

Equality Impact Assessment [version 2.12]



Title: GAP25 – Optimising Reablement	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input type="checkbox"/> Service <input checked="" type="checkbox"/> Other [please state] <i>Savings Proposal</i>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Adults and Communities	Lead Officer name: Mette Le Jakobsen
Service Area: Adult Social Care	Lead Officer role: Director – Adult Social Care

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, the council must agree an annual budget which balances the money we spend with the money we are expecting to receive. Councils across the country are continuing to face financial challenges and based on our current forecasts, we face a funding gap over the next five years (to 2028/29) of up to £81.2 million dependent on the severity of factors such as inflation, funding changes, and unavoidable service pressures. 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 must look again across all of our services to find where we can do things differently to reduce costs, be more efficient in how we do things and, in some cases, stop doing some things entirely.

This proposal

Bristol City Council's Reablement service provides a person-centred approach within health and social care that helps individuals to learn or re-learn the skills necessary to be able to engage in activities / occupations that are important to them, usually following an illness or hospital discharge, Disability or accident. The service supports facilitation of discharge from acute settings as well as prevention of

admission to a hospital setting. The Reablement Service provides short term help and support in the community for Bristol citizens within their own home.

Activities of daily living would include Meal preparation, personal care, medication management, confidence building. The service includes Reablement Support Assistants as well as Occupational Therapists. Service users who use Reablement are predominantly in the 75 to 85 + age bracket, are predominantly white British and female.

Reablement is critical in supporting new demand to achieve a greater level of independence as well as supporting existing clients to achieve a greater level of independence. Bristol City Council (BCC) commissioned a strategic partner, Peopletoo to carry out an analysis of all reablement episodes carried out since 1 April 2021 and comparing that to active services for the individuals who received reablement. It identified that: Only 4.4% of Reablement was delivered to someone with an existing package of care. Of reablement episodes that were referred from the Community, only 5.3% was delivered to someone with an existing package of care. This identifies that there is an opportunity to increase community Reablement and increase independence of people in the community with available Reablement capacity.

In summary, the key activities related to this proposal will be:

- A targeted approach to Increase utilisation by 50% for community referrals.
- Use data available to take an evidenced based approach to decision making and to inform future planning for Reablement.
- Closer working with community Health partners to improve utilisation of the workforce, reduce Reablement waiting times and increase capacity to support a greater number of people.
- Engage with people who use the service to inform any service changes needed.

Key actions which will be undertaken include:

- data analysis
- consultation with patients
- awareness raising with people in health settings
- analysing referral rates

Overall, this proposal is anticipated to have a positive equalities impact, through more uptake of the service and more people supported to live independently in their own home.

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 type="checkbox"/> Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	

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 \(bristol.gov.uk\)](https://www.bristol.gov.uk/equality-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 \(sharepoint.com\)](https://www.bristol.gov.uk/data-statistics-intelligence). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](https://www.bristol.gov.uk/open-data); [Joint Strategic Needs Assessment \(JSNA\)](https://www.bristol.gov.uk/joint-strategic-needs-assessment); [Ward Statistical Profiles](https://www.bristol.gov.uk/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 \(sharepoint.com\)](https://www.bristol.gov.uk/hr-analytics-power-bi-reports) 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](https://www.bristol.gov.uk/employee-survey-report) and [Stress Risk Assessment](https://www.bristol.gov.uk/stress-risk-assessment)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
https://www.bristol.gov.uk/council-and-mayor/policies-plans-and-strategies/social-care-and-health/joint-strategic-needs-assessment/about-the-joint-strategic-needs-assessment	It sets out our local health and wellbeing priorities and is based on evidence from our Joint Strategic Health Assessment , ambitions in the One City Plan , and feedback from community engagement. Detailed actions relating to each priority are developed or overseen by the Health and Wellbeing Board at monthly meetings.
https://www.bristol.gov.uk/statistics-census-information/census-2021	The Census details the demographic profile of Bristol.
https://www.bristol.gov.uk/files/documents/1840-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.
	Service users who use Reablement are predominantly in the 75 to 85 + age bracket, are predominantly white British and female. A snapshot of current SU's on the Reablement caseload is as follows: Location South Bristol area: 50 service users

Inner City and East area: 44 service users
North Bristol area: 36 service users.

Gender

Female: 57.7%

Male: 42.3%

Ethnicity

White: 92

Unknown: 29

Black, African, Carribean: 6

Mixed/multiple: 4

Asian, Asian/British: 2

Age Range

25-44 – 0.8%

45-64 - 6.2%

65 – 74 – 13.1%

75-84 – 32.3%

85 + 47.7%

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.

Although our corporate approach is to collect diversity monitoring for all relevant characteristics, there are gaps in the available local diversity data for some characteristics, especially where this has not always historically been included in census and statutory reporting e.g. for sexual orientation.

We also know there are some under-reporting gaps in our workforce diversity information - where personal and confidential information is voluntarily requested from staff.

There are some reporting gaps in our recording of service users' equalities data where this is not recorded or unknown (around 10%) for most categories. Our Power BI report currently only reports on sex, ethnicity, age and religion and does not report on gender reassignment or sexual orientation.

2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities.

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 launched a public consultation on our budget proposals between 9th December and 21st 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.

We are also working with our Health partners and Commissioning colleagues to ensure there is a joined-up approach when reviewing pathways. We will continue to engage with people who use the service to inform any service changes needed.

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

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

As well as identifying whether budget changes will have a disproportionate impact on group's we need to pay particular attention to the risk of indirect discrimination. We are aware that more women than men access the service along with a workforce which is predominantly female. 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 consider.

PROTECTED CHARACTERISTICS

Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
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"> • Older people in Bristol are overrepresented in our service and 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 or volunteer in their community ○ less likely to have formal qualifications • Bristol Ageing Better says at least 11,000 older people are experiencing isolation in the city. • People who use the service are predominantly in the 75 to 85 + age bracket, are predominantly white British and female. • We must factor aging and the needs of older people into long term budgeting and service design.
Mitigations:	<ul style="list-style-type: none"> • Should significant changes be proposed a review would need to be considered with regards to the extent to which service users can be referred to other provision. The service will work in collaboration with Commissioning to support ongoing service development which meets the needs of Bristol citizens. • Any change to the service will consider any potential impact on different characteristic and any alternative provision available to deliver Reablement. • Bristol City Council's Reablement service provides a person-centred approach and so needs related to age will be considered on a case-by-case basis. • Overall, the proposal is anticipated to have a positive impact on older people by a greater utilisation of the service, leading to an increase in people who are able to live independently in their own home.
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Potential impacts:	<ul style="list-style-type: none"> • 17% of Bristol’s population are disabled. There are more disabled women than men living in Bristol. • Disabled people should be empowered to make independent living choices and have a say in access to service provision. • Budget setting needs to provide sufficient resource and flexibility to meet our legal duty to make anticipatory and responsive reasonable adjustments for disabled people including: <ul style="list-style-type: none"> ○ changing the way things are done e.g. opening / working times; ○ changes to overcome barriers created by the physical features of premises. ○ providing auxiliary aids e.g. extra equipment or a different or additional service. ○ is ‘anticipatory’ so we must think in advance and ongoing about what disabled people might reasonably need. • Disabled people must not be charged for their reasonable adjustments, accessible formats or other adaptations. It is a legal requirement under the Equalities Act to ensure information is accessible to disabled employees and service users. • Disabled people may be over-represented in the cohort given the nature of the service
Mitigations:	<ul style="list-style-type: none"> • Bristol City Council’s Reablement service provides a person-centred approach and so needs related to Disability status will be taken into consideration at all stages. • Co-production activities will take place with relevant disability groups, for example ‘People First’, to ensure the increased service activity continues to be appropriate and relevant for its service-users. • General information and information on updates will be shared regularly, and in accessible formats to ensure an inclusive approach for service-users.
Sex	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Women are somewhat over-represented as employees in Reablement Services • Nationally the gender pay gap was 15.5% in 2020. This shows the relative pay gap between female and male employees and how the balance of pay is distributed in an organisation irrespective of equal pay for job roles. • Women still bear the majority of caring responsibilities for both children and older relatives. • Women are more likely to be excluded from conversations which affect decision making due to lack of representation in boards / organisational leadership. • Services and workplace requirements may not take into consideration the impact of women’s reproductive life course including menstruation, avoiding pregnancy, pregnancy, childbirth, breastfeeding, and menopause. • Young women between the ages of 16 and 24 have higher risk of common mental health problems and higher rates of self-harm and post-traumatic stress disorder etc. • Bristol female preventable mortality rates are significantly higher than the England rates

	<ul style="list-style-type: none"> Nationally 27% of women experience domestic abuse in their lifetimes. The rate of recorded domestic abuse incidents in Bristol has shown a significant rise over the last two years and 74% of victims were female. Men and boy's health is in general poorer than that of women and girls. Male life expectancy at birth in Bristol is around four years less than for females. On average men in Bristol live 18 years in poor health, women live 22 years in poor health A higher proportion of boys have physical impairments and more boys than girls have diagnosed mental health disorders and learning difficulties. Men in Bristol are more likely than women to have unhealthy lifestyle behaviours including being overweight and obese, smoking, alcohol and substance misuse There are differences between men and women in health practices and the way they use health services Men are three times more likely than women to take their own lives.
Mitigations:	<ul style="list-style-type: none"> Employees: Any recruitment processes will follow usual equality and inclusion due diligence processes including advertising widely. Where appropriate, we will use recruitment as an opportunity to diversify the workforce, so it is more representative for service users. Service-users: Women are over-represented in service-users and so are likely to be disproportionately impacted. Bristol City Council's Reablement service provides a person-centred approach and so needs related to sex will be taken into consideration at all stages.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> Lesbian, gay and bisexual people are statistically more vulnerable to verbal and physical abuse 1 in 5 Lesbian, Gay, Bisexual and Trans (LGBT) staff have been the target of negative comments or conduct from work colleagues in the last year because they're LGBT. More than a third of LGBT staff have hidden or disguised that they're LGBT at work in the last year because they were afraid of discrimination. 1 in 10 Black, Asian and Minority Ethnic LGBT staff have similarly been physically attacked because of their sexual orientation and /or gender identity, compared to 3% of White LGBT staff One in four lesbian and bisexual women have experienced domestic abuse in a relationship, one third of them were abused by a man. Almost half of all gay and bisexual men have experienced at least one incident of domestic abuse from either a family member or a partner since the age of 16. Research shows LGBT people face widespread discrimination in healthcare settings and one in seven LGBT people avoid seeking healthcare for fear of discrimination from staff The Stonewall LGBT in Britain - Health Report shows LGBT people are at greater risk of marginalisation during health crises, and those with multiple marginalised identities can struggle even more. In communications we should signpost and refer where possible to mutual aid and community support networks². Research has shown that LGBT people are more likely to be living with long-term health conditions, are more likely to smoke, and have higher rates of drug and alcohol use.

	<ul style="list-style-type: none"> • Half of LGBT people experienced depression in the last year • 14% of LGBT people have avoided treatment for fear of discrimination because they are LGBT.
Mitigations:	See general comments above
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 checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • 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. • In the last census (2011) 16% of the population belonged to a Black, Asian or minority ethnic group and this is likely to be higher now. • The top three countries of birth outside UK for Bristol residents are Poland, Somalia and India. • Although the race or ethnicity pay gap has narrowed in recent years there are still wide pay differences between particular ethnic groups and most minority ethnic groups earn less on average than White British people. • Bangladeshi, Pakistani, and Black ethnic groups are more likely to live in deprived neighbourhoods; and the same groups and Chinese ethnicities are about twice as likely to live on a low income and experience child poverty compared to White groups • Black, Asian and minority ethnic households are less likely to own their home and more likely to living in overcrowded housing and intergenerational households. Bangladeshi and Pakistani groups are more likely to live in multi-family households. • Black people in the UK are less likely to hold a driving licence and more likely to rely on public transport. • Black Asian and minority ethnic groups in Bristol are more likely to find inaccessible public transport prevents them from leaving their home when they want to • Black African young people are disadvantaged in education compared to their White peers. A disproportionately high percentage of Bristol school pupils from Black, Asian and minority ethnic backgrounds are excluded from school and In Bristol pupils with the lowest 'Attainment 8' scores are from Black ethnic background (highest from Chinese ethnic background.) • Organisations may lack cultural competence because Black, Asian and minority staff are under- represented. • 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.

	<ul style="list-style-type: none"> • Black Asian and minority ethnic groups are more likely to be self-employed than the Bristol average and over-represented in low-income self-employment including taxis, takeaway restaurants. • Black Asian and minority ethnic people are underrepresented in political and civic leadership. • People who do not speak English as a main language may require information in plain English and community language translations or videos etc. • White people are over-represented in the cohort; however, this could be due to existing health disparities in relation to race.
Mitigations:	<ul style="list-style-type: none"> • Bristol City Council's Reablement service provides a person-centred approach and so needs related to race will be taken into consideration at all stages • This could include consideration to personal care needs, food preparation, and translation services if required
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
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:	<ul style="list-style-type: none"> • Bristol has 41 areas in the most deprived 10% in England, including 3 in the most deprived 1%. The greatest levels of deprivation are in Hartcliffe & Withywood, Filwood and Lawrence Hill. • In Bristol 15% of residents - 70,800 people - live in the 10% most deprived areas in England, including 19,000 children and 7,800 older people. • 9.8% (approximately 19,572 households) of all households in Bristol are living in fuel poverty (<u>BEIS, 2020</u>) • 4.2% of households have experienced moderate to severe food insecurity, rising to 13% in the most deprived areas of the city (QoL 2020-21) • 25% of people in Bristol are dissatisfied with the way the Council runs things, but this is 43% for people living in the most deprived areas of the city (QoL 2020-21). • The inequalities gap in life expectancy between the most and least deprived areas in Bristol is 9.6 years for men and 7.2 years for women.
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. • As with Disability and Pregnancy and Maternity – policies which aim to restrict driving or parking can have a disproportionate impact on people who are reliant on having their own transport.

	<ul style="list-style-type: none"> • 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:	

For more information see:

[Support Hub \(ageuk.org.uk\)](http://ageuk.org.uk)

[Bristol Mind - Support types Older people](#)

[Care and support for adults in Bristol](#)

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 overall aim of the work is to increase capacity and use of the Reablement service. Increasing the amount of people the service works with will provide positive outcomes for Bristol Citizens as people will be supported to live more independently and incidences of readmission to hospital will be prevented or reduced.

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:

No significant negative impact identified at this stage. Current work may lead to recommendations which if implemented could lead to changes to provision and workforce which would be subject to further detailed equality impact assessment prior to implementation.

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

Increasing the amount of people the Reablement service works with increases opportunities across the population for people to maximise their health, wellbeing and independence and remain living in their own homes for longer.

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
As part of the PeopleToo work we are reviewing		
Reablement data, maximising opportunities:		
<ul style="list-style-type: none"> How capacity is reported and then interpreted. 		
<ul style="list-style-type: none"> Using data analysis to drive change. 		
<ul style="list-style-type: none"> Maximise no's of people accessing Reablement. 		
<ul style="list-style-type: none"> Target particular internal teams where referrals are low. 		
<ul style="list-style-type: none"> Review of internal processes to support reduction in length of stay on caseload to 21 days. 		


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.

Referral rates from internal teams will have increased. Reduction in overall length of stay, number of referral declines based on reason: 'lack of capacity' will be significantly reduced.
Effectiveness of service showing care hrs at start of service and at end – savings will be made in reduction of care hrs.

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: Reviewed by the Equality and Inclusion Team	Director Sign-Off: 
Date: 28/12/2023	Date: 29/12/23

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.