

# Equality Impact Assessment [version 2.10]



Title: GAP22 Legacy Supporting People Review	
<input checked="" type="checkbox"/> Budget Proposal	<input checked="" type="checkbox"/> New <input type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Adults and communities	Lead Officer name: Richard Hills
Service Area: Adult Social Care	Lead officer role: Deputy Director – 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 \(EqIA\) \(sharepoint.com\)](#).

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

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

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

#### Budget context

Every year, Bristol City 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 continuing to face financial challenges, reflecting the economic context, including the significant inflationary environment, combined with continuing demand pressures and limitations on government funding. Based on our current forecasts, we face a funding gap over the next five years (to 2028/29) of £32.2 million. This is in addition to the £17.7 million of savings and efficiencies proposals for 2024-2028 outlined in the 2023/24 budget and assumed delivery of 2023/24 savings in the current year.

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 are looking across all of our services with a focus on:

- maximising our transformation programmes – where we are looking to improve services whilst achieving the best value for money
- income opportunities – where we are looking to improve our external income and most effectively apply that income
- targeted reviews – where we are looking at services that are comparatively high in cost compared to other councils to see 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 proposal

Adult Care used Supporting People funding to provide low level, housing related support such as general wellbeing, low level mental health, and general tenancy support. This was designed to help people stay living independently in their homes and was a non-statutory provision. Supporting People funding ended, and it was agreed that the council would continue to fund these services but, as people had Care Act assessments, it would be decided whether the service:

- moves to a Community Support Service-commissioned service;
- is ended,
- or needs are met by other services.

There is the potential that Supporting People services, a non-chargeable service will become a chargeable Adult Care services. The mitigations will be that a full Care Act assessment will be completed to look at options and financial assessment to ensure any charges are fair.

By undertaking Care Act eligibility assessments for people who receive this service, we would ensure that we maintain support for those who are eligible in line with the Care Act 2014. The savings project is to employ additional social workers to complete the Care Act assessments and it is anticipated that some of these assessments would result in people not being eligible for a council-funded service so the service would either (a) end or (b) look to be delivered by a voluntary / non-funded provision. Where possible, we will signpost to other mechanisms of support and all Care assessments will support people based on their protected and other characteristics.

There are around 78 people in this cohort, the average age being 57, with a high proportion of males. 34% of service users have a primary support reason of learning disability (34%) with 35% of that being mental health. In recent years there has been a large underspend within this service with numbers of service-users decreasing annually. This is largely because support needs are being met elsewhere, therefore, it was decided that the cohort should receive a review to ensure that service-users are receiving the most appropriate support. However, due to the nature of the proposal there is likely to be a disproportionate, negative impact on Disabled people and men as they are over-represented in the cohort. All decisions regarding funding will be made on a person-centred basis, informed by a proper understanding of the specific needs of an individual and ensuring that individuals' Human Rights Act are not breached.

## 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 type="checkbox"/> Commissioned services	<input type="checkbox"/> City partners / Stakeholder organisations	
Additional comments:		

## 1.3 Will the proposal have an equality impact?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	[please select]
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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.

## 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 \(bristol.gov.uk\)](https://www.bristol.gov.uk/equality-and-diversity)

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

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

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

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
<a href="#">Census 2021</a>	The Census details the demographic profile of Bristol.
<a href="#">The population of Bristol</a>  <a href="#">Bristol Key Facts 2022</a>	Updated annually. The report brings together statistics on the current estimated population of Bristol, recent trends in population, future projections and looks at the key characteristics of the people living in Bristol.  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.
<a href="#">Ward profile data (bristol.gov.uk)</a>	The Ward Profiles provide a range of data-sets, including population, life expectancy, health and education disparities etc. for each of Bristol's electoral wards.
<a href="#">Joint Strategic Needs Assessment (JSNA)</a>	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

	<p>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>Liquidlogic Adult Social (LAS) Care Database (internal link only)</p>	<p>We have data on LAS Adult Care (internal only) Database on 67 of the 78 people currently in this cohort. Data shows that</p> <ul style="list-style-type: none"> <li>• The average age is 57 and ages range from 26 to 85. 28% are over 65 years old.</li> <li>• 37% are female and 63% are male.</li> <li>• 73% are White British, 8% dual /mixed 5% African 5% Caribbean 3% Bangladeshi 1% Eastern Europe, Indian, White Irish</li> <li>• 34% have a primary support reason as Learning Disability</li> <li>• 35% is Mental Health (26% not known yet)</li> <li>• Of current addresses 30% are BS6 (Redland), 23% are BS16 (Fishponds) and 16% are BS8 (Clifton)</li> </ul>

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

<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender Reassignment
<input type="checkbox"/> Marriage and Civil Partnership	<input type="checkbox"/> Pregnancy/Maternity	<input type="checkbox"/> Race
<input type="checkbox"/> Religion or Belief	<input 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. We also know there are some under-reporting gaps in our workforce diversity information - where personal and confidential information is voluntarily requested from staff.

Although we hold some demographic data on service-users, outlined above, we do not hold data on all service users and there are some gaps in relation to characteristics. This is largely because systems for collecting data were not implemented prior to this service, for example, data on gender reassignment, marriage/civil partnership, pregnancy and sexual orientation is not consistently been completed. When completing reviews, we will ensure service-users protected characteristics are noted and accounted for.

## 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 change or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

We launched a public consultation on our budget proposals between 09<sup>th</sup> November 2023 to the 21<sup>st</sup> December 2023. 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 2024. We will take Budget consultation responses into account when developing this and other final proposals to put to the Cabinet and a meeting of the Full Council for approval. The final decision will be taken by Full Council at its budget setting meeting in February / March 2024.

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 afterwards<sup>1</sup>.

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

As well as identifying whether budget changes will have a disproportionate impact on particular groups (e.g., because they are over-represented in a particular cohort), 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.

**PROTECTED CHARACTERISTICS**

<b>Age: Young People</b>	Does your analysis indicate a disproportionate impact? No <input type="checkbox"/> X
Potential impacts:	
Mitigations:	
<b>Age: Older People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• The average age of service-users is 57, although ages do range from 26-85, 28% if service users are over 65</li> <li>• Older people in Bristol are: <ul style="list-style-type: none"> <li>○ less likely to be comfortable using digital services</li> <li>○ more reliant on public and community transport</li> <li>○ more likely to be an unpaid carer</li> <li>○ more likely to help out or volunteer in their community</li> <li>○ less likely to have formal qualifications</li> </ul> </li> <li>• Bristol Ageing Better estimated at least 11,000 older people are experiencing isolation in the city.</li> <li>• We must factor aging and the needs of older people into long term budgeting and service design</li> </ul>
Mitigations:	All service-users will be supported with a review to assess their current needs. Care support will be decided on a case-by-case basis in line with the Care Act (2014). Reviews will be completed with a trained social worker and will account for needs related to protected characteristics including Age. Where possible, social workers will signpost to resources. Social workers will be encouraged to use a range of accessible communications to ensure service-users are clear on any changes to care.
<b>Disability</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• All service-users have a level of Disability and so Disabled people will be impacted by this proposal</li> <li>• Of the service-users for which we hold data, we know that 34% have a primary support reason as a learning disability, 34% is in relation to mental health and 26% is unknown</li> <li>• 17% of Bristol’s population are disabled. There are more disabled women than men living in Bristol.</li> </ul>

	<ul style="list-style-type: none"> <li>• Disabled people should be empowered to make independent living choices and have a say in access to service provision.</li> <li>• Budget setting needs to provide sufficient resource and flexibility to meet our legal duty to make anticipatory and responsive reasonable adjustments for disabled people including: <ul style="list-style-type: none"> <li>○ changing the way things are done e.g. opening / working times;</li> <li>○ changes to overcome barriers created by the physical features of premises.</li> <li>○ providing auxiliary aids e.g. extra equipment or a different or additional service.</li> <li>○ is 'anticipatory' so we must think in advance and ongoing about what disabled people might reasonably need.</li> </ul> </li> <li>• Disabled people must not be charged for their reasonable adjustments, accessible formats or other adaptations. It is a legal requirement under the Equalities Act to ensure information is accessible to disabled employees and service users.</li> </ul>
Mitigations:	<p>All service-users will be supported with a Care Act assessment of their current needs. Care support will be decided on a case-by-case basis in line with the Care Act (2014). Assessments/reviews will be completed with a trained social worker and will account for needs related to protected characteristics including Disability status. Where possible, social workers will signpost to resources. Social workers will be encouraged to use a range of accessible communications to ensure service-users are clear on any changes to care. Under the Care Act, Disabled people will also be offered access to Advocacy. Social workers will be line managed and their assessments signed off by a senior manager and they will work with the Support Planning and Brokerage team to ensure all options are explored.</p>
<b>Sex</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• A large proportion of service-users are men (63%)</li> <li>• 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.</li> <li>• Women still bear the majority of caring responsibilities for both children and older relatives.</li> <li>• Women are more likely to be excluded from conversations which affect decision making due to lack of representation in boards / organisational leadership.</li> <li>• Services and workplace requirements may not take into consideration the impact of women's reproductive life course including menstruation, avoiding pregnancy, pregnancy, childbirth, breastfeeding, and menopause.</li> <li>• Young women between the ages of 16 and 24 have higher risk of common mental health problems and higher rates of self-harm and post-traumatic stress disorder etc.</li> <li>• Bristol female preventable mortality rates are significantly higher than the England rates</li> <li>• Nationally 27% of women experience domestic abuse in their lifetimes. The rate of recorded domestic abuse incidents in Bristol has shown a significant rise over the last two years and 74% of victims were female.</li> <li>• Men and boy's health is in general poorer than that of women and girl's</li> <li>• Male life expectancy at birth in Bristol is around four years less than for females.</li> <li>• On average men in Bristol live 18 years in poor health, women live 22 years in poor health</li> <li>• A higher proportion of boys have physical impairments and more boys than girls have diagnosed mental health disorders and learning difficulties.</li> </ul>

	<ul style="list-style-type: none"> <li>Men in Bristol are more likely than women to have unhealthy lifestyle behaviours including being overweight and obese, smoking, alcohol and substance misuse</li> <li>There are differences between men and women in health practices and the way they use health services</li> <li>Men are three times more likely than women to take their own lives.</li> </ul>
Mitigations:	All service-users will be supported with a review to assess their current needs. Care support will be decided on a case-by-case basis in line with the Care Act (2014). Reviews will be completed with a trained social worker and will account for needs related to protected characteristics including sex. As men are over-represented in the cohort, where possible, social workers will signpost to resources for example men's mental health support. Social workers will be encouraged to use a range of accessible communications to ensure service-users are clear on any changes to care.
<b>Sexual orientation</b>	Does your analysis indicate a disproportionate impact? No <input type="checkbox"/> X
Potential impacts:	We have not identified any specific impacts due to sexual orientation at this stage, however, this may be because of gaps in data and under-reporting. All service-users will be supported with a review to assess their current needs. Care support will be decided on a case-by-case basis in line with the Care Act (2014). Reviews will be completed with a trained social worker and will account for needs related to protected characteristics including sexual orientation. Where possible, social workers will signpost to resources. Social workers will be encouraged to use a range of accessible communications to ensure service-users are clear on any changes to care.
Mitigations:	See general comments above
<b>Pregnancy / Maternity</b>	Does your analysis indicate a disproportionate impact? No <input type="checkbox"/> X
Potential impacts:	
Mitigations:	
<b>Gender reassignment</b>	Does your analysis indicate a disproportionate impact? No <input type="checkbox"/> X
Potential impacts:	
Mitigations:	We have not identified any specific impacts due to the protected characteristic of gender reassignment at this stage, however, this may be because of gaps in data and under-reporting. All service-users will be supported with a review to assess their current needs. Care support will be decided on a case-by-case basis in line with the Care Act (2014). Reviews will be completed with a trained social worker and will account for needs related to protected characteristics including gender reassignment. Where possible, social workers will signpost to resources. Social workers will be encouraged to use a range of accessible communications to ensure service-users are clear on any changes to care.
<b>Race</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>The data available shows 73% are White British, 8% dual /mixed, 5% African, 5% Caribbean 3% Bangladeshi 1% Eastern Europe, Indian, White Irish</li> <li>Ethnic minorities in Bristol experience greater disadvantage than in England and Wales as a whole in education and employment and this is particularly so for Black African people<sup>2</sup>.</li> <li>In the last census (2011) 16% of the population belonged to a Black, Asian or minority ethnic group and this is likely to be higher now.</li> <li>Bangladeshi, Pakistani, and Black ethnic groups are more likely to live in deprived neighbourhoods; and the same groups and Chinese ethnicities are about twice as likely to live on a low income and experience child poverty compared to White groups</li> <li>Organisations may lack cultural competence because minoritised ethnic staff are under- represented.</li> <li>People from Black African, Other, and Black Caribbean groups have persistently high levels of unemployment and almost all ethnic minority groups in Bristol experience employment inequality when compared to White British people.</li> </ul>



	<ul style="list-style-type: none"> <li>• 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</li> <li>• People who do not speak English as a main language may require information in plain English and community language translations or videos etc.</li> </ul>
Mitigations:	All service-users will be supported with a review to assess their current needs. Care support will be decided on a case-by-case basis in line with the Care Act (2014). Reviews will be completed with a trained social worker and will account for needs related to protected characteristics including Race and an understanding of health equity. Where possible, social workers will signpost to resources. Social workers will be encouraged to use a range of accessible communications to ensure service-users are clear on any changes to care.
<b>Religion or Belief</b>	Does your analysis indicate a disproportionate impact? No <input type="checkbox"/> X
Potential impacts:	
Mitigations:	We have not identified any specific impacts due to the protected characteristic of gender reassignment at this stage, however, this may be because of gaps in data and under-reporting. All service-users will be supported with a review to assess their current needs. Care support will be decided on a case-by-case basis in line with the Care Act (2014). Reviews will be completed with a trained social worker and will account for needs related to protected characteristics including gender reassignment. Where possible, social workers will signpost to resources. Social workers will be encouraged to use a range of accessible communications to ensure service-users are clear on any changes to care.
<b>Marriage &amp; civil partnership</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>OTHER RELEVANT CHARACTERISTICS</b>	
<b>Socio-Economic (deprivation)</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• Bristol has 41 areas in the most deprived 10% in England, including 3 in the most deprived 1%. The greatest levels of deprivation are in Hartcliffe &amp; Withywood, Filwood and Lawrence Hill.</li> <li>• In Bristol 15% of residents - 70,800 people - live in the 10% most deprived areas in England, including 19,000 children and 7,800 older people.</li> <li>• There are an estimated 29,045 households living in fuel poverty in Bristol, 14.4% of all households (BEIS, 2022)</li> <li>• 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)</li> <li>• 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).</li> <li>• 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.</li> </ul>
Mitigations:	All service-users will be supported with a review to assess their current needs. Care support will be decided on a case-by-case basis in line with the Care Act (2014). Reviews will be completed with a trained social worker and will account for needs related to protected characteristics including socio-economic status. Where possible, social workers will signpost to resources. Social workers will be encouraged to use a range of accessible communications to ensure service-users are clear on any changes to care. All individuals will be offered a financial assessment that ensure a minimal income and access to benefits and take account of disability related costs.

### 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 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.

There are benefits that all will have a holistic Care Act assessment which will look at their care, needs and outcomes and ensure they continue to be appropriate to needs.

## 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:

Potential that (non chargeable) Supporting People services will become (chargeable) Adult Care services. The mitigations will be that a full Care Act assessment will be completed to look at options and financial assessment to ensure any charges are fair.

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

### 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 <a href="https://www.bristol.gov.uk/council-spending-performance/council-budgets">https://www.bristol.gov.uk/council-spending-performance/council-budgets</a> 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 [Equality and Inclusion Team](#) before requesting sign off from your Director<sup>1</sup>.

<b>Equality and Inclusion Team Review:</b>	<b>Director Sign-Off:</b> [seek Director sign off after review by E+I team]
Date:	

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