Equality Impact Assessment [version 2.10]



Title: P23- Early help in communities, including Children's Centre & Family Hubs	
Directorate: People Lead Officer name: K Carr	
Service Area: Children and Families Lead Officer role: Head of Early intervention & Targeted	
Services	

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 <u>Equality and Inclusion Team</u> 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 <u>plain English</u>, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

Budget context

Every year, the council must agree an annual budget which balances the money we spend with the money we are expecting to receive. Councils across the country are facing financial challenges and based on our current forecasts, we face a funding gap over the next five years (to 2027/28) of up to £87.6 million dependent on the severity of factors such as rising costs of fuel, energy and inflation. This is in addition to the £34.3 million of savings and efficiencies proposals for 2022-2027 outlined in the 2022/23 budget.

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.

To address these challenges we must look again across all of our services to find where we can do things differently to reduce costs, be more efficient in how we do things and, in some cases, stop doing some things entirely.

This aim is to initially realign resources across children's centres and our wider Early Intervention and Targeted Service in the context of the development of Family Hubs. There are 3 objectives

Objective 1) Alignment of transformation and delivery Family Hubs

The aim is to refocus some of the work carried out, particularly at management level, across children's centres and early intervention and targeted services to focus on leading and delivering on the transformation and implementation of Family Hubs by March 2025. This will achieve savings as transformation work is funded through the Family Hub & Start for Life Programme.

Further work will be needed to identify efficiencies through delivery beyond the end of programme for 2025/26. This will be possible through the increased colocation and codelivery of family hub services through local venues and the development of a strong digital offer that will be in place by March 2025.

Saving £134,000.

Objective 2) Children centre hub transition to Early Intervention and Targeted Services.

a) The operational management of the Children's Centres transferred to Early Intervention and Targeted Services in April 22. This has enabled the identification of efficiencies to management and resource costs with no impact on staffing levels.

Saving £92,000

b) There are high level of reserves that have been built up for children's centres in previous years. This enables a further reduced budget to be set in 2023/24. However, the reserves will not be carried into 2024/25 and predicted underspends are reducing year on year. This will need to be considered and accounted for in the context of a wider review of children's centres premises which will be consulted on separately and is not in scope of this proposal.

Saving £170,000 in 23/24

Objective 3) Intervention & Targeted Services

Throughout 24/25 we will review vacancies with the aim of reducing the staffing budget by £209,000.

Summary of budget proposals

Budget	Budget	Savings for 2023/4
EY General – Maintained Children's Centre budgets	£2,917,240	£396,000
Families in Focus	£3,053,000	£209,000
Total	£5,970,240	£605,000

1.2 Who will the proposal have the potential to affect?

☑ Bristol City Council workforce	⊠ Service users	
☐ Commissioned services	☐ City partners / Stakeholder organisations	
Additional comments:		

1.3 Will the proposal have an equality impact?

⊠ Yes	\square No	[please select]

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.

Our early intervention and targeted services early help delivery aims to reduce inequalities through enabling children, young people and families to access the right help at the right time and the Family Hubs development will improve access to universal and early help services in areas with the highest levels of deprivation and disproportionately poor health and educational outcomes.

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: How we measure equality and diversity (bristol.gov.uk)

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	Summary of what this tells us
[Include a reference where known]	
<u>Census 2011</u> and <u>Census 2021</u>	The Census details the demographic profile of Bristol. We have
	had initial data on the population of Bristol by age, ethnic group,
2011 Census Key Statistics About	national identity, language, and religion, but are still awaiting
Equalities Communities	more detailed results and multivariate data, so demographic data
	is still largely informed by 2011 census and other population
	related documents (listed below)
The population of Bristol	Updated annually. The report brings together statistics on the
	current estimated population of Bristol, recent trends in
Bristol Key Facts 2022	population, future projections and looks at the key characteristics
	of the people living in Bristol.

Ward profile data (bristol.gov.uk)	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.	
Bristol Quality of Life Survey 2021-22	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 most recent QoL survey indicated that inequality and deprivation continue to affect people's experience in almost every element measured by the survey.	
	The Quality of Life 2021/22 data dashboard highlights those indicators, wards and equality and demographic groups which are better or worse than the Bristol average.	
	· ·	gnificant disparities based on people's mstances in the extent to which they find ancially:
	Quality of Life Indicator	% who find it difficult to manage financially
	16 to 24 years	12.5
	50 years and older	6.7
	65 years and older	3.2
	Female	8.6
	Male	8.5
	Disabled	21.6
	Asian /Asian British	9.9
	Black/Black British	19.8
	Mixed/Multiple Ethnicity	16.3
	White British	7.8
	White Minority Ethnic	8.4
	Lesbian Gay or Bisexual	12.7
	No Religion or Faith	8.0
	Christian Religion	8.3
	Other Religions	18.2
	Carer	10.7
	Full Time Carer	14.0
	Part Time Carer	9.7
	Single Parent	28.6
	Two Parent	9.6
	Parent (all)	12.0
	No Qualifications	10.0
	Non-Degree Qualified	12.9

Degree Qualified

6.7

Bristol Average	8.7
Most Deprived 10%	18.8
Owner Occupier	4.6
Rented (Private)	14.6
Rented (HA)	20.6
Rented (Council)	20.3

<u>Joint Strategic Needs Assessment</u> (JSNA)

The Joint Strategic Needs Assessment reports on the health and wellbeing needs of the people of Bristol. It brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and projected future needs. The JSNA is used to provide a comprehensive picture of the health and wellbeing needs of Bristol (now and in the future); to inform decisions about how we design, commission and deliver services, and also about how the urban environment is planned and managed; to improve and protect health and wellbeing outcomes across the city while reducing health inequalities; and to provide partner organisations with information on the changing health and wellbeing needs of Bristol, at a local level, to support better service delivery.

HR Analytics: Power BI reports (sharepoint.com) [internal link only]

Equality and Inclusion annual progress report 2021-22 (bristol.gov.uk)
Appendix – Workforce Diversity Data – summary analysis

Additional sources of useful workforce evidence include the Employee Staff
Survey Report and Stress Risk
Assessment Form completed by individuals and teams [internal links only]

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).

Summary of Bristol City Council workforce diversity

		Bristol Working
	BCC headcount %	Age Population
	(31 Oct 2022)	(16-64)
Age 16-29	12.2%	39.0%
Age 30-39	22.0%	24.0%
Age 40-49	24.4%	16.0%
Age 50-64	41.4%	21.0%
Age 65+	3.4%	-
Disabled	9.0%	12%
Asian / Asian British	2.9%	5.8%
Black / Black British	5.1%	5.3%
Mixed ethnicity	3.6%	2.9%
Other ethnic groups	0.4%	1.0%
White	79.8%	85.0%
Female	60.1%	49.0%
Male	39.3%	51.0%
Use another gender		
term	0.2%	-

	Christian	25.9%	43.5%
	Other religion/belief	6.6%	7.3%
	No religion/belief	41.9%	41.5%
	Lesbian, Gay or		
	Bisexual	5.9%	9.1%
	Trans	0.1%	-
Nomis - Official Labour Market	84% of all people in Bristo		
Statistics (nomisweb.co.uk)	higher than nationally (78.6%) and in the South West (80.7%). Of		
Business demography, UK - Office for National Statistics (ons.gov.uk)	higher than nationally (78.6%) and in the South West (80.7%). Of economically active people in Bristol 6.9% are self-employed, compared to 9.5% nationally. Of those who are economically inactive in Bristol, 33% are Students, 29% are 'long-term sick' and 16% are looking after family/home, as well as 9.2% who are retired. The percentage of 'workless households' in Bristol is 12.1%, compared to 13.6% nationally, and the proportion of working age people who are benefit claimants is 11.2%. Bristol has a higher proportion of people working in 'professional occupations' (36.2) than for the South West (24.4%) and nationally (25.8%).		

In 2020 (most recent data) the South West continued to have the highest five-year 'survival rate' in the UK of businesses that survived into 2020 (this has been the case since 2012). The largest proportion of these surviving businesses, 22%, was in the professional, scientific and technical industry.

Bristol One City: Cost of Living Crisis – Bristol's One City approach to supporting citizens and communities (Oct 2022)

Cost of Living Risk Index (arcgis.com)

The rising cost of living is not impacting on everyone equally. People who are already experiencing inequity and poverty will be disproportionately impacted:

- People on the lowest incomes will have less available income but also pay more for the same services. For example, people unable to pay their bills by Direct Debit and those borrowing money are subject to higher costs and interest rates. This is what anti-poverty campaign group Fair by Design has referred to as a Poverty Premium
- Households with pre-payment energy meters households
 with pre-payment meters often pay above-average costs for
 their fuel. They will face a significant rise in their monthly bills
 in autumn and winter with increased energy usage as they do
 not benefit from the "smoothing" effect of Direct Debits,
 which spread usage costs evenly across the year
- Parents and young families parents of young children are more likely to seek credit and alternative support as they are less able, on average, to afford an unexpected expense.
 Single parents will be disproportionately affected; and one in four single parents find it difficult to manage financially (28.6%).
- Disabled people just under half of all people in poverty in the UK are Disabled people or someone living with a Disabled person. Disabled people have higher living costs, and tend to pay more for their heating, travel, food/diet, prescription payments, and specialist equipment. It is estimated that UK

households that include Disabled children pay on average £600 more for their energy bills than an average household
Black and Minoritised people – A higher proportion of Black and minoritised ethnic groups reported finding it difficult to manage financially (14.9%) in 2021. In 2020 the Social Metrics Commission found that almost half of people living in a family in the UK where the head of the household is Black are in poverty. Age UK report that poverty among older Black and minoritised ethnic groups is twice as high as for white pensioners
People in rented accommodation – it is estimated that 69% of low-income private renters in England will be forced to go without food and heating at least one day per week to meet rising housing and living cost. Almost three in ten homes in Bristol are privately rented
 Underserved populations - It is likely that populations that are not typically well represented in data and research are likely to also face increased risk from rising cost of living. For example, refugees and asylum seekers, people experiencing homelessness, and Gypsy/Roma/Traveller groups. Cost of Living Risk Index (October 2022) identified Lawrence Hill, Hartcliffe & Withywood, Filwood, Lockleaze, Ashley, Southmead, Easton, Avonmouth & Lawrence Weston,
Hillfields and Eastville as neighbourhoods in Bristol more at risk of the impact of the cost of living crisis.
Report focusing on how co-production using a One City approach has been used to respond to the disproportionate impact of the Covid-19 pandemic on our marginalized ethnic communities.
Local research has highlighted how long-term underinvestment and lack of equity in funding and procurement has eroded the local Voluntary and community sector.
Our local partners have conducted research into the ongoing impact of COVID-19 for women and have provided recommendations on what service providers can do to reduce impact further impact.

⊠ Age	□ Disability	☐ Gender Reassignment
☐ Marriage and Civil Partnership	☐ Pregnancy/Maternity	⊠ Race
☐ Religion or Belief	⊠ Sex	☐ 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.

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.

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 <u>Managing change or restructure</u> (<u>sharepoint.com</u>) 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 launched a public consultation on our budget proposals between Friday 11 November and Friday 23 December. This consultation set out all the savings proposals we had identified to produce a balanced budget in the context of reduced available funding and increasing financial pressures.

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 the Council's Budget report that will be published on the Bristol City Council website in early 2023. We will take Budget consultation responses into account when developing this and other final proposals to put to the Cabinet and a meeting of Full Council for approval. The final decision will be taken by Full Council at its budget setting meeting in February / March 2023.

Following the setting of the overall budget envelope there will be extensive engagement, consultation and co-design with affected communities on particular proposals which will inform future decision making prior to implementation. Our approach to public engagement and consultation will proactively target under-represented respondents to increase the participation of people from equality groups and their local representative organisations. This will help to ensure that our services and actions are informed by the views and needs of all our citizens.

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 on the basis of their protected and other relevant characteristics at the time the budget is approved – not afterwards¹.

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), 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.

We are also aware of existing structural inequalities and particular considerations, issues, and disparities for people in Bristol based on their characteristics, which we will take into account.

Any reduction in budget to early intervention and targeted services has potential to disproportionately impact on children and young people and families who experience inequalities particularly young people, families with children or adults with disabilities, families from black and ethnic minoritised communities, those experiencing socio-economic hardship, including refugee and asylum seeking families.

The proposals are designed to mitigate disproportionate impact for children and young people and families who experience inequalities through the development of outreach work, strengthened partnership working and delivery of services for families in community settings. Services will be particularly targeted to areas of highest need and be designed to provide families who often face barriers to accessing support with improved access to universal and early help.

As children's centres are a local service, often co-located with education provision, any reductions are likely to have a disproportionate impact on low-income households, those who are more reliant on public transport or who find their transport links are less convenient and accessible, as well as parents and carers (predominantly women as main care givers) and children - particularly Disabled children and those with complex needs.

Further equality impact assessment is underway to maximise the positive impact of outreach and online work and mitigate any potential negative impacts of a reduction in maintained buildings.

Summary of impact

Objective 1 can be delivered with minimum impact in 2023/24 and 2024/25 as work can be realigned to deliver the transformation of Family Hubs. The aim of the Family Hubs programme will enable us to work more closely with other agencies to develop a stronger, more accessible universal and help community based offer. This work will enable us to have improved services, particularly for those who are seldom heard and face obstacles to accessing services.

Funding may not be available beyond 2024/5 but we will identify further efficiencies as we will have developed a strong digital and outreach offer and will have a stronger model of co-location and co-delivery with other services.

Objective 2 - There is little to no impact from the implementation of this proposal as historically this budget has been underspent, high levels of reserves have been maintained and management costs are reduced as the service have come across to BCC management and are no longer managed by schools, without any impact on staffing. However, a separate review will need to take place to enable continued deliver within the revised budget in 2024/25.

Objective 3 - There will be no impact on individual staff through this proposal as it relates to reduction of numbers of staff. There will however be an impact on service delivery, without a management of change process. This work will therefore link into the planned review and there will be separate consultation process and EQIA linked to this.

DDOTECTED CHARACT	EDICTICS
PROTECTED CHARACTE	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes ⊠ No □
Potential impacts:	 Young people are often under-represented in engagement and consultation in Bristol and are less satisfied than average with the way the council runs things. Children and young people in Bristol are considerably more ethnically diverse than the overall population of Bristol. 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. Young people in Bristol are more likely to: have poor emotional health and wellbeing find inaccessible public transport prevents them from leaving their home when they want to 6.8% of 16-17 year olds (2020/21) were "not in education, employment or training" (NEET), worse than the national average (5.5%) Young adults are most likely to have lost work or seen their income drop because of COVID-19 and the cost of living crisis The service is aimed at children and so any changes will directly affect them
Mitigations:	See general comments above .
Age: Older People	Does your analysis indicate a disproportionate impact? Yes No ⊠
Potential impacts:	 Older people in Bristol are: less likely to be comfortable using digital services more reliant on public and community transport more likely to be an unpaid carer more likely to help out or volunteer in their community less likely to have formal qualifications Bristol Ageing Better estimated at least 11,000 older people are experiencing isolation in the city. We must factor aging and the needs of older people into long term budgeting and service design
Mitigations:	See general comments above
Disability	Does your analysis indicate a disproportionate impact? Yes ⊠ No □
Potential impacts:	 17% of Bristol's population are disabled. There are more disabled women than men living in Bristol. In 2021, the disability pay gap was 13.8% with disabled employees earning a median of £12.10 per hour and non-disabled employees a median of £14.03 per hour.

Disabled people are less likely to be employed in a managerial or professional occupation the national disability employment rate was 52.7% in Q2 2021, compared to 81.0% for non-disabled people. Disabled workers move out of work at nearly twice the rate (8.8%) of nondisabled workers (4.9%). Workless disabled people move into work at nearly onethird of the rate (11.0%) of workless non-disabled people (26.9%) 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%. Disabled people on average have lower qualification levels than the population as a whole. A higher proportion of disabled people rent from a social provider (local authority or housing association) Disabled people have lower car ownership levels Disabled people experience higher rates of hate crime and domestic abuse compared to the general population Disabled people should be empowered to make independent living choices and a have a say in access to service provision. 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: o changing the way things are done e.g. opening / working times; o changes to overcome barriers created by the physical features of premises. providing auxiliary aids e.g. extra equipment or a different or additional service. o is 'anticipatory' so we must think in advance and ongoing about what disabled people might reasonably need. 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. As children's centres are a local service, often co-located with education provision, any reductions are likely to have a disproportionate impact on lowincome households, those who are more reliant on public transport or who find their transport links are less convenient and accessible, as well as parents and carers (predominantly women as main care givers) and children - particularly Disabled children and those with complex needs. Further equality impact assessment is underway to maximise the positive impact of outreach and online work and mitigate any potential negative impacts of a reduction in maintained buildings. Mitigations: See general comments above Sex Does your analysis indicate a disproportionate impact? Yes ⊠ No □ Potential impacts: The average UK pay gap is 15.4% in favour of men. The South West average is 16.6% with women paid 83p for every £1 earned by male counterparts. Women still bear the majority of caring responsibilities for both children and older relatives. Women are more likely to be excluded from conversations which affect decision making due to lack of representation in boards / organisational leadership. 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. 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.

- Bristol female preventable mortality rates are significantly higher than the England rates
 - 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.
 - Men and boy's health is in general poorer than that of women and girl's
 - Male life expectancy at birth in Bristol is around four years less than for females.
 - On average men in Bristol live 18 years in poor health, women live 22 years in poor health
 - A higher proportion of boys have physical impairments and more boys than girls have diagnosed mental health disorders and learning difficulties.
 - Men in Bristol are more likely than women to have unhealthy lifestyle behaviours including being overweight and obese, smoking, alcohol and substance misuse
 - There are differences between men and women in health practices and the way they use health services
 - Men are three times more likely than women to take their own lives.
 - As children's centres are a local service, often co-located with education
 provision, any reductions are likely to have a disproportionate impact on lowincome households, those who are more reliant on public transport or who find
 their transport links are less convenient and accessible, as well as parents and
 carers (predominantly women as main care givers) and children particularly
 Disabled children and those with complex needs. Further equality impact
 assessment is underway to maximise the positive impact of outreach and online
 work and mitigate any potential negative impacts of a reduction in maintained
 buildings.

Mitigations:

See general comments above

Sexual orientation

Does your analysis indicate a disproportionate impact? Yes ⊠ No □

Potential impacts:

- Lesbian, gay and bisexual people are statistically more vulnerable to verbal and physical abuse
- 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+.
- More than a third of staff have hidden or disguised that they're LGBT at work in the last year because they were afraid of discrimination.
- 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
- 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.
- 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
- The Stonewall <u>LGBT</u> in <u>Britain Health Report</u> 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 networks².
- 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.
- Half of LGBT+ people experienced depression in the last year

otentiai iiripacts.

	14% of LGBT+ people have avoided treatment for fear of discrimination because they are LCBT:		
Mitigations	they are LGBT+.		
Mitigations: Pregnancy / Maternity	See general comments above		
Potential impacts:	 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 rights for breastfeeding. Around 80% of women will give birth and many women will also experience termination, miscarriage and stillbirth 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) 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 Women from minoritised ethnic backgrounds are more likely to experience complications at birth 		
Mitigations	·		
Mitigations: Gender reassignment	See general comments above		
Potential impacts:	 Does your analysis indicate a disproportionate impact? Yes \(\subseteq \text{No } \subseteq \) As sexual orientation above trans people are statistically more vulnerable to verbal and physical abuse. Trans people regularly face prejudice and discrimination because of the way in which they transgress many of the norms of our culture and society. 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 		
Mitigations:	See general comments above		
Race	Does your analysis indicate a disproportionate impact? Yes ⊠ No □		
Potential impacts:	 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 people². 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. The top three countries of birth outside UK for Bristol residents are Poland, Somalia and India. 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. 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 Black, Asian and minoritised 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 multifamily households. Black people in the UK are less likely to hold a driving licence and more likely to rely on public transport. 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 Black African young people are disadvantaged in education compared to their White peers*. 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.) 		

Mitigations: Religion or Belief Potential impacts:	 Organisations may lack cultural competence because minoritised ethnic staff are under- represented. People from Black African, 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. Black, Asian and other minoritised 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 People from minoritised ethnic backgrounds are underrepresented in political and civic leadership. People who do not speak English as a main language may require information in plain English and community language translations or videos etc. See general comments above Does your analysis indicate a disproportionate impact? Yes ⋈ No □ There are at least 45 religions represented in Bristol. Approximately 1 in 20 people in Bristol are Muslim, and Islam is the second religion in Bristol after Christianity 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) 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 require requirements is more accessible and friendly for people from faith groups where requirements is more accessible and friendly for people from faith groups 	
	where regular prayer is required.	
Mitigations:	See general comments above	
Marriage &	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒	
civil partnership		
Potential impacts:		
Mitigations:	A CTEDICTION	
OTHER RELEVANT CHAR. Socio-Economic		
(deprivation)	Does your analysis indicate a disproportionate impact? Yes ⊠ No □	
Potential impacts:	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 - 70,800 people - live in the 10% most deprived areas in England, including 19,000 children and 7,800 older people. There are an estimated 29,045 households living in fuel poverty in Bristol, 14.4% of all households (BEIS, 2022) 4.6% of households have experienced moderate to severe food insecurity, rising to 11.2% in the most deprived areas of the city (QoL 2021-22) 34.6% of people in Bristol are dissatisfied with the way the Council runs things, but this is 47.5% for people living in the most deprived areas of the city (QoL 2021-22). The inequalities gap in life expectancy between the most and least deprived areas in Bristol is 9.9 years for men and 6.7 years for women. As children's centres are a local service, often co-located with education provision, any reductions are likely to have a disproportionate impact on lowincome households, those who are more reliant on public transport or who find their transport links are less convenient and accessible 	
Mitigations:	See general comments above	
Carers	Does your analysis indicate a disproportionate impact? Yes ⊠ No □	
Potential impacts:	 Being a carer can be a huge barrier to accessing services and maintaining employment We need to consider the timing/availability of services, events etc. to allow flexibility for carers. 	

	 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. Studies show around 65% of adults have provided unpaid care for a loved one. Women have a 50% likelihood of being an unpaid carer by the age of 46 (by age 57 for men) Young carers are often hidden and may not recognise themselves as carers_ 			
Mitigations:	See general comments above			
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:				

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 <u>Public Sector Equality Duty</u> 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 scale of the potential gap in our core funding means that there is very limited opportunity to bring genuine additional benefit to equalities groups in the circumstances. However, we have considered as far as possible the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010; advance equality of opportunity between people from different groups; and foster good relations between people from different groups.

Our budget savings proposals are aligned to our Corporate Strategy and although we have limited resources our future focus will be on achieving those priorities, we have identified including tackling poverty and intergenerational inequality.

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:

Any reduction in budget to early intervention and targeted services has potential to disproportionately impact on children and young people and families who experience inequalities particularly young people, families with children or adults with disabilities, families from black and ethnic minoritised communities, those experiencing socio-economic hardship, including refugee and asylum seeking families.

This is mitigated through the development of outreach work, strengthened partnership working and improving access to universal and early help for families in community settings. Services will be particularly targeted to areas of highest need and be designed to provide families who often face barriers to accessing information and support. As children's centres are a local service, often co-located with education provision, any reductions are likely to have a disproportionate impact on low-income households, those who are more reliant on public transport or who find their transport links are less convenient and accessible, as well as parents and carers (predominantly

women as main care givers) and children - particularly Disabled children and those with complex needs. Further equality impact assessment is underway to maximise the positive impact of outreach and online work and mitigate any potential negative impacts of a reduction in maintained buildings.

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

The key aim of the development of Family Hubs is that access to universal and early help will be improved for children' young people and families, particularly those who experience socio-economic and health inequalities.

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
All relevant EqIAs will be published on the Council's website	Kirsten Carr	February 2022
https://www.bristol.gov.uk/council-spending-		
performance/council-budgets and continue to be updated as		
appropriate.		

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.

Our Equality and Inclusion Annual Progress Reports show what we have done to achieve the aims of our Equality and Inclusion policy and strategy, and the progress we have made including reporting on all relevant KPIs and workforce diversity Equalities policy - bristol.gov.uk

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 <u>Equality and Inclusion Team</u> before requesting sign off from your Director¹.

Equality and Inclusion Team Review: Reviewed by Equality and Inclusion Team	Director Sign-Off:	
	Franck Tudge.	
Date: 3/1/2022	4/1/22	

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.