SOUTH GLOUCESTERSHIRE COUNCIL

EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

Better Care Stronger Communities Funding 2023-2026

Equality Impact Assessment and Analysis - Evaluation Tool

NB. The process of completing this form should be commenced at the start of any project. This form should be used for any service changes and for periodic reviews of data i.e. this form is to be updated on a regular basis.

Name of service / function / issue under consideration:	Better Care Stronger Communities Funding 2023-2026

Date of the last completed EqIAA relating to the service / function / issue under consideration:	30 October 2019

Context:	Since 2015, the Better Care Stronger Communities budget has commissioned the following activities/services: • Activities to support carers • Stroke support • Dementia awareness and support • HIV support • Volunteers to befriend older people • Post-natal depression support • Volunteers to support women that have suffered trauma In 2014 CAH funding for voluntary sector partners was refocused to support positive outcomes for people and complement the objectives of Children, Adults and Health services. A tendering process was undertaken and from 1 April 2015 the CAH department issued 3 year contracts to successful providers. Since 2018 contracts have been extended incrementally. These contracts are due to cease on 31 March 2022. We have completed a commissioning assessment which reviewed the existing contracts, cohorts of services and demographics and working with our colleagues in Public Health identified gaps in commissioning. One of the key gaps identified was the deaf community and services to support wellbeing for this cohort. This funding supports Priority 2 of the Council Plan to identify and support those most in need and helping people to help themselves. Working proactively with individuals and communities in a way which prevents the development of complex health and social care needs and reduces social and health inequalities. People will have the information they need to make decisions about their own health and wellbeing and will then be able to retain control over their day to day lives and wellbeing. In addition to the Council Plan, Better Care Stronger Communities funding supports and aligns with the Carers Strategy, Ageing Better Plan, Health and Wellbeing Board Strategy, Aspirations of the Locality Partnership, supporting the South Gloucestershire Council Commissioning Transformation Plans and supports the Join Strategic Needs Assessment. We will be consulting with the sector and public on the recommissioning of the Better Care Stronger Communities budget and we will be doing a thorough and robust procurement. We will be working with the Keep It Local principles and in partnership with CVS South Gloucestershire will decide on which cohorts we can directly award contracts.

DEMAND	**Is there any indication or evidence (locally or nationally) that different groups will have different needs, experiences, issues or priorities in relation to service / function / issue under consideration?** *NB. Primary source of evidence should be locally collected evidence; if none is available, national data can be used in its place.*	Age	Yes ☒	No ☐	Don't Know ☐
		Disability	Yes ☒	No ☐	Don't Know ☐
		Gender Reassignment	Yes ☒	No ☐	Don't Know ☐
		Marriage & Civil Partnership	Yes ☒	No ☐	Don't Know ☐
		Pregnancy & Maternity	Yes ☒	No ☐	Don't Know ☐
		Race	Yes ☒	No ☐	Don't Know ☐
		Religion or Belief	Yes ☒	No ☐	Don't Know ☐
		Sex	Yes ☒	No ☐	Don't Know ☐
		Sexual Orientation	Yes ☒	No ☐	Don't Know ☐
		More information is needed	☒		

OUTCOMES	**Is there any indication or evidence (locally or nationally) that different groups will have participation levels, satisfaction levels or outcomes in relation to service / function / issue under consideration?** *NB. Primary source of evidence should be locally collected evidence; if none is available, national data can be used in its place.*	Age	Yes ☒	No ☐	Don't Know ☐
		Disability	Yes ☒	No ☐	Don't Know ☐
		Gender Reassignment	Yes ☒	No ☐	Don't Know ☐
		Marriage & Civil Partnership	Yes ☒	No ☐	Don't Know ☐
		Pregnancy & Maternity	Yes ☒	No ☐	Don't Know ☐
		Race	Yes ☒	No ☐	Don't Know ☐
		Religion or Belief	Yes ☒	No ☐	Don't Know ☐
		Sex	Yes ☒	No ☐	Don't Know ☐
		Sexual Orientation	Yes ☒	No ☐	Don't Know ☐
		More information is needed	☒		

Describe the evidence and what it tells you.

According to Office for National Statistics (ONS) projections, South Gloucestershire is home to 295,896 residents and the population is growing. Overall the population tends to experience better than national average outcomes, such as higher life expectancy and lower levels of poverty and deprivation. It is important to note, however, that the area is not uniform, with variation in demographics and outcomes across the area.

South Gloucestershire JNSA Demographic (1)

	2016 Estimate (1)	2039 Projection(2)
Total population	277,600	330,800
Older people aged 50 years and over	103,800	134,600
Older people aged 65 years and over	51,400	79,200
Percentage of older people aged 65 years and over	18.5%	23.9%

Sources:

(1) ONS 2016 Mid-Year Population Estimate
(2) ONS 2014-based Sub-National Population Projections.

According to population projections, 19% of the South Gloucestershire population is over the age of 65, which is lower than the proportion for the South West (23%). The 65+ population has increased by 50% between 2002 and 2020 and is estimated to make the largest proportional increase over the next two decades, increasing by a further 37% by 2043. The biggest proportional growth us predicted to b in males and females aged 90+.

Life Expectancy

Overall the health of South Gloucestershire is good. Life expectancy in South Gloucestershire is 84 years for females and 82 years for males (OHID, Fingertips). As we know 19% of the South Gloucestershire population is over the age of 65, and this group is predicted to grow and make the largest proportional population increase over the next two decades (ONS, Population Projections).

Life expectancy in England has risen by more than five years in the past two decades, yet these increases have not been matched by an increase in healthy life expectancy (OHID, Fingertips). Promoting productive healthy ageing is therefore an imperative.

In South Gloucestershire, an average of 16.3 years are spent in poor health by men and 17.4 years by women (OHID, Fingertips) and the Global Burden of Disease Report highlights a national increase in the number of years lived with a disability (GBD, 2019).

Ageing Well

Based on the 2011 census figures it is estimated that there are currently approximately 23,000 people aged 65 or over with a limiting long term illness that limits their day to day activities, this figure is predicted to rise to 33,400 by 2030. Of those aged 18-64, it is estimated that there are approximately 16,900 with a moderate or severe physical disability, a figure set to rise to 18,000 by 2030.

Ageing Well Inequalities

There are various determinants of poor health of older people which occur throughout life and which result in inequalities in health, wellbeing and independence in older age. Levels of obesity, physical inactivity and social isolation all reduce the chance of living disability-free for longer, and these risk factors can also have consequences such as loss of work and dependence on the state, family and friends.

There are also particular needs and inequalities that exist within the older adult population that need to be considered to ensure that all adults have access to the services and support they need to have the best chance of being healthy, happy and active into later life.

South Gloucestershire locality has key characteristics including:

- It has a higher proportion of older aged residents compared to many other localities, therefore there may be a higher prevalence of age-related underlying and co-morbidity conditions.
- Being largely rural, access to services may be an issue for some in remote locations
- Mental Health issues may be exasperated by rural social isolation and mobility.(1)

Ethnicity
South Gloucestershire had a black and minority ethnic population of 5% in 2011 – defined as the ethnic groups other than White. This has increased from 2.2% in 2001 but remains substantially lower than the England and Wales average of 14%. The largest ethnic groups were Asian (2%), Mixed (1%) and Black (1%). The White Gypsy or Traveler population is around 270 (0.1%). Younger age groups have the highest proportion of ethnic minorities.

The government estimates that 5-7% of the population are lesbian, gay or bisexual, so based on the 2015 population figures an estimated 16,500 people in South Gloucestershire are lesbian, gay or bisexual (estimate 13,800 – 19,200).

Men who have sex with men (MSM) are at higher risk of a number of poor sexual health outcomes including higher rates of sexually transmitted infections. HIV diagnoses amongst MSM continue to surpass the number among heterosexuals. This would give an estimate for South Gloucestershire of between 2,000 and 13,000 MSM, with a predicted figure of 8,000 MSM.

National Statistics (2)
In 2010, the Equality and Human Rights Commission (EHRC) produced its first progress report on equality, entitled *How Fair is Britain?* In October 2015, the EHRC published its follow-up report on both equality and human rights, entitled *Is Britain Fairer?* Taken from ***"Is Britain Fairer? The state of equality and human rights 2015"*** - the Equality and Human Rights Commission's statutory five-yearly report on equality and human rights progress in England, Scotland and Wales.

The report found that there is a need to **Improve the evidence and the ability to assess how fair society is –** The nature of the disadvantages faced by some vulnerable people (for example, the fast-growing numbers of people in their 80s/90s, transgender people, Gypsies and Travellers, …) risks rendering them 'invisible'. Greater effort is needed to identify the scale and nature of the issues affecting people with these and other characteristics.

The following conclusions, relevant to this impact assessment, were included in the report:

Age & Disability
Older disabled people who experience disadvantage were significantly less likely than nondisabled older people to report that they were receiving the practical support they need. This was also the case for older women aged 65 and over.

Access to public and community transport – a key means of combating social isolation for people without the opportunity/means to use other types of transport – was affected by funding cuts.

Overall life expectancy rose and the gender gap narrowed. However, some people, such as those with learning disabilities and serious mental illness, Gypsies and Travellers, and homeless people had lower life expectancy rates than the general population.

In the next 20 years there are likely to be more people with 'complex health needs' (more than one health problem) who require a combination of health and social care services. For example, the percentage of people over 85 will double.

The Social Metric Commission – Measuring Poverty 2019 (3) report echoes the finding from last year that nearly half of people in poverty live in a family that includes someone who is disabled. New analysis this year shows that, while the majority (76%) of people in poverty live in a family where the head of household is White, poverty rates among ethnic minority households are as high as 46%. The Disability Price Tag 2019 policy report (4) states that on average, disabled adults face extra costs of £583 per month for: specialist goods and services (equipment, home adaptions & therapies), greater use of non-specialist goods and services (energy & transport) and higher costs of non-specialist good and services (insurance.

Mental Health
The Mental Health Foundation 2016 report Fundamental Facts About Mental Health (6) states that nearly half (43.4%) of adults in the UK think that they have had a diagnosable mental health condition at some

point in their life (35.2% of men and 51.2% of women). A fifth of men (19.5%) and a third of women (33.7%) have had diagnoses confirmed by professionals.

A third of people (36.2%) who self-identified as having a mental health problem in the 2014 Adult Psychiatric Morbidity Survey (APMS) have never been diagnosed by a professional.

In 2014, 19.7% of people in the UK aged 16 and older showed symptoms of anxiety or depression – a 1.5% increase from 2013. This percentage was higher among females (22.5%) than males (16.8%).

The APMS (2014) reports that, in England, the rates of common mental health problems are highest in the South West (20.9%).

The demographic inequalities in the prevalence and risks associated with mental health problems are reflected in treatment. People who are white British, female or in mid-life are more likely to receive treatment, while people in black ethnic groups have particularly low treatment rates. People with low incomes are more likely to have requested but not received mental health treatment.

Hearing Loss
Hearing loss affects one in six of the population, or eleven million people in the UK. By 2035 it is estimated that there will be 15.6 million people with a hearing loss in the UK. NHS England's Action Plan on Hearing Loss states that hearing loss is responsible for "enormous personal, social and economic impact throughout life. People with hearing loss may find it difficult to communicate with friends, family and health and social care professionals and are greater risk of social isolation, anxiety, depression and dementia. There is good evidence that hearing aids reduce these risks and improve quality of life, but many people are waiting too long to get their hearing tested. Evidence suggests that people wait on average ten years before seeking help for their hearing loss. People who are deaf and use British Sign Language (BSL) are a linguistic and cultural minority who also require culturally sensitive care and support to ensure they can communicate effectively; including the provision of communication support and specialist care

It is estimated that around one in every ten adults are affected by tinnitus with recent data showing this increases to nearly 17% of 40 to 60 year olds and 25-30% of over 70.

The most common cause of hearing loss is ageing; the prevalence and severity of hearing loss increases with age. More than 70% of people over 70 have some degree of hearing loss and approximately 40% of over 50 year-olds have some form of hearing loss.

The second most common form of hearing loss after age-related hearing loss is noise.

British Sign Language (BSL) may be the first, or preferred, language for people who are deaf, particularly those people who have been born deaf or have become deaf early in life. Deaf BSL users usually see themselves as constituting a linguistic/cultural minority known as the deaf community. For most hard of hearing people spoken language is their only language. This group includes deafened people, who typically have a sudden onset of severe or profound hearing loss. This can be as a result of a trauma or illness.

Carers - summary
Whilst caring is not a protected characteristic under the Equality Act 2010, carers often face multiple disadvantage as a result of their caring role. Given that a significant proportion of the Better Care Stronger Communities Funding directly benefits carers, this section sets out the ways in which caring can challenge people's financial wellbeing, physical, emotional and mental health and opportunities to work and contribute to society. Young carers are at risk of poorer health and educational outcomes than their peers, and these impacts often carry forward into adulthood.

Department of Health and Social Care Carers Action Plan 2018 – 2020 – Supporting Carers Today
The action plan recognises the need to be alert and responsive to carers needs, to avoid compromising their health and wellbeing, and the wellbeing of the recipients of their care.

It recognises the impact of the ageing population on the numbers of people providing care and estimates that the number of disabled older adults (65+) receiving informal care in England will increase from around

2.2 million in 2015 to around 3.5 million by 2035, which represents an increase of 63% (Wittenburg and Hu, 2015).

The action plan recognises that carers can feel they are on their own, and do not feel respected, valued and supported for the huge contribution they make. They feel that what they do is sometimes taken for granted and overlooked, which often takes a toll on their own wellbeing. Carers can face emotional challenges and difficulties in navigating health and care systems.

The government's carers' Call for Evidence consultation in 2016 highlighted the pride and satisfaction carers take in their caring roles. They also raised practical frustrations and the impact caring has on their on their own health and lives outside caring. Five themes emerged from the responses: services and systems that work for carers, employment and financial wellbeing, supporting young carers at risk of poorer health and wellbeing and poor education outcomes, recognising and supporting carers in the wider community and society and building research and evidence to improve outcomes for carers

Incidence of caring in South Gloucestershire
Data from the 2011 Census shows there are 27,639 carers in South Gloucestershire – 14.7% of the total population are carers, slightly above the national average of 10.3%. The proportion of older adults aged 50 and over who are caring is higher than the national average. Recent polling published by Carers UK has suggested there could now be as many as 8.8 million adult carers in the UK, compared to 6.3 million adult carers recorded in the 2011 Census. Around 20% of the carers in South Gloucestershire are registered as carers, a figure which all partners are working to increase. However a large number of carers may be caring without support or information, and remain hidden.

- 5,384 provide care for more than 50 hours per week
- There are 1,384 young carers (children under 16)
- There are 3,916 young adult carers (16 to 24 years old)
- 1 in 3 local carers provide unpaid care for more than 20 hours every week
- Many carers are themselves older people living with complex and multiple long-term conditions
- People aged 65 and over in South Glos providing unpaid care to a partner, family member or other person, by age, was 8,239 in 2020 and is projected to rise to 10,703 by 2040 (2)
- People providing high levels of care are twice as likely to be permanently sick or disabled
- In the UK 625,000 people suffer mental and physical ill health as a direct consequence of the stress and physical demands of caring.
- 58% of carers are women and 42% are men

There are an estimated 13.6 million unpaid carers in the UK today. Most of these unpaid carers, 9.1 million, were already caring before the Covid-19 pandemic. 4.5 million people have started providing unpaid care since then. This represents nearly a 50% increase in the number of unpaid carers since the Covid-19 crisis began.

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17% of the general public were already providing unpaid care before the Covid-19 crisis. This equates to an estimated 9.1 million or one in every six adults. Carers can find themselves in poverty or financial hardship, struggling to make ends meet for themselves and the people they care for. Caring can also seriously affect health, wellbeing and relationships.[1]

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Please see the Joint Carers Strategy 2017 – 2020 for further demographic details. https://edocs.southglos.gov.uk/carersstrategy/

For information on the new Carers Strategy 2022-27:
Carers Strategy 2022-27 | South Gloucestershire Council (southglos.gov.uk)

Projected Increase in the number of older carers. The number of people aged 65 and over in South Gloucestershire who are carers is set to rise significantly. Britain's demographic trajectory – in particular it's greying population – is creating new kinds of chronic disadvantage. Over the next decade there will be a steep increase in the demand for personal care for older people

Projections in the number of people aged 65 and over who are caring

	Number of people aged 65 & over who are caring	Percentage increase from 2015 figures
2015	7,798	
2020	8,425	8%
2025	9,234	18%
2030	10,442	34%

Wellbeing Impacts
The State of Caring Report 2019 Carers UK
This report encompasses the views of 7,500 across the country and is produced on an annual basis.

The state of caring survey showed some of the self-reported outcomes of the caring role, impacting on health and wellbeing with over a quarter of carers saying their mental or physical health is bad or very bad and more likely to report a long term condition themselves.

The impact on employment is vast and varied with only 4% of respondents saying that caring has had no impact on their capacity to work.

For Sandwich carers, 85% had been forced to give up work to care. Sandwich carers juggle working, supporting ageing parents and sometimes dependent children or grandchildren. This often means a concentration of informal care provision falling on a relatively small group in middle age, and often carers decide to stop work to enable allow them time to care. A third were caring round the clock and the vast majority of these carers (85%) had been forced to give up work to care.

Women were four times more likely than men to have given up work because of multiple caring responsibilities.

Almost two thirds of carers (64%) say that they have focused on the care needs of the person they care for, and not on their own needs. Carers who have been caring for over 15 years were more likely to report poorer health with 28% describing their physical health as bad or very bad and 27% describing their mental health as bad or very bad. Carers looking after disabled children under the age of 18 reported significantly poorer mental health – 36% described their mental health as bad or very bad. 26% of these carers described their physical health as bad or very bad.

Carers are seven times more likely to say they are always or often lonely compared with the general population. Over half (54%) of the population say they are never or hardly ever lonely compared with just 1 in 6 (18%) unpaid carers. Overall, 8 in 10 (81%) of all carers reported having ever felt lonely or isolated as a result of their caring role.

This year's survey found that one in five carers (21%) neither buy nor receive support with caring.

GP Patient Survey
The most recent GP Patient survey in England found that carers are more likely to report having a long term condition, disability or illness – 61% of carers compared to 50% of non-carers. In the same survey 62% of carers reported trouble with day to day activity compared to 57% of non-carers.

National Department of Health Carers Survey 2018 – 2019
The Survey of Adult Carers in England (SACE) is undertaken every two years. 2018-19 is the 4th Carers Survey. The results are drawn from the responses of 289 South Gloucestershire carers, who had received a carer's assessment in the previous year. The response rate was 64.2%. The results are used to populate a number of measures in the Adult Social Care Outcomes Framework (ASCOF).

Responses
The general trend nationally, regionally and in South Gloucestershire is a decline in carer satisfaction. The following measures have all shown a decline in performance:
1D: Carer reported quality of life

1I2: Proportion of carers who reported they had as much social contact as they would like
3B: Overall satisfaction of carers with social services
3D2: Proportion of carers who find it easy to find information about services

The following indicator showed an improvement in performance:
3C: The proportion of carers who report they have been included or consulted in discussions about the person they care for.

An analysis of the comments offered by carers highlighted the following issues:

- Issues with support in hospital and discharge
- Waiting times for services and assessment from the council for the cared for person
- Mixed feedback on the support from GPs
- Issues with respite availability and quality
- Cost of services being prohibitive and the financial burden of caring
- Emotional and physical burden of caring and lack of support with these issues
- Anxiety about the future
- Carers feeling exhausted.

Dementia Strategy Consultation 2016
The dementia strategy consultation in 2106 received 53 responses in total. We asked 'what is currently working well for people with dementia in South Gloucestershire' 21 comments stated Voluntary and Community Sector - support and activities.

Ageing Better Plan Consultation 2018
The Ageing Better Plan consultation in 2017 received 114 responses in total. We asked 'which areas we should focus on' the most popular area was transport with 67%, followed by social isolation, wellbeing and mental health (60%) and physical health and care (59%). Living with dementia, carers and equalities each received (32%) of comments.

Better Care Stronger Communities Consultation 2019
There were a total of 395 responses to the consultation survey of these 94.9% were from individuals and 5.1% were from organisations. 91% of individual respondents to this survey disagree with the proposed reductions with 84% of those strongly disagreeing. Only 6% of respondents agreed.

16 organisation respondents indicated that they do receive funding from South Gloucestershire Council whilst 4 respondents indicated that they do not.

19 organisation respondents felt that 0-10% would represent a modest reduction to this service. 16 respondents felt up to 20% would represent a significant reduction. 15 respondents felt that this would result in partial delivery of the service if there was a modest reduction and 17 respondents felt that this would result in partial delivery of the service if there was a significant reduction.

Attendees at the consultation events also stated strongly that an equitable reduction should be made across all services.

The data, full talbles below, from the consultation shows:

- People between the ages of 25 and 65 were more likely than average to have been involved in work targeted at Carers as were people from BAME backgrounds, people identifying with minority religions in South Gloucestershire, Bisexual, Gay Females and people identifying their sexual orientation as 'Other'.
- Befriending support was more likely than average to be accessed by respondents who were over 75, People identifying as Disabled and people identifying as Christian.

- Stroke support was more likely than average to be accessed by respondents who were 56 – 65, Males, people with a physical impairment, people identifying as having no disability, people identifying as White British, people identifying as Christian and people identifying as having no religion.
- Dysphasia Support was more likely than average to be accessed by respondents who were 75 and over, Males, people with a physical impairment, People identifying as Disabled, people identifying as White British and people identifying as Christian
- Dementia Support was more likely than average to be accessed by respondents who were 75 and over, people with a mental health condition, people identifying as having a disability described as 'Other', people from BAME backgrounds, people identifying as Christian and people identifying as, Hindu and people identifying their sexual orientation as 'Other'.
- HIV Support was more likely than average to be accessed by respondents who were 45 – 65, Female, those describing their Gender as 'Other', people identifying as having a disability described as 'Other', people from BAME backgrounds, people identifying as Christian, people identifying as having no religion and Gay Males.
- Post Natal Depression support was more likely than average to be accessed by respondents who were 26 – 35.
- Mental Health Befriending support was more likely than average to be accessed by respondents who were 16 – 45, Female, people with a physical impairment, people with a Mental Health Condition, people identifying as having a disability described as 'Other',, Disabled People, people from BAME backgrounds, people identifying as Muslim, people identifying as Bisexual.
- Other types of support were more likely than average to be mentioned by 26 – 35, people aged 56 – 65, people aged 75+, Females, people with Physical, Sensory and Mental Health conditions, people identifying as Hindu, people identifying as Sikh and people identifying as Bisexual.

The vast majority of respondents (91%) disagreed with the proposed reductions. In particular:
People aged Under 16
People aged 26 – 35
People identifying their gender as 'Other'
People with a Sensory Impairment
People with a Learning Difficulty/Disability
People identifying their religion as Buddhist
People identifying their religion as Hindu
People identifying their religion as Muslim
People identifying as Gay Male
People identifying as Gay Female
People identifying their sexual Orientation as 'Other'

Other Considerations
In March 2018 a small number of activities supported by Better Care Stronger Communities Funding were ceased at the end of the contract term. These activites also supported individuals from equalities groupings including: Shop Mobility, exercise classes for people with muscular schlorosis, a senior cinema, carers choir, carers group for carers from South Asian communities, support to prevent hoarding and support establish appropriate housing options. These reductions combined with the proposals outlined in this report generate a cumulitive effect on the voluntary sector in South Glos.

We have also identified a gap in provision for specific equlaties groups including support for deaf people and those that have a phyisical disability. Any support for these groups in the future will need to be met from the Better Care Stronger Communities Fund. The limitied funding available means that we will have to make difficult decisions in relation to the levels of funding awarded to each area of work that supports equalities groups and those with protected charteristics. An example of where this has previously occurred is a small element of domestic abuse funding for women was allocated to support men that suffer domestic abuse.

Impact on Protected Characteristic groups:
Positive: Low ☐ Moderate ☐ Substantial ☒

Negative: Low ☐ Moderate ☐ Substantial ☒ Catastrophic ☐

Impact on Council reputation: Positive ☐ Negative ☒ Neutral ☐

Financial Implications: Small ☐ Medium ☐ High ☒

Explain why the above check boxes have been selected:
The evidence shows us that that we have significantly ageing population and higher numbers of carers with additional health needs that require access to an appropriate level of support and services to meet those needs. This is combined with a shrinking public purse and additional calls on the Council's funding for statutory services. The impact of caring at any age significantly affects people's health and wellbeing, financial situation, ability to work and contribute to society. The impact on young carers can last well into adulthood, with them experiencing disadvantage across a range of domains. It is vital that carers can access information, support and services in a timely and targeted way, to reduce the impacts of caring and help them sustain the caring role if this is what they wish to do.

The numbers of people living in South Gloucestershire that have protected characteristics is proportionally small but is also growing as highlighted in demographic changes noted in Census data.

Older people need services available within their local communities as reduced mobility and long term health conditions can make it difficult to get to activities. Services that are not within an easy walking distance or do not have good transport links can be inaccessible.

List the Sources of evidence you have used:

1. South Gloucestershire JNSA - http://edocs.southglos.gov.uk/jsna2017
2. "*Is Britain Fairer? The state of equality and human rights 2015"* - the Equality and Human Rights Commission's statutory five-yearly report on equality and human rights progress in England, Scotland and Wales https://www.equalityhumanrights.com/en/britain-fairer
3. The Social Metric Commission – Measuring Poverty 2019
4. The Disability Price Tag 2019 policy report – SCOPE
5. Mental Health Foundation. (2016). Fundamental Facts About Mental Health 2016. Mental Health Foundation: London.
6. Department of Health and Social Care Carers Action Plan 2018 – 2020 – Supporting Carers Today
7. The government's Carers' Call for Evidence consultation in 2016
8. South Gloucestershire Joint Carers' Strategy 2017 - 2020
9. The State of Caring Report 2019 Carers UK
10. GP Patient Survey
11. National Department of Health Carers Survey 2018 – 2019
12. Shaping our future: Improving Assessment and Support for Young Carers' Transition into Adulthood Department of Health and Children's Society
13. South Gloucestershire Young Carers Online Pupil Survey 2018 Report
14. Association of Directors of Adult Social Services: A Guide to Efficient and Effective Interventions for Implementing the Care Act
15. South Gloucestershire Dementia Strategy consultation 2016
16. South Gloucestershire Ageing Better Plan consulation 2018
17. South Gloucestershire Better Care Stronger Communties consulttion 2019

Considering the evidence and what it tells you about impacts, are there any actions that are currently being taken which mitigate negative impact and/or improve on a positive impact?
If so, describe them below – are the actions mitigating impact as expected? How do you know this?

The budget will focus on having an increased positive impact on equalities and protected characteristic groups.

We will work with the voluntary sector to deliver services and activities efficiently, within the given allocation. We will work together to ensure that funding and service delivery aligns to identified need and gaps.

We will ensure the following:

- Adequate safeguarding measures are in place for all contracted providers
- All partners will receive equalities training
- Robust monitoring of the service/activities will be in place, to include detailed demographics and equalities data. This information will be reviewed to ensure the service is providing a service across all demographics and isn't bias towards to one characteristic.

Better Care Stronger Communities Funding Allocation
We currently allocate Better Care Stronger Communities Funding under the following broad headings:

Stroke Support	Carers Activities	Carers Groups
Dementia Support & Awareness	HIV Support	Mental Health Support
Loneliness & Isolation		

We currently have gaps in the following areas:

Hearing Loss Support	Physical Disabilities	

We propose that we use all of the headings noted above, with an equitable but not equal allocation of funding for each area, which organisations will bid into. The allocation will be based on population data and known demand for services. We will work with the VCS South Gloucestershire to validate our decisions and decide which contracts can be directly awarded and which will have a competitive procurement process.

What further actions will be taken?

To mitigate these risks equalities and protected groups will be given a significant weighting, in the assessment criteria, when evaluating bids and tender proposals. We will seek clarification and understanding of how each proposal will support the various equalities and protected characteristic groupings, beyond the target audience of the proposal.

We propose a workshop session for all voluntary sector providers in 2023 to improve awareness of equalities, acquiring equalities information from clients and recording data to share in monitoring returns.

In 2019 we worked with the voluntary sector to co-produce an outcomes framework to demonstrate the impact of Better Care Stronger Communities funding. We have reviewed and updated the proposed outcomes framework to ensure it supports the delivery of impact for equalities and protected characteristic groups. We will consult with the sector on our outcomes framework proposal.

The Carers Advisory Partnership is a multi-agency partnership that oversees services and support to carers. The Partnership will continue to bring agencies together to embed the identification and signposting of carers across partners. However this relies on a core service for carers, a hub of information and support that carers can be referred to.

The council is moving towards adult care staff assessing and meeting carers needs and outcomes alongside their conversations with service users. Whilst this is a positive development that will support the development of interventions that will meet both service user and carer outcomes, there remains a large proportion of unidentified carers, who require support and information.

Conclusions
A full EqIAA is required, tick here: ☐ (this may take 6 to 12 months to complete)
Your conclusions text here will need to be inserted into any Committee Report or Director Decision Report so that decision makers are fully aware of the equalities implications.

There will likely be a positive impact on equalities and protected characteristic groups including:
older people, disabled people, carers, people with poor mental health and homosexuals. Although the budget to deliver services within these cohorts is not increasing, we will continue to fund services and we will start to commission services for deaf people

In addition to this we have introduced the 3 Conversations into our social care practice which seeks to keep people well, supported and engaged in their own communities which requires a vibrant voluntary sector. This will therefore clearly lead to a negative impact.

Considering this the following mitigations have been identified:

- use the priorities set out in the Council strategies to guide the criteria for service proposals ensuring that future funding continues to meet the needs of equalities and protected groups
- equalities and protected groups will be given a significant weighting, in the assessment criteria, when evaluating bids and tender proposals. We will seek clarification and understanding of how each proposal will support the various equalities and protected characteristic groupings, beyond the target audience of the proposal.
- working with the voluntary sector to deliver service efficiently, within the given allocation, aligning service delivery to identified need and gaps
- a workshop session for all voluntary sector providers in 2023 to improve awareness of equalities, acquiring equalities information from clients and recording data to share in monitoring returns
- review and update the proposed outcomes framework to ensure it supports the delivery of impact for equalities and protected characteristic groups.

The proposed actions will not fully mitigate the likely impacts of this proposal.

Signed by officer responsible for the service/function/issue under consideration. This work has been carried out correctly and accurately:	
Name:	Laura Powell/ Sue Jaques
Job Title:	Commissioning Officer/ Strategic Commissioning Manager
Date:	1st September 2022

The following tables show responses received in relation to the following survey questions:

- Please tell us which of the following services you use (please tick all that apply);
- To what extent do you agree with the proposed reductions to voluntary sector funding?

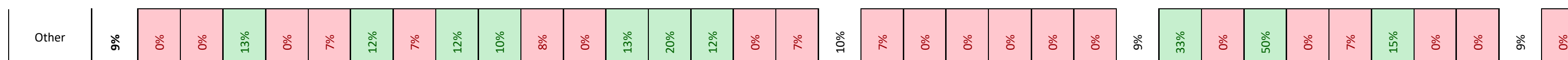
The tables show the responses according to 'Protected Characteristic' group in order that the responses of each group can be clearly analysed.

For ease of reading, the following notes are made:-

- *Areas highlighted GREEN are those where the proportion of survey respondents with this characteristic is 10% or more above the Total respondent feedback.*
- *Areas highlighted RED are those where the proportion of survey respondents with this characteristic is 10% or more below the Total respondent feedback.*
- Where the total number of respondents in any one 'Protected Characteristic' group is 10 or fewer, the base number indicated within the tables has been replaced with the # symbol for confidentiality purposes.

Table X – Table to show responses received to the survey question: 'Please tell us which of the following services you use (please tick all that apply)', as disaggregated according to 'Protected Characteristic' groups.

		Age								Sex			Disability								Ethnicity			Religion or Belief							Sexual Orientation				
	Total	Under 16	16-25	26-35	36-45	45-55	56-65	66-75	75 and over	Female	Male	Other	Physical impairment	Sensory impairment	Mental health condition	Learning disability/ difficulty	Long standing illness or health condition	Other	No Disability	Disability	White British	White other	BAME	Buddhist	Christian	Hindu	Muslim	Sikh	Other	No religion	Bisexual	Gay male	Gay female/lesbian	Heterosexual	Other
Base	***371***	*#*	*#*	*#*	*12*	*54*	*83*	*91*	*104*	*228*	*132*	*#*	*39*	*#*	*17*	*#*	*71*	*21*	*202*	*154*	*326*	*28*	*11*	*#*	*229*	*#*	*#*	*#*	*13*	*76*	*13*	*#*	*#*	*267*	*#*
Carers Groups	**36%**	100%	20%	38%	50%	43%	46%	35%	22%	38%	30%	0%	23%	20%	47%	0%	45%	29%	36%	36%	36%	25%	73%	100%	32%	100%	100%	100%	54%	41%	54%	33%	100%	36%	50%
Carers Activities	**25%**	100%	20%	38%	50%	26%	30%	23%	18%	26%	23%	0%	33%	0%	29%	0%	24%	33%	24%	27%	24%	21%	73%	100%	22%	67%	100%	100%	31%	21%	46%	33%	0%	24%	0%
Carers Support	**60%**	100%	40%	25%	58%	76%	65%	59%	49%	61%	57%	0%	56%	40%	82%	0%	68%	62%	58%	64%	59%	57%	82%	100%	59%	100%	100%	100%	69%	58%	85%	0%	100%	58%	50%
Befriending Support	**14%**	0%	0%	13%	17%	4%	10%	10%	29%	15%	14%	0%	21%	40%	6%	0%	23%	14%	6%	20%	14%	7%	9%	0%	17%	0%	0%	0%	15%	5%	15%	0%	0%	15%	0%
Stroke Support	**4%**	0%	0%	0%	0%	4%	5%	2%	4%	4%	5%	0%	5%	0%	0%	0%	3%	0%	5%	3%	4%	4%	0%	0%	4%	0%	0%	0%	0%	5%	0%	0%	0%	4%	0%
Dysphasia Support	**1%**	0%	0%	0%	0%	0%	1%	1%	2%	0%	3%	0%	8%	0%	0%	0%	0%	0%	1%	2%	2%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%
Dementia Support	**21%**	0%	0%	13%	8%	20%	22%	22%	27%	22%	22%	0%	15%	0%	29%	0%	20%	33%	23%	21%	23%	11%	27%	0%	25%	67%	0%	0%	31%	11%	8%	0%	0%	21%	100%
HIV Support	**1%**	0%	0%	0%	0%	4%	1%	0%	0%	1%	0%	100%	0%	0%	0%	0%	0%	14%	0%	0%	1%	0%	9%	0%	1%	0%	0%	0%	0%	1%	0%	33%	0%	1%	0%
Post Natal Depression Support	**0%**	0%	0%	13%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%
Mental Health Befriending	**4%**	0%	20%	25%	8%	2%	4%	3%	4%	5%	2%	0%	8%	0%	18%	0%	0%	5%	4%	11%	4%	0%	9%	0%	4%	0%	100%	0%	0%	4%	8%	0%	0%	4%	0%
None/Not applicable	**14%**	0%	60%	25%	25%	6%	11%	21%	10%	11%	18%	0%	13%	20%	0%	100%	11%	10%	17%	0%	14%	25%	0%	0%	13%	0%	0%	0%	15%	18%	0%	33%	0%	15%	0%



Other	9%	0%	0%	13%	0%	7%	12%	7%	12%	10%	8%	0%	13%	20%	12%	0%	7%	10%	7%	0%	0%	0%	0%	0%	9%	33%	0%	50%	0%	7%	15%	0%	0%	9%	0%

The data shows:

- People between the ages of 25 and 65 were more likely than average to have been involved in work targeted at Carers as were people from BAME backgrounds, people identifying with minority religions in South Gloucestershire, Bisexual, Gay Females and people identifying their sexual orientation as ‘Other’.

- Befriending support was more likely than average to be accessed by respondents who were over 75, People identifying as Disabled and people identifying as Christian.

- Stroke support was more likely than average to be accessed by respondents who were 56 – 65, Males, people with a physical impairment, people identifying as having no disability, people identifying as White British, people identifying as Christian and people identifying as having no religion.

- Dysphasia Support was more likely than average to be accessed by respondents who were 75 and over, Males, people with a physical impairment, People identifying as Disabled, people identifying as White British and people identifying as Christian

- Dementia Support was more likely than average to be accessed by respondents who were 75 and over, people with a mental health condition, people identifying as having a disability described as ‘Other’, people from BAME backgrounds, people identifying as Christian and people identifying as, Hindu and people identifying their sexual orientation as ‘Other’.

- HIV Support was more likely than average to be accessed by respondents who were 45 – 65, Female, those describing their Gender as ‘Other’, people identifying as having a disability described as ‘Other’, people from BAME backgrounds, people identifying as Christian, people identifying as having no religion and Gay Males.

- Post Natal Depression support was more likely than average to be accessed by respondents who were 26 – 35.

- Mental Health Befriending support was more likely than average to be accessed by respondents who were 16 – 45, Female, people with a physical impairment, people with a Mental Health Condition, people identifying as having a disability described as ‘Other’,, Disabled People, people from BAME backgrounds, people identifying as Muslim, people identifying as Bisexual.

- Other types of support were more likely than average to be mentioned by 26 – 35, people aged 56 – 65, people aged 75+, Females, people with Physical, Sensory and Mental Health conditions, people identifying as Hindu, people identifying as Sikh and people identifying as Bisexual.

Table X – Table to show responses received to the survey question: ‘To what extent do you agree with the proposed reductions to voluntary sector funding?’, as disaggregated according to ‘Protected Characteristic’ groups.

		Age								Sex			Disability								Ethnicity			Religion or Belief							Sexual Orientation				
		Under 16	16-25	26-35	36-45	45-55	56-65	66-75	75 and over	Female	Male	Other	Physical impairment	Sensory impairment	Mental health condition	Learning disability/ difficulty	Long standing illness or health condition	Other	No disability	Disability	White British	White other	BAME	Buddhist	Christian	Hindu	Muslim	Sikh	Other	No religion	Bisexual	Gay male	Gay female/lesbian	Heterosexual	Other
	368	#	#	#	12	54	83	90	102	227	130	#	37	#	17	#	71	21	201	152	324	27	11	#	225	#	#	#	13	77	12	#	#	265	#
Strongly/ Slightly Agree	5%	0%	0%	0%	8%	4%	4%	8%	5%	6%	5%	0%	0%	0%	6%	0%	10%	14%	5%	8%	5%	11%	9%	0%	5%	0%	0%	50%	8%	3%	8%	0%	0%	5%	0%
Neither agree nor disagree	4%	0%	20%	0%	17%	4%	2%	3%	4%	4%	5%	0%	8%	0%	0%	0%	4%	0%	4%	4%	4%	4%	0%	0%	4%	0%	0%	0%	0%	4%	0%	0%	0%	4%	0%
Strongly/ Slightly Disagree	91%	100%	80%	100%	75%	93%	94%	89%	91%	91%	90%	100%	92%	100%	94%	100%	86%	86%	92%	89%	91%	85%	91%	100%	91%	100%	100%	50%	92%	94%	92%	100%	100%	91%	100%

The data shows:

The vast majority of respondents (91%) disagreed with the proposed reductions. In particular:
People aged Under 16
People aged 26 – 35
People identifying their gender as ‘Other’
People with a Sensory Impairment
People with a Learning Difficulty/Disability
People identifying their religion as Buddhist
People identifying their religion as Hindu
People identifying their religion as Muslim
People identifying as Gay Male
People identifying as Gay Female
People identifying their sexual Orientation as ‘Other’