

Equality Impact Assessment [version 2.12]



Title: Purchase of two new Children's Homes	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input type="checkbox"/> Service <input checked="" type="checkbox"/> Other Children's Home	<input checked="" type="checkbox"/> New <input type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Children and Education	Lead Officer name: Gail Rogers
Service Area: Children and Families	Lead Officer role: Head of Children's Commissioning

Step 1: What do we want to do?

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

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

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

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

The aims and objectives are to provide two new homes in Bristol for children needing residential care. The proposal is part of the wider work the Council is undertaking to deliver greater sufficiency in or close to Bristol. More children in care will be able to remain living locally, enabling them to maintain family, health and education links.

The two homes are likely to be solo homes for a small cohort of young people who require Health services, including mental health due to trauma and, frequently, those experiencing neurodiversity such as autism. The addition of the two homes will meet those equality needs.

We will commission a strategic partner to run the homes, and Bristol City Council will have responsibility for working in partnership with the Provider to ensure that we are meeting the needs of the children and young people. The services will be co-designed with Health, Education and Social Care and we will ensure the contractual arrangements in place are flexible to meet any changing demographic of children and young people's needs. As part of the commissioning process, providers will be required to demonstrate a good understanding of Equality Act 2010 requirements and the public sector equality duty; including that equality of opportunity is central to internal processes / workforce; and services will be regularly tailored and reviewed to meet the diverse needs of Bristol citizens.

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1.2 Who will the proposal have the potential to affect?

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

1.3 Will the proposal have an equality impact?

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

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

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

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

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

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: [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 \(sharepoint.com\)](http://sharepoint.com). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](http://sharepoint.com); [Joint Strategic Needs Assessment \(JSNA\)](http://sharepoint.com); [Ward Statistical Profiles](http://sharepoint.com).

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 \(sharepoint.com\)](http://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](http://sharepoint.com) and [Stress Risk Assessment](http://sharepoint.com)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
Bristol Key Facts 2022	Population Profiles for Equalities Groups bring together detailed analysis looking at equalities groups and how they differ in relation to age, health, employment, education and housing, and maps the distribution of equalities groups across the city. Rates of young people admitted to hospital due to self-harm (693 per 100,000) continue to increase and are still significantly worse

	<p>than the England average (422 per 100,000). This is likely to be the cohort group residing in the Goram homes solo provisions as these children become very difficult to source provision that is safe and helps them to retain their local treatment plans and networks.</p>
<p><u>Joint Strategic Needs Assessment (JSNA)</u></p>	<p>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.</p> <p>Our Goram Homes proposal will support children and young people with emotional and mental health dysfunction usually caused through trauma.</p> <p>Based on national studies estimated number of children and young people in Bristol who are likely to be experiencing a mental disorder at any one time is:</p> <ul style="list-style-type: none"> • 920 children aged 2-4 (1 in 18 or 5.5%). • 9,600 children and young people aged 5-16 (1 in 6 or 16%). This has increased from 1 in 9 or 10.8% among this age group in 2019, reflecting the impact of COVID 19 and related policy on the children and young people population. • 9,900 young people aged 17-22 (1 in 5 or 20%) <p>Nationally, rates of emotional disorder among 5-19 year olds are higher among females (10%) than males (6.2%).</p>
<p><u>Bristol One City: Cost of Living Crisis – Bristol’s One City approach to supporting citizens and communities (Oct 2022)</u></p>	<p>The rising cost of living is not impacting on everyone equally. People who are already experiencing inequity and poverty will be disproportionately impacted. In terms of the Goram proposal, children and young people in care are more likely to be from lower income families and from single parent families, with information relevant to this below.</p> <ul style="list-style-type: none"> • 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 • 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

	<p>disproportionately affected; and one in four single parents find it difficult to manage financially (28.6%).</p> <ul style="list-style-type: none"> • 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. 																				
<p>BCC Insight, Performance and Intelligence (2021). The Population of Bristol September 2021</p>	<p>The mid-2020 population of Bristol is estimated to be 465,900 with children making up 85,700 of this total (18.4% of the total population).</p> <p>This means almost 1 in every five people living in Bristol is under the age of 16, with the age profile by ward varying significantly. There are 167,035 children and young people aged 0-25 in Bristol. Based on the figures above, this is over a third of the total Bristol population. Our proposal will specifically support children between the ages of 10-19 which is estimated to be 62,900 currently.</p>																				
<p>Children in Care Data</p>	<p>At the time of writing there are currently 727 children in care, 57% are male and 43% female (compared to 51% and 49% of the overall child population). 9% are Disabled children (compared to 6.1% of the total Bristol child population) and the majority (73%) are aged 10-17.</p> <p>Ethnicity: 60% White (compared to 72% across the total Bristol child population) 16% Mixed Race 12% Other Ethnicity 9% Black British 3% Asian/Asian British</p> <p>This compares with the following data taken from the school census (it has not been possible to find like for like categorisation)</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Percent of Pupils.</th> </tr> </thead> <tbody> <tr> <td>White - White British</td> <td>58.3</td> </tr> <tr> <td>White - Any other White background</td> <td>8.5</td> </tr> <tr> <td>Black - Black African</td> <td>7.7</td> </tr> <tr> <td>Black - Any other Black background</td> <td>1.6</td> </tr> <tr> <td>Black - Black Caribbean</td> <td>1.4</td> </tr> <tr> <td>Asian - Pakistani</td> <td>3.2</td> </tr> <tr> <td>Asian - Indian</td> <td>2.3</td> </tr> <tr> <td>Asian - Any other Asian background</td> <td>2.1</td> </tr> <tr> <td>Asian - Bangladeshi</td> <td>0.8</td> </tr> </tbody> </table>	Ethnicity	Percent of Pupils.	White - White British	58.3	White - Any other White background	8.5	Black - Black African	7.7	Black - Any other Black background	1.6	Black - Black Caribbean	1.4	Asian - Pakistani	3.2	Asian - Indian	2.3	Asian - Any other Asian background	2.1	Asian - Bangladeshi	0.8
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	Asian - Chinese	0.8
	Mixed - White and Black Caribbean	3.2
	Mixed - Any other Mixed background	3.0
	Mixed - White and Asian	2.1
	Mixed - White and Black African	1.3
	Any other ethnic group	1.7
	Unclassified	2.1
<p>Bristol continues to have deprivation 'hot spots' that are amongst some of the most deprived areas in the country yet are adjacent to some of the least deprived areas in the country. 15% of Bristol's population live in the most deprived 10% of areas in England in 2019 (16% in 2015) including 18,900 children.</p>		

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

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

2.3 Are there any gaps in the evidence base?

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

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

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.

There are potentially gaps on our understanding of Disability for children with very complex needs. A recent reverse mapping exercise for children who had been held in an acute hospital setting due to no registered placement coming forwards for them showed that 6 of 8 children had a diagnosis or were pending diagnosis for autism and/or neurodiversity disorders. With this compelling evidence, the new Children's Homes will ensure that staff are trained in evidence-based interventions for working with autism.

In addition, we do not monitor by gender re-assignment or religion and belief. We will capture religion and belief in our monitoring for the Homes and prevalence of gender re-assignment.

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.

We have consulted with internal and external stakeholders through the Children’s Integrated Care Board (now called the Children’s Health and Improvement Group). A project group is working up proposals across Health and Social Care to resolve inequalities for children who frequently are unable to be found a suitable placement after being admitted to hospital.

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.

Children in care have been identified by our internal teams to support with consultation on how the new homes should be furnished and decorated to best suit their needs.

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)	
Young females are more adversely impacted by acute mental health presentation including disordered eating or self-harm and these young people are admitted to hospital more frequently than males with concerning mental health presentation.	
PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	positive as there is currently no provision dedicated to support children presenting with these specific mental health type issues in the community.
Mitigations:	Another 3-bed home is proposed and is currently being renovated, so should be ready for children in approximately 12 months
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	

Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Positive – supporting good diagnosis and treatment for those with neurodiversity. 9% of children in care are Disabled compared to 6.1% of the general population. Disabled children in care could face barriers if proper adjustments are not made to fit their needs. Some children with neurodiversity find change confusing and are facing trauma through inconsistent care.
Mitigations:	Communicate with children through the CIC Council and sub-groups to find out how to best meet need and ensure the environment is accessible.
Sex	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	More females noted and provides positive impact for them in supporting placement. A deep dive of children residing in the Health are including Bristol who had been inpatients at a hospital through a mental health concern showed that 7 out of 8 were female.
Mitigations:	Ensure that we hear the voices of females when designing the homes and understand the different needs in terms of staffing and types of intervention.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Race	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	The Homes would be able to specifically cater for religious affiliation or belief
Mitigations:	There can be a consideration of staffing and scheduling in the Homes to meet the particular religious or belief needs of children being cared for. For example that they could be supported to attend a place of worship, to access literature or resources related to a belief of their choice and supported to feel confident in expressing their held beliefs.
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Child in care frequently from deprived families and areas. Deprivation and poverty may lead to reduced resilience and also to a higher level of referrals into Social Care. For example, the Nuffield Foundation 2022 'The relationship between Child Poverty and Neglect, an evidence review' notes that family poverty and inequality are key drivers of harm to children.
Mitigations:	Children in care who will reside in these community homes will be supported to access education, support for their mental health and wellbeing, and encouraged to develop life skills that will support them to be economically active.
Carers	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Supports carers who have come to the end of their ability to support highly complex young people. Bristol census shows 34,000 unpaid carers. If we can retain children in Bristol, their parents/carers can remain an important part of their lives long into the future when the child has become an adult.

Mitigations:	Bristol Parent Carers organisation has a dedicated parent carer support officer who we can link up with parents who have felt they were no longer able to care for their child. We will ensure child/parent contact is maintained and seek to support an ongoing relationship even while the child is living in care.
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

More children in care will be enabled to remain in Bristol close to family and networks and to retain familiar services and support. This is critical when parents/carers have no longer been able to keep their child safe due to the child's significant needs. For those with a disability, either classified or not, the proposal helps them receive support to meet their needs and build on their aspirations within their City of belonging. A focus on engaging in education, a local community provision will support improved opportunity for economic success into the future, breaking the poverty cycle.

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:
None
Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:
<p>More children in care will be able to remain living locally, enabling them to maintain family, health and education links. Females are more likely to become inpatients through mental health presentation and self-harm. This provides them with an environment that is safe and attuned with their individual identities, supporting them to be confident as they achieve stability.</p> <p>Social care to enable discharge and/or to prevent hospital admission and re-admission thereby reducing trauma and harm for young people with a disability or otherwise.</p> <p>Support children with mental health needs to live in the community through a collaborative model of delivery with Health, Education and Social Care.</p> <p>A focus on engaging in education, a local community provision will support improved opportunity for economic success into the future, breaking the poverty cycle.</p>

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 https://www.bristol.gov.uk/council-spending-performance/council-budgets and continue to be updated as appropriate.	Gail Rogers	Ongoing
Inclusion of equalities question in tender to ensure provider will be inclusive and work from an equalities perspective	Hannah Gillett	Autumn 24
Ongoing monitoring of the service with inclusion of voice of young people	Hannah Gillett	Ongoing

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](https://www.bristol.gov.uk/equalities-policy)

There will be regular monitoring meetings with the successful provider of these homes. These meetings will focus on outcomes achieved and the quality of the provision.

Step 5: Review

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

Equality and Inclusion Team Review: <i>Reviewed by Equality and Inclusion Team</i>	Director Sign-Off:  Vanessa Wilson Director of Children and Education Transformation
Date: 8/12/2023	Date: 08/12/2023

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.