

Equality Impact Assessment [version 2.12]



Title: Adult Social Care Transformation Programme	
<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Strategy <input checked="" type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input type="checkbox"/> New <input checked="" type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: People	Lead Officer name: Sarah Evens
Service Area: Adult Social Care	Lead Officer role: Programme Manager

Step 1: What do we want to do?

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

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.

Introduction

The Adult Social Care (ASC) division is responsible for providing a wide range of activities to help people who are older, or living with a disability or mental illness, live independently and stay well and safe. This may include 'personal care' such as help with washing, dressing, and getting out of bed and wider support to stay active and engaged in their communities. Support may be provided in people's own homes, or in day centres, in care homes and nursing homes. People may need support to retain or regain their skills and confidence, or support to engage in work, training, education, or volunteering. Support is also provided for family carers, or by providing aids and adaptations, technology to enable independent living or providing information and advice.

Most care and support is commissioned to external providers; however a small number of in-house services remain. Like many authorities Bristol City Council currently faces significant financial pressures, exacerbated due to:

- Bristol is the fastest growing city in England and Wales (+10.3% according to 2021 Census data) which has increased the need for services
- The COVID-19 pandemic has accelerated the already increasing demand for social care services, especially in the context of people of working age with mental ill-health.
- At the same time the average cost of care services has increased due to the cost-of-living crisis, shortfalls in service supply, and workforce challenges.

The aim of the ASC transformation programme is to deliver adult social care within budget, as part of a financially stable corporate position, whilst developing a model of care that builds upon community assets and improves outcomes.

The aims of the programme are as follows:

- Develop sufficient, local and affordable provision to meet a full range of care and support needs
- People-centred processes which enable individuals to easily access appropriate support as their needs increase or decrease
- Move to integrated, whole system solutions whenever possible
- Establish a new delivery model for Adult Social Care which also achieves corporate objectives for organisation change
- Deliver the ASC savings requirements set out in the Medium-Term Financial Plan, and establishing business practices which enable financial stability and control
- Procure a delivery partner, to increase pace and confidence of delivery, and to identify, develop and deliver further opportunities for in year savings against the purchasing budget.

How the ASC Transformation Programme will achieve this:

The programme is made up of several workstreams, that seek to change either processes and ways of working or how we deliver services. Activities are focused on reviewing and redesigning in-house service delivery, managing demand and supply, and improving the operating model. Given the scale of the change required to achieve a balanced budget, there is a strong likelihood that activities will impact all service users, and all ASC staff.

Purpose of this EQIA

Due to the far-reaching impact of this programme, this proposal seeks to identify impacted groups, consider how they could be impacted and put in place mitigations for consideration. It is anticipated that this impact assessment will be reviewed throughout the lifetime of the programme, and that where an impact on individuals is anticipated as a result to changes to in-house services, further consultation and a separate equality impact assessments will be carried out.

By clearly outlining all stakeholders that have the potential to be impacted, this EQIA hopes to identify robust mitigations. As the projects within the ASC Transformation programme progress, the programme and the service will continue to carry out meaningful consultation and update the EQIA in instances of scope change or emerging issues.

Specific Proposals now being considered by Cabinet:

- Notes the progress of the Adult Social Care Transformation Programme.
- Notes the refreshed programme vision, approach, and objectives, considering this year's additional budget challenge.
- Notes the proposed Fair and Affordable Care Policy which will be subject to public consultation.
- Notes the progress on preparations for assessment against the Care Quality Commission 'assurance framework.'
- Authorises Executive Director Adults and Communities, in consultation with the Cabinet Member for Adult Social Care and Integrated Care Systems to spend to procure and award contracts which may be above the key decision threshold and approve the financial allocation to support the delivery of the programme for 2023/24.
- Authorises the Executive Director Adults and Communities in consultation with the Cabinet Member for Adult Social Care and Integrated Care Systems to procure and award the contract(s) necessary for the implementation of a Strategic Partner to co-deliver programme objectives, in-line with the procurement routes and maximum budget envelopes outlined in the report.

1.2 Who will the proposal have the potential to affect?

<input checked="" type="checkbox"/> Bristol City Council workforce	<input checked="" type="checkbox"/> Service users	<input checked="" type="checkbox"/> The wider community
<input checked="" type="checkbox"/> Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	
Additional comments: Due to the nature and scope of the programme, it is anticipated that the programme will have the potential to affect all staff within the ASC team, all ASC service users, as well as potentially the wider community.		

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: [How we measure equality and diversity \(bristol.gov.uk\)](http://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](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
HR Analytics: Power BI reports (sharepoint.com) Internal link only	In the Bristol City Council's Adult Social Care division overall: <ul style="list-style-type: none"> • Women are overrepresented (around 4 in 5 employees) • Black/Black British employees are well represented but other minoritised ethnic groups are somewhat underrepresented. • Younger employees are underrepresented, and staff aged 40+ are overrepresented

	Adult Social Care%	BCC Headcount %	Bristol population (16-64) %
16 - 29	7.3%	10.9%	39%
30 - 39	16.5%	21.0%	24%
40 - 49	24.0%	24.0%	16%
50 - 64	47.0%	40.4%	21%
65 +	5.1%	3.5%	-
Disabled	11.4%	9.0%	12%
Not Disabled	70.7%	68.8%	88%
Prefer not to state Disability	2.0%	3.1%	-
Unknown Disability	15.9%	19.1%	-
Asian or Asian British	2.9%	2.8%	6.6%
Black or Black British	8.6%	5.4%	5.9%
Mixed Ethnicity	3.7%	3.5%	4.5%
Other Ethnic Groups	1.0%	0.5%	1.9%
White	79.3%	79.5%	81.1%
Prefer not to state Ethnicity	1.2%	1.5%	-
Unknown Ethnicity	3.3%	6.8%	-
Female	79.8%	60.0%	49%
Male	19.8%	39.2%	51%
I use another term	0.1%	0.2%	-
Prefer not to say	0.3%	0.5%	-
Civil Partnership	0.3%	0.3%	-
Declared Partnership	0.3%	0.3%	-
Divorced	1.6%	1.3%	-
Married	13.6%	15.6%	-
Partner	5.2%	6.1%	-
Single	11.2%	11.6%	-
Widowed	0.2%	0.2%	-
Prefer not to state Marital Status	1.8%	1.9%	-
Unknown Marital Status	65.6%	62.9%	-
Christian	27.4%	26.7%	32.2%
Other religion or belief	7.2%	6.3%	9.7%
No religion or belief	40.3%	41.6%	37.4%
Prefer not to state Religion	20.5%	17.8%	8.12%
Unknown Religion	4.7%	7.6%	-
LGB+	6.0%	6.0%	6.1%
Heterosexual	69.6%	70.3%	-

	Prefer not to state Sexual Orientation	20.3%	16.7%	-
	Unknown Sexual Orientation	4.0%	6.9%	-
	Trans Person	0.2%	0.1%	0.83%
	Not Trans Person	-	40.5%	-
	Prefer not to state Trans	-	1.0%	-
	Unknown Trans	-	58.3%	-
<p>Bristol citizens</p> <p>How life has changed in Bristol: Census 2021 (ons.gov.uk)</p>	<p>Between the last two censuses (held in 2011 and 2021), the population of Bristol increased by 10.3%, from just over 428,200 in 2011 to around 472,500 in 2021.</p> <p>In 2021, 4.5% of Bristol residents (aged five years and over) reported providing up to 19 hours of unpaid care each week and 1 in 50 people (1.7%) reported providing between 20 and 49 hours of unpaid care each week, compared with 1.5% in 2011.</p> <p>Approx 10.7% of the Bristol adult population self-identify as Disabled, and 17.2% of all Bristol residents (19.5% of adults 16+) could be considered to be a Disabled person under the Equalities Act.</p> <p>Nearly a quarter of people living in Hartcliffe and Withywood could be considered a Disabled person under the Equality Act - 11.7% of residents day to day activities are limited a lot and 12.1% activities are limited a little. Other wards where more than 1 in 5 residents could be considered Disabled under the Equality Act include Filwood (22.3%), Southmead (21.3%) and Frome Vale (20.7%).</p> <p>38.5% of Older People, 16% of people of working age and 6.1% of children up to 15 years have long-term physical or mental health conditions or illnesses (ONS Census 2021).</p> <p>The following table depicts a full ethnic group breakdown of Bristol from the ONS Census carried out in 2021.</p>			

Source: ONS Census 2021

Full ethnic group breakdown		Broad ethnic groups		White British/ White Ethnic Minority/BAME		White British/Ethnic Minority			
Total population	100%	Total	100%	Total	100%	Total	100%		
White: British	71.6%	White	81.1%	White British (WB)	71.6%	White British	71.6%		
White: Irish	0.9%			White Ethnic Minority (WEM)	9.5%			Ethnic Minority	28.4%
White: Gypsy or Irish Traveller	0.1%								
White: Roma	0.2%								
White: Other White	8.3%								
Mixed: White/Black Caribbean	1.2%			Mixed	4.5%				
Mixed: White/Black African	0.6%								
Mixed: White/Asian	1.6%								
Mixed: Other Mixed	1.1%								
Asian: Indian	0.6%	Asian	6.6%						
Asian: Pakistani	1.2%								
Asian: Bangladeshi	1.8%								
Asian: Chinese	1.9%								
Asian: Other Asian	1.2%								
Black: African	3.8%	Black	5.9%						
Black: Caribbean	1.4%								
Black: Other Black	0.6%								
Other: Arab	0.5%	Other	1.9%						
Any other ethnic group	1.4%								

Service users - locality

Different localities will have different social care priorities and may present different barriers to people accessing the right level of care. Inner City East has the most ethnically diverse service user group a higher proportion of the population describing themselves as Black, Asian or other ethnic minority groups, compared to North West, and South.

Service user - demographics

- A higher proportion of our service users are female (55%), which is likely because of higher life expectancy for women.
- 18.9% of the Bristol population overall belongs to a Black or minoritised ethnic group, compared to 9.4% of overall ASC service users. This difference is partly because a high proportion of service users are older people, who are less ethnically diverse than the overall population due to demographic changes. Likewise, our younger service users are more ethnically diverse as a cohort, which is reflective of the wider Bristol population.

Service users – type of care
Power BI data 18 May 2023

- We currently have 5,270 tier three service users, of which 1,418 are Residential and Nursing service users. We have 131 tier two reablement service users within Adult Social Care (ASC) in Bristol, 1,392 are Homecare service users, and 878 are service users currently receiving ongoing Direct Payments. In scope ASC service users also include e.g. recipients of Supported Living / Accommodation packages; and funded ECH packages.

Additional comments:

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.

Whilst we carry out diversity monitoring for staff and service users (and require 3rd party providers to do so), we know there are significant gaps and underreporting, especially for characteristics which have not historically been required for statutory reporting.

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 [Managing a change process 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.

ASC currently engages with staff regularly in several different ways. Staff briefings take place regularly that include all staff from Care Management, and from Commissioning and which provide an opportunity to provide updates and obtain feedback.

ASC has ongoing engagement with communities and groups that could be affected, such as staff, service users, commissioned providers as well as community groups.

Healthwatch Bristol have a statutory duty to hear the voices and experiences of social care service users, and with shaping future commissioning processes. They have been commissioned to do a specific piece of work, by capturing the view and experiences of people using Health and Adult Social Care services. In particular, they will be focusing on individual service users who are entering care direct for the first time, social work assessments, general view of people's experiences of social care, and view and thoughts around future commissioning models. People involved will be asked if they want to continue their involvement, and the outcome of the engagement led by Healthwatch Bristol will be that a database will be set up of service users that are happy to be contacted and consulted with in the future.

There is another one-off project in which ASC is reaching out to community led organisations such as the Disability Equalities Forum, Independent Mental Health Network and Bristol Older People's Forum. Due to short timescales, eight focus groups have been set up and they are being remunerated in exchange for their attendance and providing their views and opinions. The information from that will be reported on and used within ASC in relation

to gaps and areas for improvement, creating a continuous feedback loop. Where specific areas of interest are discussed, these will also feed into the team service plans.

In the community and voluntary sector, there are several meetings in place which provide ASC with the opportunity to discuss project and ideas such as the single framework. For example, there is:

- The ASC Equalities Forum which is represented by a range of organisations and represents all protected characteristics. Within this forum, the single framework is a recurrent standing item, as well as the consultation on the new policy.
- The Make It Local Partnership meeting, which voluntary and community organisations, also known as 'anchor organisations' attend. These organisations are pivotal in the community and places where people go to for help. This meeting is a useful sounding board for ideas and discussions around how the voluntary sector can work with ASC.

These forums are useful places for ASC to consult with key organisations on some of their initiatives.

There are also several forums in place to engage and collaborate with our providers. Every other month there is the main provider forum, to which all providers are invited. There is also the Provider Partnership meeting for providers that hold a large market share. In both meetings, ASC work with Care and Support West to engage with and influence providers. ASC can input into the agenda and add its initiatives and projects as regular items.

Targeted engagement is also undertaken with specific providers groups. For example, there is currently targeted engagement taking place with ASC advocacy and supported living providers regarding a future service specification.

On the Health side, there is the Integrated Care Board, which is space well attended by Health providers, GP's and the voluntary sector.

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.

The ASC service and transformation programme intend to continue using the channels outlined above to maintain engagement with relevant stakeholders. There is an ongoing piece of work in the pipeline due in July 2023, to co-produce a policy with the Chair of Disability Equality Commission. The outcome of this will be the co-production of a policy with service users, with a view of developing processes and policy that will feed into enabling us to improve ongoing engagement and coproduction moving forward.

Public consultations for the Single Framework Project are in the pipeline, and it is expected that there will be a consultation before the summer holiday. As the single framework covers a large proportion of ASC services, it will be split into stages, and surveys, promotional material and events will be used to maintain engagement and reach a wide audience.

Where specific services and staff groups may be affected by proposals for change, there will be targeted communication, separate consultation exercises undertaken with staff and their representatives, and decisions will return to cabinet along with separate Equality Impact Assessments.

On staff engagement, going forward the ASC transformation Programme will be providing email updates, opportunities for staff briefings, and targeted engagement opportunities around specific initiatives and projects.

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 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)

Potential service impacts

A change to the operating model may reduce staff capacity and could lead to delays responding to service users. Reviewing processes could result in services being delivered in a different ways, and changing the way services are delivered could have an impact on individuals.

Our Fair and Affordable Care Policy approach will be subject to further consultation and ongoing separate Equality Impact Assessment. This will ensure that the following aims are appropriate, equitable, and do not lead to direct or indirect discriminatory practice:

- to improve governance of assessment and care management processes
- to fully meet service users' needs
- Improving scrutiny of systems and allowing people to progress

Through more use of digital technology, we can be more efficient and effective, whilst improving outcomes by targeting services to those who need them and addressing digital exclusion - those who can't access digital services or find using them difficult or unaffordable. Some groups in Bristol are much less likely to feel comfortable using digital technology, including Disabled people, carers, those living in Council accommodation and in the most deprived areas of the city. We will continue to invest in making our digital services more accessible and ensure there are always alternatives for those that need them. The council is using innovative ideas to address digital exclusion, and the efficiencies gained through prioritising digital services can be used to provide better face to face or alternative services. Technology Enabled Care in ASC is also considered in a separate EQIA.

Some citizens and service users in Bristol experience additional inequality because of barriers to accessing and understanding information about the help and resources available to them. As well as the issues identified above with digital information, this can be because of language barriers (including for British Sign Language users), because of learning difficulties and/or neurodivergence, because of poorly developed information infrastructure, or simply because information is not available or well communicated. Where our proposals lead to significant changes to delivery, we need to ensure that we communicate information about this in a range of inclusive and accessible formats, making sure that communication is clear, concise and unambiguous; and setting out timescales to give sufficient advance notice.

Debt is detrimental to people's health and wellbeing. Debt recovery has been taking place, recouping resources for the council. This is in line with our ethical approach as set out in the Corporate Debt Management policy, which is subject to a separate EQIA.

Regarding the appointment of a Strategic Partner, it is key to note that any recommendations made by the Strategic Partner will be subject to scrutiny and consideration by Council leadership before implementation. This is in line with our Public Sector Equality Duty, which requires decision making to have due regard to the potential equality impact of decisions for people, on the basis that this duty is non-delegable. Final decisions will therefore remain with the Local Authority as Public Body.

Potential workforce impacts

Whilst at this stage we do not yet have detailed workforce change proposals as these are subject to further review and recommendations, we are aware that workforce changes can disproportionately affect employees with particular protected characteristics, and therefore we will seek to mitigate impacts through for example:

- Any subsequent proposals for service changes will be subject to their own Equality Impact Assessments to consider detailed issues for employees based on their protected and other relevant characteristics. Mitigations will be in place for any risks identified regarding indirect discrimination which may arise from changes affecting workers with particular characteristics e.g. because they are over-represented in affected teams.
- The Council's Managing Change Policy will apply. The policy sets out expectations regarding consultation, who should have priority consideration for vacancies, redeployment to other roles across the Council and pay protection.
- Tight controls on the engagement, extension and conversion of agency and fixed term workers
- Review of funded vacant positions – where those that can be left unfilled either for a period or permanently are be frozen/deleted as appropriate and others will be used as opportunities for those in redeployment.
- Ongoing implementation of the Succession Planning Policy which has enabled managers to apply to leave the council on a voluntary basis. This has reduced the cost of the Council's management structure and opened up development opportunities for other Council staff.
- A range of support will be made available alongside any workforce changes, including well-being support for all colleagues, job search support for those at risk of redundancy (whether voluntary or compulsory)
- Although more employees in ASC are older, workforce efficiencies and changes may have a disproportionate impact on younger employees who are more likely to be employed on fixed term contracts and a large proportion of under 35's are leaving after the end of a fixed term contract. The impact of increased working from home can make it harder for younger and newer employees to be fully part of pre-existing teams – this will be mitigated where possible through positive action initiatives and ongoing liaison with the Young Professionals Network staff led group. Our proposals include the pilot of a bursary scheme to improve long term retention of social work students; social worker academy and Care Leaver apprenticeships as part of our future operating model improving the impact of our entry to social work and other service routes.
- Pro-active matching of redeployees (for those at risk of redundancy or medical redeployment) to Suitable Alternative Employment and support and development plans for those redeployed to other jobs.
- Workforce efficiencies and changes may have a disproportionate impact on Disabled colleagues unless emerging accessibility issues are mitigated through ongoing equality impact assessment and liaison with e.g. the Disabled Colleagues Network prior to implementation

PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Although the majority of ASC service users are older people, there are significant numbers of younger adults who receive services and there is a potential that their specific needs may not always be addressed, especially as they are likely to be more diverse in terms of ethnicity, sexual orientation, gender identity etc. • 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 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: <ul style="list-style-type: none"> - have poor emotional health and wellbeing - find inaccessible public transport prevents them from leaving their home when they want to • 4.9% of 16-17 year olds are “not in education, employment or training” (NEET) • Young adults are most likely to have lost work or seen their income drop because of COVID-19 and the cost of living crisis • High proportion of younger people moving from children’s to adult social care. • Young people are significantly under-represented in our workforce
Mitigations:	See general comments
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Proposals will have a significant impact on older people due to higher levels of representation as service users • Older people in Bristol are: <ul style="list-style-type: none"> - 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
Disability	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Proposals will have a significant impact on Disabled people due to high levels of representation as service users • Overall 17.2% of Bristol’s population have a long-term physical or mental health conditions or illnesses and day-to-day activities are limited, with big differences by age e.g. 6.1% of 0-15 year olds, and 38.5% of 65+ year olds. There are more Disabled women than men living in Bristol. • In March 2022, the Council’s disability pay gap was 2.99% • Disabled people are less likely to be employed in a managerial or professional occupation

	<ul style="list-style-type: none"> 65.0% of disabled people with one health condition were in employment in 2021/2022. This proportion continues to increase (from 57.4% in 2013/2014) and is 10.7 percentage points higher than the rate for all disabled people. Employment rates decline as the number of health conditions increases On average, between 2014 and 2021, Disabled workers moved out of work at nearly twice the rate (8.9%) of non-disabled workers (5.1%). Workless disabled people moved into work at nearly one-third of the rate (9.7%) of workless non-disabled people (26.8%) One in five Disabled adults faces extra costs of over £1,000 a month even after they have received welfare payments designed to meet those costs¹.
Mitigations:	<ul style="list-style-type: none"> Disabled people should be empowered to make independent living choices and have a say in access to service provision. Where there are proposals to make general savings and efficiencies to services and better use of technology, we must ensure that our capacity to make anticipatory and responsive reasonable adjustments for Disabled people is not reduced. We will ensure that those who require resources in alternative formats or who need phone or face-to-face support can still access it. We will involve Disabled users in testing new technology to make sure accessibility features are effective.
Sex	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> Women are somewhat overrepresented in ASC services, reflective of longer life expectancy for older people 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. 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. 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. 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. On average men in Bristol live 18 years in poor health, women live 22 years in poor health 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
Mitigations:	See general comments above

¹ [Disability Price Tag | Disability charity Scope UK](#)

Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> Proposals to make savings in externally commissioned services may reduce the focus on providing LGBTQ+ friendly services unless revised specifications have an explicit equality and inclusion focus. Workforce efficiencies and changes may have a disproportionate impact on sexual orientation if relocated lesbian, gay and bisexual staff have concerns about discrimination in their new setting.
Mitigations:	See general comments above. The Council is committed to promoting an inclusive working environment and challenging discriminatory behaviour.
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> In the workplace we need to ensure equal access to recruitment, personal development, promotion and retention for employees who are pregnant or on parental leave (including briefing and updates for any workforce changes)
Mitigations:	See general comments above
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> Newly available Census data shows that 0.83% (about 1 in 120) of the overall city population has a gender identity that is different from their sex recorded at birth, with a significantly higher proportion of non-binary people in Bristol than nationally. Older trans people may have different needs and experience unique barriers to accessing equitable services. In the 2021 Census the proportion of people who identified as trans decreased with each successive age group. Proposals to make savings in externally commissioned services may reduce the focus on providing trans inclusive services unless revised specifications have an explicit equality and inclusion focus. Workforce efficiencies and changes may have a disproportionate impact on relocated trans employees if they have concerns about discrimination in their new setting. Trans people are statistically more vulnerable to verbal and physical abuse. 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. The Council is committed to promoting an inclusive working environment and challenging discriminatory behaviour.
Race	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Without an explicit focus on addressing race inequality in service redesign the cumulative impact of ASC transformation programme proposals may have a disproportionate for Black and racially minoritised communities and colleagues because of existing structural inequality and disparities in terms of health, housing, education, employment etc.
Mitigations:	<ul style="list-style-type: none"> The ASC Transformation Programme is taking place in the context of wider multi-agency race equity work with ASC colleagues as key partners. The ASC service area equality action plan includes specific actions to address workforce disparities for Black and minoritised ethnic employees.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Potential impacts:	<ul style="list-style-type: none"> • There are at least 45 religions represented in Bristol. The most recent Census data shows that 6.7% of 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 regular prayer is required. • Council workforce efficiencies and changes may have a disproportionate impact on some faith groups as the category "Other religion or belief" is disproportionately represented at the lowest salary bracket of Council employees.
Mitigations:	See general comments above. We will continue to promote flexible working patterns wherever possible to accommodate faith holidays and prayer requirements etc.
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	No significant issues identified at this stage
Mitigations:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Bristol has forty-one areas in the most deprived 10% in England, including three 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
Mitigations:	See general comments above
Carers	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • 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. • 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 any other relevant groups as appropriate e.g. asylum seekers and refugees; care experienced; homelessness; armed forces personnel and veterans]	
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 premise of the programme is to deliver Adult Social Care within budget as part of a financially stable corporate position, whilst developing a sustainable model of care that builds upon community assets and improves outcomes.

The provision of good quality, inclusive care and support services that meet people's identified needs, will contribute to equality of opportunity in supporting older and disabled people to live independently

The 'model of care delivery' for Bristol will be revitalised, to

- Develop local service and housing capacity to enable people to receive the care and support they need in their own homes/communities.
- Maximise the benefit of generalist, community-level services to allow people to live meaningful lives in their localities and avoid institutional services
- Build upon the rich and diverse assets of the city and help develop individual and community resilience

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 should be able to make the required savings without having significant negative impacts, as long as we continue with good practice in relation to fair selection and recruitment processes and support our existing staff with reasonable adjustments.

However, we will monitor our equalities data to ensure that there is no disproportionate impact on any group with protected characteristics, we will also closely monitor any impact on individual teams of any reduced capacity through monthly Quality Improvement Performance meetings and take necessary action.

We will continue to meet our Care Act Duty to provide care and support to service users. Where we identify instances where specific proposals may affect services users, separate equality impact assessments will be carried out.

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

Considering our workforce and ensuring we maintain morale under a challenging financial climate is an opportunity to have greater focus on ensuring that we are supporting people with particular protected characteristics in the workplace. As it is the business of Adult Social Care to ensure that vulnerable people who experience discrimination are protected and safe, this is also reflected in the way we support our staff.

At this stage prior to a decision there are potential financial savings for the Council, which is important at a time when the service budgets are under significant pressure, as well as a chance to explore alternative future uses for our assets, better ways to delivery services, and improved partnerships, which could benefit other services or offer efficiencies across the ASC portfolio.

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
Frequent engagement with the ASC Equalities forum to both get feedback & insight into proposed changes, and also to gain further insight into the barriers & issues faced by different equalities groups.	Delivery Leads	Ongoing
Frequent engagement (quarterly agenda item + ad hoc) with service users through the Service User Group forum to get feedback on proposed ideas/changes	Delivery Leads	Ongoing
Frequent engagement with ASC Staff through staff engagement channels to get feedback on proposed ideas/changes	Service Managers / Delivery Leads	Ongoing
Equality Impact Assessment for individual ASC proposals as required	Delivery Leads	As required, 2023-2024


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.

Regular engagement is maintained with affected groups, ASC is informed on potential risks and issues and mitigations are in place, with robust equality impact assessment where required.

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 Director².

Equality and Inclusion Team Review: <i>Reviewed by Equality and Inclusion Team</i>	Director Sign-Off: 
Date: 19/5/2023	Date: 31/05/2023

² 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.