sign-Off:</b> Deputy Director – Commissioning (on behalf of the Director, Adult Social Care)
Date: 5/1/2022	Date: 05/01/2022

<sup>3</sup> 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.