

Equality Impact Assessment [version 2.10]



Title: Bristol City Council Fair and affordable care policy	
<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> New <input type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Adults and Communities	Lead Officer name: Jamie Mahood
Service Area: Adult Social Care	Lead Officer role: Head of Service Inner City and East Community.

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.

The proposal is to develop and implement a new policy 'Fair and affordable care policy' for Adult Social Care (ASC). This policy has been adapted from a similar policy implemented in Devon County council so there is evidence of other local authorities successfully implementing an approach to ensure a more consistent and fair application of social work practice when considering how we meet the needs of individuals with eligible care and support needs. [Fair and Affordable Care Policy - Care and health | Devon County Council](#)

As a local authority we have a duty to assess and ensure all eligible needs arising from that assessment are met. We will help people to consider their own strengths and capabilities, and what support might be available from their wider support network or within the community. The identification of eligible needs is based on the National Eligibility Criteria as defined in the Care Act 2014. This is as follows:

"The Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2015 set out the national eligibility criteria for adults with care and support needs¹. The criteria are based on three factors ([Determination of eligibility under the Care Act 2014 | SCIE](#)) :

- The adult has a physical or mental impairment or illness that causes the needs
- The needs prevent the adult from achieving two or more of the specified outcomes, such as personal care, social activities, or work
- The inability to achieve these outcomes has or is likely to have a significant impact on the adult's wellbeing"

[Care and support statutory guidance - GOV.UK \(www.gov.uk\)](#)

Currently Bristol City Council (BCC) provides ongoing support to approximately 5300 Bristol citizens. Paragraph 10.27 of Care and support statutory guidance states that '*local authorities may take into reasonable consideration its own finances and budgetary position*'. We must also ensure that there is sufficient funding available to meet the needs of the entire population. We may also make decisions on a case by case basis weighing up the costs of different potential care and support plans to ensure best value is achieved.

[Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/care-and-support-statutory-guidance)

The Policy describes the ways in which we will arrange care in a manner that reflects the choice and preferences of individuals but balances the need for us to arrange care that is sufficient to meet eligible needs whilst always looking to make best value of the finite resources available to us.

Local authority definition of 'best value' is "*make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.*"

Revised Best Value Statutory Guidance : [Title \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61242/best-value-statutory-guidance-2015.pdf)

Budget context

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

The Council has defined statutory responsibilities, but deliver against a far broader agenda, providing universal services benefiting the whole community, and targeted services aimed at individuals, communities with particular needs, and businesses – administered by our workforce, city partners, stakeholder organisations and commissioned services.

The ASC Purchasing Budget, is the budget that the Council uses to purchase care for people who are eligible for care and support under the Care Act, following an assessment. It can be used to purchase a range of services including a direct payment, home care, residential care, supported living, day services or Technology enabled care. Our current spend on care exceeds the available budget within the council and therefore we need to find ways to spend less whilst continuing to deliver our statutory duties and ensure that people receive the care and support they need to remain independent.

Fair and Affordable Care Policy

Care Act statutory guidance already allows local authorities to consider resources when considering how we meet an individual's needs. Given the current financial pressures along with continued rising demand it is recognised that we require a clearer policy position to assist with our practice and decision-making during assessment, support planning and in relation to how we calculate an individual's personal budget.

The draft policy states that:

3.6 Because of the statutory guidance, Adult Social Care also have to choose services that are "best value". This means that in most cases Adult Social Care will provide services to meet eligible needs that are the most cost effective. This means that in some cases the service offered by the Council will not be the one preferred by the individual with eligible needs.

3.9 *Each person’s situation will be looked at individually. There will be no rule that set an upper limit on the level of a personal budget.’*

This policy around providing cost effective options relates specifically to how social care practitioners consider and agree a personal budget to meet eligible needs rather than procuring the cheapest providers.

We do need to be clear however that it doesn’t set an arbitrary upper limit on the level of a personal budget (which would be unlawful). We will have to consider each individual’s circumstances, including the duty to promote wellbeing and adherence to Human Rights Act (particularly article 8). There might be exceptions to this approach where practitioners can clearly evidence choosing a more cost-effective option would fail to promote an individual’s wellbeing or where an unlawful interference with the person’s Human Rights may arise.

This policy will formalise in Bristol Adult Social Care our position regarding calculating an individual’s personal budget to meet eligible need. It will also be complemented by appropriate practice guidance and training workshops to support staff with this implementation. It will also be supported with a revised governance process for considering 3rd party spend along with a new peer support forum to support practitioners to ensure we get the best outcome for citizens and consider all the support they can draw on at an individual, family and community level.

This statement will also set a clear consistent position for all staff within BCC of our position, along with citizens and our partners of how we will calculate an individual’s personal budget.

Our initial focus on applying this policy consistently will be on addressing citizens who are approaching ASC for the first time for support or those who- have a planned or unplanned care and support review undertaken.

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 type="checkbox"/> * The wider community
<input type="checkbox"/> * Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	
Additional comments: The main impact of this proposal will relate to Service users who draw on care and support in relation to Adult Social Care. There will be some changes to practice required by the ASC workforce. The wider community may experience an impact if they provide support for a family member or loved on. It also relates to Commissioned services and stakeholder organisations who provide services or support people with care and support needs and receive funding from the Council.		

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.

Whilst the policy only formalises how adult social care staff can and should already practice, this could represent a change as social care staff will need to adopt a more consistently robust position in relation to how they calculate an individual's personal budget. Applying this policy could therefore have an impact on some citizens with protected characteristics who previously may have had their care and support needs met in a different or less cost-effective way. For example individuals who might previously have been offered a high cost (e.g. 24 hour home care package) in their own home may now be offered to have their care needs met in a residential or nursing home as it represents a more cost effective offer. This also might result in local authorities offer of a care home being more limited to one that accepts our standard funding rate (also known as Bristol rate) compared so the service provided might not be an individual's preference or be in a different geographical area in Bristol (or further afield). Other examples might include being offered technology enhanced care (TEC) or specialist equipment that reduces the number of care visits from home care agency. It might also include an offer of Direct Payment to meet needs rather than commissioning a home care agency.

Draft policy states that :

3.7 "In many cases we recognise that the most cost-effective way to meet a person's care needs is to support them to remain at home with appropriate support. Where the citizen expresses a preference to remain at home, the Council will aim to support them to do so utilising cost-effective measures which might include:

A Direct Payment to recruit a personal assistant (PA) instead of a commissioned home care service

~Specialist equipment (like a ceiling track hoist) which reduces the number of carers needed to help someone get washed or dressed.

Specialist technology (such as a wrist sensor or care line), which reduces the number and / or length of care visits someone might require throughout the day or nights."

This is supported in the available evidence of individuals receiving care and support, as the average care package of people receiving care at home costs £400 per week compared to our current residential care home rate (for financial year of 23/24) of £890 per week.

3.8 "However, where a care package to remain at home would substantially exceed the affordability of residential care, the council will need to consider other cost-effective alternatives which might include:

Offering a residential or nursing home placement that accepts the local authority rate (also referred to as 'the Bristol rate') rather than in a home where fees are more expensive

Offering accommodation-based support such as supported living, extra care housing or residential care home as an alternative to providing 24 hour care in the home"

This could have an impact on the percentage of individuals who receive care in their own home and an increase in number of older people who are accommodated in residential or nursing care.

We are clear in the policy that this isn't a blanket approach so we will be considering individual needs and circumstances on a case-by-case basis and there may be exceptions where the less cost-effective provision is offered in order to adhere to specific specialist needs, or ensuring that the offer to meet needs doesn't breach and individual's Human rights as set out in the Human Rights Act 1998, particularly article 8 'Right to respect for private and family life'.

If we do offer a service which is not the individual's preferred option, then we will also need to clearly demonstrate how this offer promotes the individual's wellbeing. This will be clearly written in the individual's support plan in accessible language. If necessary, communication will be provided around this in relevant language or format.

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.sharepoint.com/Data-Statistics-Intelligence). 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 \(sharepoint.com\)](https://www.sharepoint.com/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](#) and [Stress Risk Assessment Form](#)

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

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	population, future projections and looks at the key characteristics of the people living in Bristol.																																												
Ward profile data (bristol.gov.uk)	The Ward Profiles provide a range of data-sets, including population, life expectancy, health and education disparities etc. for each of Bristol's electoral wards.																																												
Bristol Quality of Life Survey 2021-22	<p>The Quality of Life (QoL) survey is an annual randomised sample survey of the Bristol population, mailed to 33,000 households (with online & paper options), and some additional targeting to boost numbers from low responding groups. In brief, the most recent QoL survey indicated that inequality and deprivation continue to affect people's experience in almost every element measured by the survey.</p> <p>The Quality of Life 2021/22 data dashboard highlights those indicators, wards and equality and demographic groups which are better or worse than the Bristol average.</p> <p>For example there are significant disparities based on people's characteristics and circumstances in the extent to which they find it difficult to manage financially:</p> <table border="1" data-bbox="651 981 1497 2105"> <thead> <tr> <th data-bbox="659 992 978 1066">Quality of Life Indicator</th> <th data-bbox="986 992 1489 1066">% who find it difficult to manage financially</th> </tr> </thead> <tbody> <tr><td data-bbox="659 1066 978 1115">16 to 24 years</td><td data-bbox="986 1066 1489 1115">12.5</td></tr> <tr><td data-bbox="659 1115 978 1164">50 years and older</td><td data-bbox="986 1115 1489 1164">6.7</td></tr> <tr><td data-bbox="659 1164 978 1214">65 years and older</td><td data-bbox="986 1164 1489 1214">3.2</td></tr> <tr><td data-bbox="659 1214 978 1263">Female</td><td data-bbox="986 1214 1489 1263">8.6</td></tr> <tr><td data-bbox="659 1263 978 1312">Male</td><td data-bbox="986 1263 1489 1312">8.5</td></tr> <tr><td data-bbox="659 1312 978 1361">Disabled</td><td data-bbox="986 1312 1489 1361">21.6</td></tr> <tr><td data-bbox="659 1361 978 1411">Asian /Asian British</td><td data-bbox="986 1361 1489 1411">9.9</td></tr> <tr><td data-bbox="659 1411 978 1460">Black/Black British</td><td data-bbox="986 1411 1489 1460">19.8</td></tr> <tr><td data-bbox="659 1460 978 1534">Mixed/Multiple Ethnicity</td><td data-bbox="986 1460 1489 1534">16.3</td></tr> <tr><td data-bbox="659 1534 978 1583">White British</td><td data-bbox="986 1534 1489 1583">7.8</td></tr> <tr><td data-bbox="659 1583 978 1632">White Minority Ethnic</td><td data-bbox="986 1583 1489 1632">8.4</td></tr> <tr><td data-bbox="659 1632 978 1706">Lesbian Gay or Bisexual</td><td data-bbox="986 1632 1489 1706">12.7</td></tr> <tr><td data-bbox="659 1706 978 1756">No Religion or Faith</td><td data-bbox="986 1706 1489 1756">8.0</td></tr> <tr><td data-bbox="659 1756 978 1805">Christian Religion</td><td data-bbox="986 1756 1489 1805">8.3</td></tr> <tr><td data-bbox="659 1805 978 1854">Other Religions</td><td data-bbox="986 1805 1489 1854">18.2</td></tr> <tr><td data-bbox="659 1854 978 1904">Carer</td><td data-bbox="986 1854 1489 1904">10.7</td></tr> <tr><td data-bbox="659 1904 978 1953">Full Time Carer</td><td data-bbox="986 1904 1489 1953">14.0</td></tr> <tr><td data-bbox="659 1953 978 2002">Part Time Carer</td><td data-bbox="986 1953 1489 2002">9.7</td></tr> <tr><td data-bbox="659 2002 978 2051">Single Parent</td><td data-bbox="986 2002 1489 2051">28.6</td></tr> <tr><td data-bbox="659 2051 978 2101">Two Parent</td><td data-bbox="986 2051 1489 2101">9.6</td></tr> <tr><td data-bbox="659 2101 978 2105">Parent (all)</td><td data-bbox="986 2101 1489 2105">12.0</td></tr> </tbody> </table>	Quality of Life Indicator	% who find it difficult to manage financially	16 to 24 years	12.5	50 years and older	6.7	65 years and older	3.2	Female	8.6	Male	8.5	Disabled	21.6	Asian /Asian British	9.9	Black/Black British	19.8	Mixed/Multiple Ethnicity	16.3	White British	7.8	White Minority Ethnic	8.4	Lesbian Gay or Bisexual	12.7	No Religion or Faith	8.0	Christian Religion	8.3	Other Religions	18.2	Carer	10.7	Full Time Carer	14.0	Part Time Carer	9.7	Single Parent	28.6	Two Parent	9.6	Parent (all)	12.0
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<u>Joint Strategic Needs Assessment (JSNA)</u>	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.																		
<u>Nomis - Official Labour Market Statistics (nomisweb.co.uk)</u> <u>Business demography, UK - Office for National Statistics (ons.gov.uk)</u>	<p data-bbox="655 1440 1497 1921">84% of all people in Bristol are economically active which is higher than nationally (78.6%) and in the South West (80.7%). Of economically active people in Bristol 6.9% are self-employed, compared to 9.5% nationally. Of those who are economically inactive in Bristol, 33% are Students, 29% are 'long-term sick' and 16% are looking after family/home, as well as 9.2% who are retired. The percentage of 'workless households' in Bristol is 12.1%, compared to 13.6% nationally, and the proportion of working age people who are benefit claimants is 11.2%. Bristol has a higher proportion of people working in 'professional occupations' (36.2) than for the South West (24.4%) and nationally (25.8%).</p> <p data-bbox="655 1957 1497 2098">In 2020 (most recent data) the South West continued to have the highest five-year 'survival rate' in the UK of businesses that survived into 2020 (this has been the case since 2012). The largest proportion of these surviving</p>																		

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	businesses, 22%, was in the professional, scientific and technical industry.
<p data-bbox="108 250 619 394"><u>Bristol One City: Cost of Living Crisis – Bristol’s One City approach to supporting citizens and communities (Oct 2022)</u></p> <p data-bbox="108 434 466 506"><u>Cost of Living Risk Index (arcgis.com)</u></p>	<p data-bbox="651 250 1485 356">The rising cost of living is not impacting on everyone equally. People who are already experiencing inequity and poverty will be disproportionately impacted:</p> <ul data-bbox="651 398 1513 2112" style="list-style-type: none"> <li data-bbox="651 398 1513 645">• 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 <li data-bbox="651 651 1513 898">• Households with pre-payment energy meters - households with pre-payment meters often pay above-average costs for their fuel. They will face a significant rise in their monthly bills in autumn and winter with increased energy usage as they do not benefit from the “smoothing” effect of Direct Debits, which spread usage costs evenly across the year <li data-bbox="651 904 1513 1128">• Parents and young families – parents of young children are more likely to seek credit and alternative support as they are less able, on average, to afford an unexpected expense. Single parents will be disproportionately affected; and one in four single parents find it difficult to manage financially (28.6%). <li data-bbox="651 1135 1513 1420">• 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 <li data-bbox="651 1426 1513 1711">• Black and Minoritised people – A higher proportion of Black and minoritised ethnic groups reported finding it difficult to manage financially (14.9%) in 2021. In 2020 the Social Metrics Commission found that almost half of people living in a family in the UK where the head of the household is Black are in poverty. Age UK report that poverty among older Black and minoritised ethnic groups is twice as high as for white pensioners <li data-bbox="651 1718 1513 1890">• People in rented accommodation – it is estimated that 69% of low-income private renters in England will be forced to go without food and heating at least one day per week to meet rising housing and living cost. Almost three in ten homes in Bristol are privately rented <li data-bbox="651 1897 1513 2112">• Underserved populations - It is likely that populations that are not typically well represented in data and research are likely to also face increased risk from rising cost of living. For example, refugees and asylum seekers, people experiencing homelessness, and Gypsy/Roma/Traveller groups.

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
	<ul style="list-style-type: none"> • Cost of Living Risk Index (October 2022) identified Lawrence Hill, Hartcliffe & Withywood, Filwood, Lockleaze, Ashley, Southmead, Easton, Avonmouth & Lawrence Weston, Hillfields and Eastville as neighbourhoods in Bristol more at risk of the impact of the cost of living crisis.
<p><u>An evaluation of the Bristol Race Equality Covid-19 Steering Group</u></p> <p><u>Designing a new social reality - Research on the impact of covid-19 on Bristol's VCSE sector and what the future should be – Black South West Network 2020</u></p> <p><u>Delivering an inclusive economy post COVID-19</u></p>	<p>Report focusing on how co-production using a One City approach has been used to respond to the disproportionate impact of the Covid-19 pandemic on our marginalized ethnic communities.</p> <p>Local research has highlighted how long-term underinvestment and lack of equity in funding and procurement has eroded the local Voluntary and community sector.</p> <p>Our local partners have conducted research into the ongoing impact of COVID-19 for women and have provided recommendations on what service providers can do to reduce impact further impact.</p>
<p>Power BI data on service user demographics <u>Tier 3 Activity & Cost - Power BI (internal link)</u></p> <p><u>Tier 3 Activity & Cost - Power BI</u></p>	<p>There are 5,319 service users who receive a commissioned service from Adult Social Care. 60% are aged over 60 and 30% over 80 years old. 17% of service users are recorded as being from a Black or minoritized ethnic background (for 10% this is not recorded).</p> <p>All of these individuals will potentially be impacted by this new policy at the point at which their care and support needs are reviewed. During a planned or unplanned reviews social care practitioners will need to consider how we can meet an individual's needs in the most cost effective way.</p> <p>Applying this policy has the potential to have the greatest impact on individuals currently receiving care at home (or likely to require that level of care following assessment or review) where their needs might be able to be met more cost effectively in a residential care home. Power BI data shows that of individuals currently receiving care at home shows that out of 2231 people individuals receiving care in their own home (including home care or direct payments). As of 17th May 2023 162 individuals are receiving a personal budget over either our standard or complex rate we pay for residential care (e.g. in excess of £1000 per week). This equates to 7% of total number of people receiving care and support at home and just 3% of the total number of individuals receiving and sort of care and support. This gives an indication of the maximum numbers of individuals currently receiving care and support who could potentially be most significantly affected by this policy</p>

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	<p>at the point their care and support is reviewed or reassessed.</p> <p>This does indicate that for the vast majority of people (93%) currently receiving care and support at home it remains more cost effective to meet their needs at home compared to residential or nursing care (Average weekly cost of support for care at home =£400 vs £880 per week for residential care)</p> <p>With further investment in our Technology enhanced Care offer and provision our Occupational Therapists we can continue to identify ways in which people can be safely supported to remain living at home as long as possible whilst still doing this in the most cost-effective way.</p> <p>For many of those individual's there will already be clearly established reason as to why their personal budget is set at that level. Changes could only be implemented following a review of their care and support needs and clearly identifying an alternative way in which there needs could be clearly met that represented best value. The total figure of people who would be significantly impacted is very likely therefore to be below that figure of 161.</p> <p>Current demographic details of these 161 individuals are not available on our data reporting set (and providing breakdown of their demographic details for a comparatively smaller sample could be at risk of being identifiable). However, by extrapolating data from all individuals receiving care and support at home it gives a likely approximation of the breakdown of individuals who could be most impacted at review or reassessment point.</p> <p>In terms of geographic location these individuals are distributed fairly evenly across the localities in Bristol (29% ICE, 27 North and West and 44% South) although some of the more deprived wards appear to have a higher proportion of individuals receiving care and support from BCC at home, including Avonmouth and Lawrence Weston, followed by Ashley, and then Hartcliffe & Withywood, and Hengrove and Whitchurch Park. This does suggest that those from more deprived areas may be mor likely to be more significantly effected by application of this policy. It should be noted however that this is reflective of general trend in relation to access to adult care (as those with assets above local authority threshold for financial support will often make their own private arrangements rather than approaching BCC for assistance).</p> <p>Tier 3 Activity & Cost - Power BI</p>

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
	<p>39% of individuals receiving care and support at home identified as male and 61% as female. Given that female life expectancy is generally higher this is to be expected.</p> <p>Data indicates that older people were more likely to be effected given demographic breakdown with 57% of individuals receiving care at home were over the age of 65 and 33.5% being over the age of 80</p> <p>60% of those receiving care at home identified as white, (including White British or white other), 30% Black, Asian or other minoritized group and 10% were not recorded no data. This indicates that people from Black Asian or other minoritized groups are potentially more likely to be impacted by this policy.</p> <p>Most individuals primary need relates to physical impairment or frailty (69%) followed by individuals with a learning difficulty, 16%, support with cognition (Eg dementia or similar condition) 12%.</p> <p>Data in relation to religious status was not well recorded with large gaps in recording (around 75% cases had no recorded religion). Of those records with a recorded religion the largest group was Christian 53% (including all denominations), followed by no religion 20%, Muslim 12%.</p> <p>In terms of type of service being provided most of these individuals receive care in the form of a direct payment 64%</p> <p>These figures are unable to take into account future demands for assessment or review where we may need to apply this policy so there is a data gap in relation to the impact of the application of this policy for people who will approach BCC in the future for care and support needs. We do know broadly however that the increasingly ageing population does mean a potential for further demand on adult care generally.</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 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.

There is limited available data at this point to predict make up of citizens who will approach adult care in the future who will be impacted by formal application of this policy.

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 met with partner organisations including voluntary sector, community organisations and special interest groups through our Equalities forum on the 15th February 2023, 15th March 2023 and 17th May 2023 where we have shared the proposals and discussed our approach in relation to Fair and Affordable Care policy. Members of this group were also provided with a copy of our draft policy in advance of this meeting, and we have received significant feedback and discussion with partners.

We also met with West of England Centre for Inclusive Living (WECIL) a partner and Disability Equality organisation to discuss the proposed policy. This meeting included board members and people with lived experience who draw on social care services.

We have also engaged with Bristol Disability Equality Commission who provided additional feedback and helped update and amend the policy further.

As a result of this engagement work we have received a number of written and verbal feedback and used to this to rewrite this draft policy several times to incorporate the feedback and have attempted to work towards co-production. We have also received a large amount of feedback and questions via elected members related to these proposals.

We have expanded and amended some of the wording of the policy to make it more accessible, we will also add some other examples of what best value might look like.

We have approached community groups through our Equalities Forum and wider community partners to ensure we translate the policy and consultation document into any languages and formats that are requested in advance of formal consultation. At time of writing we have had a request for an easy read, braille version along with translation into mandarin and cantonese.

We have informed staff through our ASC staff briefing and in person sessions in February and March and April 2023 to discuss the proposals, hear feedback and sense check our practice guidance to ensure that this is workable. This has also identified training needs for staff to apply this policy which we are developing our practice guidance and training offer to support this work and ensure practice remains lawful and promotes wellbeing.

We have shared our proposals in sessions with NHS partners and with our Locality Partnerships to make partners aware and enable them to provide feedback.

We have engaged with Children and Families, Community of Groups forum which includes parents and carers of Disabled children given potential impact when young people reach adulthood and might require support under The Care Act 2014. They have provided feedback because of this which has resulted in some changes to the wording and formatting.

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.

We will ask for formal feedback and comments from our staff workforce and the findings of this will be shared with the workforce

We will take consultation responses into account when finalising the policy and practice guidance. We have also committed to reviewing this policy annually with key stake holders through our Adult Care Equalities Group. This will include sharing summary data to see if this policy has resulted in any changes or impact to those receiving care and support services including whether more individuals have been asked to move into residential or nursing care rather than receive care and support in their own home.

Following the implementation of the Fair and Affordable Care policy there will engagement, consultation and with affected communities to analyse the impact and inform future decision making around its implementation and any future revisions of this policy. 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.

Bristol City Council are currently developing a co-production policy with Disabled people, Disabled people with Learning Difficulties, Autistic people, Bristol Disability Equality Commission and HealthWatch. Our intention is that we will use this new co-production policy and adhere to the standards and values when reviewing future versions of the Fair and Affordable Policy.

We will continue to provide updates through our ASC Equalities forum and will also meet with individual organisations and partners.

We will continue to provide staff briefings to discuss any changes and respond to feedback.

We will continue to share progress with NHS and other partners through Locality Partnerships. We are making this draft policy available in Braille and an Easy Read version to ensure disabled communities have as much opportunity as possible to engage in the policy consultation.

There is a danger that people from minoritised communities might not be able to fully participate in the policy consultation if the policy isn't made available in their primary language. We will approach wider partners from minoritised communities and groups through our established Equalities forum and other VCSE partners to ask if they require the policy to be translated into any specific languages in advance of formal consultation. Any subsequent requests for other language translations following the start of the formal consultation will also be provided and if necessary we will extend the consultation period to ensure there is sufficient time to provide translated documents and enable feedback and engagement from the effected groups/ individuals.

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 impacts of this policy are implemented fairly and consistently. It is possible that certain groups with protected characteristics, age, gender, ethnicity, Disability might be more significantly impacted.

There continues to be a risk that some groups or individuals from specific backgrounds who are less able to advocate for themselves or the person with care and support needs to get their preferred option to meet their needs. This could result in an inequity of service provision. This policy should seek to mitigate against this as it provides a clear and transparent framework that BCC staff carrying out assessments or reviews can reference around the need to take resources into account when calculating an individual's personal budget.

We will seek to mitigate against the above by ensuring that all staff undertaking assessments or reviews under The Care Act 2014 are appropriately trained and qualified with the necessary skills and knowledge around Disability, equality and diversity along with anti-oppressive and anti-racist practice. ([Social Work Concepts: Anti-oppressive practice \(socialworkin.com\)](#))

All completed assessments and reviews will be quality assured and reviewed by a manager with appropriate professional registration (Social Work England or Health Care Professionals Council) to ensure they fully consider individual's needs and that proposed plan meets needs, promotes their wellbeing and that the personal budget is sufficient to fund market cost of care and support.

Policy states that :

3.5 *'When carrying out an assessment or reassessment for a citizen, Adult Social Care will make sure that an advocate is offered to anyone who is eligible for this support. This might include a Care Act advocate, or an Independent Mental Capacity Advocate (IMCA). There are also other advocacy services available for individuals who wish to complain about adult social care services'*

Where an individual is entitled to an advocate to support with the assessment and support planning process we will offer this and refer to our contracted advocacy provider. This provider has gone through our formal tendering processes and as part of this they would have had to demonstrate that their staff are appropriately trained and skilled around the relevant legal and policy framework along with equality, diversity and inclusion.

3.6 *'Adult Social Care will always try to come to an agreement with the individual about how their needs and outcomes will be met.'*

BUT

3.11 *'If the individual is not in agreement with the Adult Social Care proposal, they can ask for the decision to be reviewed using the council's statutory complaints process.'*

This last point outlines that there is clear a mechanism by which individuals can challenge a decision formally if they are not in agreement with the proposed support plan. We will ensure that if this happens the complaint investigating manager will come from a different service area in Adult Care. If people require support in order to challenge or complain about this decision they can access complaint advocacy support with this via the Care Forum. [Adult social care \(bristol.gov.uk\)](http://bristol.gov.uk)

If the individual continues not to be satisfied by the outcome of the complaints process then individuals can bring their complaint to the Local Government Ombudsman : [Home - Local Government and Social Care Ombudsman](#)

We will continue to monitor outcomes of the people we work with and monitor via demographic breakdowns and protected characteristics to see if the way we deliver care and support changes significantly.

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, and differing cultural values which we will take into account on an individual case by case basis when adult care practitioners carry out care act assessments, reviews and the support planning stage. We will do this by placing the individual at the centre of the assessment process and ensure we consider their own unique individual characteristics, needs, , strengths, resources, and culture. With consent we will also speak with individual's family and support networks to fully appreciate individual circumstances.

Prior to formal consultation we have been actively engaging with community groups and partners offering bespoke consultation or engagement sessions. As a result of this engagement, we have had requests for the policy to be made available in easy read, braille, and a number of specific languages. These versions will be made.

During consultation process this policy will be made publicly available for all citizens to review and comment on. An easy read version of the document will be made available to citizens ahead of time. We have engaged with community partners to ask if there are any specific languages that for the consultation and policy needs to be translated into in advance of the consultation period. So far we have had requests for Braille, Mandarin and Cantonese. If following the start of the consultation period a request for the policy and consultation document to be available in an alternative language, these will be made available and the consultation period will be extended if necessary to ensure people have sufficient time to fully participate in that process.

Once adapted this policy (in its various formats) will be made publicly facing and available on our BCC website along with easy read version and other languages. The details of this policy will form part of our standard staff training and induction programme. Bespoke consultations meetings or sessions for specific community groups can also be arranged by request during this period where possible.

Although this policy only restates the steps local authority can and should already take around assessing and meeting needs we need to be clear that this isn't a blanket approach. Practitioners will always seek to come to an agreement with the individual on how their needs can be met in the first instance. We will ensure we are treating each individual on a case by case basis and not applying a blanket approach. We will need to ensure that practitioners can demonstrate that support offered to meet needs promotes individual wellbeing and does not breach and individuals Human Rights.

If an agreement cannot be reached around the option of care and support then the individual can challenge this decision using our statutory complaints procedure. This complaint will be looked at by a manager from a different service area in adult care.

We are aware that there continue to be concerns about the impact of the cost of living on personal contributions to individuals care and support. A citizen can request a review of their personal financial contribution at any time. The financial assessment ensures that a person is not charged more than it is reasonably practicable for them to pay based on the charging regulations. Bristol applies disregards and allowance; and Bristol has been careful to ensure that allowances are comprehensive and flexible to adapt where appropriate for cost of living and inflation rises on disability related expenditure. Bristol's assessment process is set up to ensure that a citizen's income is not reduced below the minimum income guarantee (MIG) level. Bristol has made available a new digital finance tool – the Online Financial Assessment – to support citizen's with financial assessments.

[Calculate your contribution \(mycostofcare.com\)](http://mycostofcare.com)

PROTECTED CHARACTERISTICS

Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Overall younger people are less likely to require care and support services compared to older adults, just 7.6% of people currently receiving care and support from BCC Adult Care are aged 18 to 29. The average personal budget of those individuals stands at £394 per week.

	<p>It is important that any changes we make to the way we support young people who draw on care and support does not compromise their choice and opportunity to live independently.</p> <p>It is important that young people who are moving into Adult services from Children's services are provided with the support they need to maximise their independence and enable people to live the life they choose.</p> <ul style="list-style-type: none"> • Young people are often under-represented in engagement and consultation in Bristol and are less satisfied than average with the way the council runs things. • Children and young people in Bristol are considerably more ethnically diverse than the overall population of Bristol. • Children and young people from the most deprived areas of Bristol have the poorest outcomes in health and education in terms of health, education and future employment etc. • Young people in Bristol are more likely to: <ul style="list-style-type: none"> ○ have poor emotional health and wellbeing ○ find inaccessible public transport prevents them from leaving their home when they want to ○ 6.8% of 16-17 year olds (2020/21) were "not in education, employment or training" (NEET), worse than the national average (5.5%) ○ Young adults are most likely to have lost work or seen their income drop because of COVID-19 and the cost of living crisis <p>There is the potential for younger Disabled people to have had less opportunity to accrue capital to pay the difference between personal budget and preferred package care (known as 3rd party top up) when compared to older people. Disabled people have less opportunity to access and accrue income as savings (Younger Disabled people). Those individuals with their own property will also have this disregarded if they are able to choose to have personal budget at equivalent rate of residential care.</p>
Mitigations:	<p>Taking a Strengths based approach will ensure that young people have a voice and are provided with different opportunities that maximise their well-being and independence. We will continue to apply the Wellbeing principle as enshrined in the Care Act Act (2014) when considering how we meet the needs of service users. (Chapter 1 Care and support statutory guidance - GOV.UK (www.gov.uk))</p> <p>Any decisions around meeting needs of younger Disabled people will need to ensure we consider their wellbeing and clearly evidence how any provision of care and support services promotes their wellbeing and doesn't impact on their Human Rights. Any decisions on that space need to be on individual case by case basis.</p>
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Older people in Bristol are: <ul style="list-style-type: none"> ○ less likely to be comfortable using digital services ○ more reliant on public and community transport ○ more likely to be an unpaid carer ○ more likely to help out or volunteer in their community ○ less likely to have formal qualifications • Bristol Ageing Better estimated at least 11,000 older people are experiencing isolation in the city. • We must factor aging and the needs of older people into long term budgeting and service design <p>Given the high number of older People who draw on care and support in Adult Social Care (33% are aged 80 or over), it is important that their choice and opportunity to live independently is not limited by any changes we make. We need to ensure that older people are able to take advantage of digital services that may be able to assist their</p>

	<p>independence and not assume that they cannot use this because they are older, but support them with alternative models of care.</p> <p>Consistent implementation of this policy could result in an increase in older people receiving care and support in a care or nursing home rather than in their own home. It might also impact on the geographic location of available home being further away from their family or support network.</p>
<p>Mitigations:</p>	<p>Through taking a strengths-based approach to the way we work with people, we need to ensure that Older people are in control of their care and support and are enabled to access alternative support options with any support they need. If we are using digital technology as an alternative way of providing support, we must ensure that this is appropriate and that they are enabled to use it safely and effectively and that it supports their independence.</p> <p>Power BI data indicates that in most circumstances it is more cost effective to provide care and support at home (93% of people receiving care and support at home have a personal budget below that of standard or complex rate for residential care).</p> <p>Policy includes reference to ensuring we consider individual needs on a case by case basis and don't have a blanket upper arbitrary ceiling of care. We will ensure that practitioner adhere to the Wellbeing principal of the Care Act and clearly demonstrate that any offer of care and support promotes wellbeing and won't interfere with the of the individual rights as enshrined in Human Rights Act 1998.</p>
<p>Disability</p>	<p>Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Potential impacts:</p>	<p>Many people who draw on Adult Care and Support are Disabled people. It is important therefore important that we manage our financial resources to ensure that available funding is fair and equitably to support people fairly and consistently and that no individual is left without the level of support or care they need. Failure to do so could compromise their dignity and well-being or increase isolation.</p> <ul style="list-style-type: none"> • 17% of Bristol's population are Disabled people. There are more Disabled women than men living in Bristol. • In 2021, the Disability pay gap was 13.8% with Disabled employees earning a median of £12.10 per hour and non-Disabled employees a median of £14.03 per hour. • Disabled people are less likely to be employed in a managerial or professional occupation • the national Disability employment rate was 52.7% in Q2 2021, compared to 81.0% for non-Disabled people. • Disabled workers move out of work at nearly twice the rate (8.8%) of non-Disabled workers (4.9%). Workless Disabled people move into work at nearly one-third of the rate (11.0%) of workless non-Disabled people (26.9%) • Disability increases with age: 4.1% of all children, for the working age population it increases to 12.3% and for people aged 65 and over it increases to 55.9%. • Disabled people on average have lower qualification levels than the population as a whole. • A higher proportion of Disabled people rent from a social provider (local authority or housing association) • Disabled people have lower car ownership levels • Disabled people experience higher rates of hate crime and domestic abuse compared to the general population • Disabled people should be empowered to make independent living choices and a have a say in access to service provision. • Disabled people must not be charged for their reasonable adjustments, accessible formats or other adaptations. It is a legal requirement under the Equalities Act 2010 to ensure information is accessible to Disabled employees and service users. • There are also a wider number of factors which impact on the wider picture of Disabled people's lives – i.e. the likely need for increased PA/care worker hours due to the decrease in access to independent travel such as cancelled/reduced bus

	<p>routes/frequency, pavements unsafe due to significant increase in active travel vehicles on pavements. The unintended consequences of the Council's (and other organisation's) funding cuts to services that previously offered an alternative that reduced care costs e.g. statutory sector-funded lunch clubs, support groups, library access, community transport.</p>
<p>Mitigations:</p>	<p>We will ensure that people are supported fairly and that their needs and preferences are considered. As per Care Act statutory guidance we will seek to fully involve individual in the assessment and support plan process, including arranging an advocate if an individual is entitled to one. WE will always try and seek agreement with the individual about any proposed service to meet needs.</p> <p>We will be providing guidance and training to our staff on Strengths based working and setting up peer review and case discussion forums to ensure that our practice is consistent, and that people are accessing the support they need.</p> <p>We are making this draft policy available in Braille and an Easy Read version to ensure disabled communities have as much opportunity as possible to engage in the policy consultation.</p> <p>We will ensure that Disabled people are supported to be at the centre of their care and support and that the support is maximising their independence with them in control of it. Different models of care such as Direct Payments and Technology Enabled Care should enable greater independence if people are supported to use it well. Details of both of these are provided in links below Direct payments for social care (bristol.gov.uk), Technology enabled care (bristol.gov.uk)</p>
<p>Sex</p>	<p>Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Potential impacts:</p>	<ul style="list-style-type: none"> • The average UK pay gap is 15.4% in favour of men. The South West average is 16.6% with women paid 83p for every £1 earned by male counterparts. • Women still bear the majority of caring responsibilities for both children and older relatives. • Women are more likely to be excluded from conversations which affect decision making due to lack of representation in boards / organisational leadership. • Services and workplace requirements may not take into consideration the impact of women's reproductive life course including menstruation, avoiding pregnancy, pregnancy, childbirth, breastfeeding, and menopause. • Young women between the ages of 16 and 24 have higher risk of common mental health problems and higher rates of self-harm and post-traumatic stress disorder etc. • Bristol female preventable mortality rates are significantly higher than the England rates • Nationally 27% of women experience domestic abuse in their lifetimes. The rate of recorded domestic abuse incidents in Bristol has shown a significant rise over the last two years and 74% of victims were female. • Men and boy's health is in general poorer than that of women and girl's • Male life expectancy at birth in Bristol is around four years less than for females. • On average men in Bristol live 18 years in poor health, women live 22 years in poor health • A higher proportion of boys have physical impairments and more boys than girls have diagnosed mental health disorders and learning difficulties.

	<ul style="list-style-type: none"> • 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. <p>There are a higher number of females (53%) who draw on care and support than males (47%). It is important that female service users are supported to live independently and in control of their support.</p>	
Mitigations:	<p>Strengths based approaches will focus on individual strengths and needs and people will be treated equally. Each individual will be considered on a case by case basis and social work staff will need to demonstrate that they are promoting wellbeing and adhering to Human Rights Act.</p> <p>When considering how we meet the needs of women with care and support needs we will need to ensure we take into consideration their specific needs at assessment and review. This will include considering the make up and compatibility of care services being offered.</p>	
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Potential impacts:	<p>There is limited data on specific number of ASC service users who draw on care and support. There is a risk that LGBT+ service users do not have their specific needs met or that their care arrangements do not consider their personal preferences, particularly if they do not choose to be 'out' about their sexual orientation. There is risk that there will be a reduced choice of care provider due to costs.</p> <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 staff have hidden or disguised that they're LGBT at work in the last year because they were afraid of discrimination. • 1 in 10 Black, Asian and Minority Ethnic LGBT+ staff have similarly been physically attacked because of their sexual orientation and /or gender identity, compared to 3% of White LGBT+ staff • One in four lesbian and bisexual women have experienced domestic abuse in a relationship, one third of them were abused by a man. Almost half of all gay and bisexual men have experienced at least one incident of domestic abuse from either a family member or a partner since the age of 16. • Research shows LGBT+ people face widespread discrimination in healthcare settings and one in seven LGBT+ people avoid seeking healthcare for fear of discrimination from staff • The Stonewall <u>LGBT in Britain - Health Report</u> shows LGBT+ people are at greater risk of marginalisation during health crises, and those with multiple marginalised identities can struggle even more. In communications we should signpost and refer where possible to mutual aid and community support networks². • Research has shown that LGBT+ people are more likely to be living with long-term health conditions, are more likely to smoke, and have higher rates of drug and alcohol use. • Half of LGBT+ people experienced depression in the last year • 14% of LGBT+ people have avoided treatment for fear of discrimination because they are LGBT+. • A fear of being subject to discrimination may be a valid reason why LGBT+ people might be apprehensive of particular care particularly care home 	

	environment (Man faced homophobic abuse in London care home, partner says Social care The Guardian)
Mitigations:	<p>We will ensure that we undertake a personalised and strengths based approach to the way we work with people, ensuring that people's individual preferences are considered. We will promote alternative models of care such as Direct Payments or Technology Enabled Care which enable people to live independently. Social Work staff are trained to consider all parts of individuals identity and needs when considering eligible needs and exploring with people about how best to meet their needs.</p> <p>As part of the ASC equalities plan we are undertaking work to ensure that we are better able to ask and record details of individuals' sexuality so we have more accurate picture of individual's sexuality who draw on care and support.</p> <p>Practitioners will need to consider individuals fears or apprehensions about receiving care in a specific setting (e.g. Care Home environment). Each individual will need to be treated on a case by case basis so these will need to be considered as part of formulating a plan with the individual about their needs will be met.</p>
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • The Equality Act 2010 applies to those who are pregnant or have given birth in the past 26 weeks, as well as making provisions to protect rights for breastfeeding. • Women with care and support needs who are pregnant or have children will fall into the remit of the Care Act so the application of this policy will impact them generally when considering their needs and how they can be met in a cost effective way. • We don't currently readily collect data on when individuals receiving care and support services who are a parent or are pregnant so its difficult to establish potential impact on this. • Around 80% of women will give birth and many women will also experience termination, miscarriage and stillbirth • In the workplace we need to ensure equal access to recruitment, personal development, promotion and retention for employees who are pregnant or on maternity leave (including briefing and updates for any workforce changes) • Ensure there is equality of opportunity for services in relation to pregnancy and maternity. This includes e.g. providing physical access when using prams and pushchairs, and availability of toilets and baby-changing facilities etc. , and flexible working patterns and service times for childcare arrangements • Women from minoritised ethnic backgrounds are more likely to experience complications at birth.
Mitigations:	<p>When we are working with parents or pregnant women we will ensure we are treating each individual on a case by case basis and not applying a blanket approach. We will need to ensure that practitioners can demonstrate that support offered to meet needs promotes individual wellbeing.</p> <p>Supporting an individual to carry out parenting or caring role is included within a domain of the Care Act 2014 and details are outlined in Paragraph 6.106 j of statutory guidance: '<i>j) Carrying out any caring responsibilities the adult has for a child - local authorities should consider any parenting or other caring responsibilities the person has</i>'</p> <p>We have a Disabled Parent's protocol agreed between Adult Care and Children and Families which our practitioners can use to support decision making around this.</p> <p>Better data collection is required as part of our recording to ensure we know numbers of potential parents or pregnant women who might receive care and support services, this will be added as an additional action to our EDI plan.</p>

Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Similarly to sexual orientation above, trans people are statistically more vulnerable to verbal and physical abuse. Trans people regularly face prejudice and discrimination because of the way in which they transgress many of the norms of our culture and society. • 1 in 8 trans people (12%) in the workplace have been physically attacked by customers or colleagues in the last year because they were trans <p>We have limited data on trans service users. There is a risk that reducing care costs limits the opportunity for people to have choice regarding their care arrangements.</p>
Mitigations:	<p>We need to ensure that we consider whether someone is or may be transgender and ensure that we work with people in a person-centred way using strengths based approaches to ensure that they are supported with choice and control over their care arrangements.</p> <p>We need to ensure that our LAS database system and recording on this accurately captures data where an individual is transgender so we can better understand the amount of transgender people who might need to draw on care and support.</p>
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"> • Minoritised Ethnic groups in Bristol experience greater disadvantage than in England and Wales as a whole in education and employment and this is particularly so for Black African people². • In the last census (2011) 16% of the population belonged to a Black, Asian or minority ethnic group and this is likely to be higher now. • The top three countries of birth outside UK for Bristol residents are Poland, Somalia and India. • Although the race or ethnicity pay gap has narrowed in recent years there are still wide pay differences between particular ethnic groups and most Minoritised Ethnic groups earn less on average than White British people. • Bangladeshi, Pakistani, and Black ethnic groups are more likely to live in deprived neighbourhoods; and the same groups and Chinese ethnicities are about twice as likely to live on a low income and experience child poverty compared to White groups • Black, Asian and minoritised ethnic households are less likely to own their home and more likely to living in overcrowded housing and intergenerational households. Bangladeshi and Pakistani groups are more likely to live in 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 other 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 peers⁸. 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 minoritised ethnic staff are under- represented. • People from Black African, and Black Caribbean groups have persistently high levels of unemployment and almost all ethnic minority groups in Bristol experience employment inequality when compared to White British people. • Black, Asian and other minoritised ethnic groups are more likely to be self-employed than the Bristol average and over-represented in low income self-employment including taxis, takeaway restaurants • People from minoritised ethnic backgrounds are underrepresented in political and civic leadership. • People who do not speak English as a main language may require information in plain English and community language translations or videos etc.

	<p>All the above points may mean that individuals from Black, Asian or minority ethnic groups might contribute to or impact on their ability to advocate for access to their preferred or identified care and support services for themselves or members of their family.</p> <p>Around 18 % of people who draw on ASC care and support belong to a Black, Asian or minority ethnic group, which is slightly higher than the Bristol population.</p> <p>There is a risk that an increase in providing most cost effective care and support provision could limit the opportunities for people from Black, Asian or minoritised ethnic groups to access personalised care which meets their cultural preferences or needs as well as ensures they feel safe and do not experience any form of racism in the way their care is delivered. These specific cultural needs might include dietary needs, skin or hair care, proximity to those of the opposite sex in certain scenario or access to religious places of worship. This could also reasonably include access to carers or social contacts with people who speak the same language or dialect.</p> <p>The percentage of individuals from Black, Asian or minority ethnic group who draw on care and support living at home is significantly higher (standing at around 30%) This means there is a potential for individuals from this background to be at increased likelihood of being more significantly impacted in relation to considerations around cost effectiveness when thinking about higher level needs.</p> <p>This could mean there might be an increase in consideration around offer of residential or nursing care to people from this background.</p> <p>There is a danger that people from minoritised communities might not be able to fully participate in the policy consultation if the policy isn't made available in their primary language.</p>
<p>Mitigations:</p>	<p>Each individual will be considered on a case-by-case basis when balancing the need to ensure best value and cost effective options the social worker. We will need to clearly demonstrate how we meet needs and that this offer will promote wellbeing.</p> <p>When assessing an individual's needs practitioners will need to ensure consideration around access to dietary needs (e.g. halal ; kosher foods) are included in the assessment</p> <p>We will ensure that we work alongside people in a person-centred and strengths-based way and consider how their ethnicity may impact on the care and support they need or prefer. We will ensure that we work with VCSE partners and care providers who focus on supporting people from Black, Asian and minoritised ethnic communities to ensure that we understand the needs of the communities they work with and are able to provide this.</p> <p>We also promote the use of Direct payments which will give greater choice and control from individuals about how needs are met. This can also allow recruitment of PA's who have the right skills to meet individual cultural language and religious needs.</p> <p>We will approach wider partners from minoritised communities and groups through our established Equalities forum and other VCSE partners to ask if they require the policy to be translated into any specific languages in advance of formal consultation. Any subsequent requests for other language translations following the start of the formal consultation will also be provided and if necessary we will extend the consultation period to ensure there is sufficient time to provide translated documents and enable feedback and engagement from the effected groups/ individuals.</p>
<p>Religion or Belief</p>	<p>Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Potential impacts:</p>	<ul style="list-style-type: none"> • There are at least 45 religions represented in Bristol. Approximately 1 in 20 people in Bristol are Muslim, and Islam is the second religion in Bristol after Christianity • Budget proposals should take into account differing needs because of people's religion and belief (for example different requirements around diet, life events, and holidays)

	<ul style="list-style-type: none"> • Having a designated multi-faith room can make environments such as workplaces and shopping centres is more accessible and friendly for people from faith groups where regular prayer is required. <p>There is a risk that an increase in providing most cost-effective care and support provision could limit the opportunities for people from specific religious beliefs might not have their specific needs met. For example, care homes not enabling an individual to attend religious ceremonies or services. These specific religious needs might include dietary needs, e.g. halal or kosher and could include proximity to those of the opposite sex in certain scenario such as personal care.</p> <p>There is a risk care and support needs associated with religion may not be being met due to cost or lack of availability.</p>
Mitigations:	<p>Each case will be considered on a case-by-case basis and Social Workers will need to demonstrate that needs relating to religion will be considered as part of the assessment and that identified needs are met.</p> <p>In line with Care and Support Statutory guidance paragraph 1.14: <i>‘Where particular views, feelings or beliefs (including religious beliefs) impact on the choices that a person may wish to make about their care, these should be taken into account.’</i></p> <p>We will ensure that religion or belief is considered when we undertake assessments with people and that their care and support is delivered in a way which supports and recognises this within the means available.</p> <p>If there are specific care and support needs identified to enable someone to access to religious services, washing or carry out religious customs or activities or have specific dietary needs then we have a duty to ensure those needs are met.</p> <p>We will promote use of flexibility around direct payments as an alternative way to enable cultural and religious needs are met.</p>
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. • There are an estimated 29,045 households living in fuel poverty in Bristol, 14.4% of all households (BEIS, 2022) • 4.6% of households have experienced moderate to severe food insecurity, rising to 11.2% in the most deprived areas of the city (QoL 2021-22) • 34.6% of people in Bristol are dissatisfied with the way the Council runs things, but this is 47.5% for people living in the most deprived areas of the city (QoL 2021-22). • The inequalities gap in life expectancy between the most and least deprived areas in Bristol is 9.9 years for men and 6.7 years for women. <p>There is a risk that people living in the most deprived areas who draw on ASC care and support the most are not provided with enough support due to reduction in spend.</p>

Mitigations:	<p>Through working with Locality Partnerships we will focus on specific needs related to health and wellbeing in specific area of Bristol, ensuring that we work in partnership with NHS and other partners to focus on addressing the specific issues we have identified. This new policy requires adherence to both Care Act duties alongside our need to adhere to Human Rights Act 1998.</p> <p>We will continue to treat each assessment, reassessment and review on a case by case basis to ensure that any plan to meet eligible needs will promote wellbeing and adhere to Human Rights Act,. We will ensure the individual fully participates in the assessment and support planning stage (including using advocacy services if required) and seek to reach agreement wherever possible about proposed policy.</p> <p>If agreement cannot be reached around proposed service, the individual can use our formal complaints process to challenge if they think the decision does not adequately meet their needs. This point has been clearly included in our policy.</p>
Carers	Does your analysis indicate a disproportionate impact? Yes <input checked="" 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. • 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_ <p>We know there are around 40,000 people residing in Bristol who identify as unpaid carers and many more who provide care to someone but do not identify as an unpaid carer. Over a quarter of these carers provide ten or more hours of care and support to someone who they care for. Unpaid carers provide a huge amount of support for people who draw on care and support as well as prevent people they care for from requiring care and support from ASC. There is a risk that any reduction in spend on ASC support, will impact on Carers and require them to provide additional support which impacts on their health and wellbeing. This approach could result in more individuals being accommodated in nursing or residential care homes, or might increase level of demand on unpaid carers.</p>
Mitigations:	We will ensure that we work closely with Carers and offer Carers assessments for any one we identify as a Carer. There are a range of ways we can support carers to continue in their caring role such as one-off direct payments and access to other support. When considering any change in circumstances or needs practitioners will need to ensure that they work in partnership with carers to ensure they continue to be willing and able to continue their role. Any proposed change in support plan would need to recognise the potential impact on carers and work with service user and carer to seek agreement agreed with proposed plan.
Other groups [Please add additional rows below to detail the impact for other relevant groups as appropriate e.g. Asylums and Refugees; Looked after Children / Care Leavers; Homelessness]	
Potential impacts:	
Mitigations:	

3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our [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 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.

The Fair and Affordable care policy proposals are aligned to our Corporate Strategy and although we have limited resources our future focus will be on ensuring that sufficient budget is made available for all Bristol Citizens who require care and support.

This policy will support effective use of public sector resources to promote best value, cost effectiveness and support us to have sufficient resource for the whole population in line with Care Act statutory guidance.

By developing this policy, we are providing a transparent and accessible document for Bristol citizens who might draw on care and support services (and their families) to show our statutory requirements to offer an assessment of need, to meet eligible needs and promote wellbeing, and ensure that any proposed services promote wellbeing. It also clearly defines BCC's responsibilities to try and seek agreement with individuals about how needs will be met, as well as how decisions can be challenged.

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:

People who draw on care and support services are more likely to be disproportionately impacted on the basis of Disability and age, as well as other protected characteristics which may be over-represented in the cohort. It is therefore essential that we assess people individually, in a strengths-based way and ensure that people do not experience any negative impact of any reduction in support that increases inequality. We can address this through ensuring that we work alongside people when we undertake assessments and arrange support, taking a strengths-based approach which considers the impact of any protected characteristics on their lives and how their support needs to address this. 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 aren't breached.

We have made significant amendments to the proposed policy as part of Equalities Impact Assessment work and associated engagement work with equalities and wider groups. This has resulted in good engagement from people with lived experience to ensure policy is more accessible and more clearly articulates the position of Bristol City Council.

We have updated our existing practice guidance around assessment and support planning which will further outline our approach to managing our duties and meeting individual needs. This will describe the ways in which we will arrange care in a manner that reflects the choice and preferences of individuals but balances the need for us to arrange care that is sufficient to meet eligible needs whilst always looking to make best value of the finite resources available to us. We will also be providing clear guidance and training to practitioners on the way we support

and assess people as well as peer support meetings and case discussion forums to ensure people are making consistent decisions around use of resources and funding. We will closely monitor any gaps in care provision and ensure that we address this through our commissioning approach.

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

There is an opportunity to ensure that we provide more personalised support using more diverse models of care and support which supports people with protected characteristics to live independently. Practitioners are experienced and trained in addressing identifying inequalities and addressing discrimination and working alongside people to ensure that any care and support considers individuality and supports and cultural needs which they have. Our fair and affordable care policy will provide guidance and enable consistency in practice which should avoid any risk of not considering the needs of people with protected characteristics in the way we support them.

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
Continued meetings of Equalities forum with VCSE and community organisations to keep them informed and respond to specific questions/ concerns/ feedback.	Hugh Evans/ Stephen Beet/ Jamie Mahood	Monthly
Update adult care practice guidance and training around support planning for all relevant staff along with bespoke workshops to help to staff to implement practice. To include consultation and communications. This will be added to our staff induction plan.	Jamie Mahood	June 2023
Policy and practice to be completent by new finance governance process (achieved)	Maria Hamood	March 2023
All relevant EqlAs 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.	Jamie Mahood	June 2023

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)

We will monitor equalities data in relation to people who draw on care and support to ensure there is not any adverse impact on any particular group. We will review this policy annually using our equalities group and will share data on any changes to how we provide care and support services, in terms of numbers, type of services and demographic details of individuals who receive care and support.

We will look to introduced more standardised feedback direct from service users who draw on care and support services after intervention to see if there has been any discernible change to their experience.

This EqIA is to be updated if anything changes throughout this process.

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:
Date: 28.07.2023	30/6/2023

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.