

## **Bristol City Council Equality Impact Assessment Form**

## Community Transport Commissioning Project DRAFT – FOR CONSULTATION v9

**Directorate and Service**: Neighbourhoods and City Development – Passenger Transport

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Additional people completing the form: David Prosser – Project Manager (Transport Projects Team) and Peter Woodhouse – Group Manager: Services (Passenger Transport)

**Start date for EqIA**: 29<sup>th</sup> February 2012

**Estimated completion date**: Estimated April 2014 (subject to consultation, informing proposed decision on commissioning strategy in late July 2013 and subsequent implementation of any agreed strategy).

### Step 1 – Use the following checklist to consider whether the proposal requires an EqIA

1. What is the purpose of the proposal? Please summarise what is planned.

To assess the need for Community Transport services and devise options for a strategy for commissioning the services. To consult on these options with a view to identifying the preferred option that best meets the perceived need and commissioning services to suit.

	High	Medium	Low
2. Could this be relevant to our public sector equality duty to:			
a) Promote equality of opportunity	Yes		
b) Eliminate discrimination	Yes		
c) Promote good relations between different equalities communities?		No	
If you have answered 'low' to question 2, please describe your reasons	Not Ap	plicable	1

3. Could the proposal have a positive effect on equalities communities?	Yes		
Please describe your initial thoughts as to the proposal's positive impact			
The development of a coherent commissioning strategy could make it easier for those with the greatest need to access the services they require and to understand what is available to them and how to access it. It could also make it easier for the service providers to prioritise and maximise the use of the resources they have. This should benefit more service users.			
4. Could the proposal have a negative effect on equalities communities?	Yes		
Please describe your initial thoughts as to the proposal's negative impact			
The proposed options for the commissioning strategy all seek to support a consistency of provision across the whole City. It is possible that some groups who have benefited from preferential access to the services to date will experience a reduced level of service as a consequence. This may negatively impact some people with 'protected characteristics' more than others (for example older people in areas where there is currently a small local provider as well as the coverage of the existing citywide services).			

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Date:

Date:

Step 2	Describe the Proposal		
2.1	Briefly describe the proposal and its aims? What are the main activities, whose needs is it designed to meet, etc.		
	The main activities of the existing services are as follows.		
	<ul> <li>The majority of Community Transport Services to residents of the City of Bristol are currently delivered by external Voluntary, Community and Social Enterprise (VCSE) providers. The services that the Council currently financially supports include: <ul> <li>a variety of door-to-door demand-responsive accessible minibus services managed locally or citywide,</li> <li>community 'bus' services with regular destinations, but variable routes, to suit the membership users' requirements,</li> <li>accessible minibus and car hire services for the use of voluntary groups and other not-for-profit organisations as well as individuals,</li> <li>the provision and training of minibus drivers,</li> <li>the provision of mobility vehicles through the 'Bristol Shopmobility' service, and</li> <li>a pilot taxi-sharing scheme to deliver similar local community door-to-door services (This pilot scheme delivered by a commercial taxi firm is now in the process of being withdrawn by 31<sup>st</sup> March 2013).</li> </ul> </li> </ul>		
	<ul> <li>The current services are designed to meet the needs of those who have difficulty or are unable to use mainstream bus, train and taxi services owing to:</li> <li>a) Physical or other disability or requirement that limits their ability to get to bus stops or use public transport for their purposes (Limitations on walking distances and requiring</li> </ul>		

<ul> <li>assistance from home to vehicle, ability to carry shopping etc)</li> <li>b) Financial constraints – deprivation. Unable to afford taxi services</li> <li>c) Vehicle constraints – The need for group transport (impractical to use public transport services and requiring larger vehicles than standard taxis)</li> </ul>
Surveys were carried out from February to May 2012 to seek to understand the usage of the current services, the needs of users and the scale of unmet need for suitable transport in the City. An executive summary of the responses, the four detailed survey reports and relevant appendices are available online at <a href="http://www.bristol.gov.uk/communitytransport">www.bristol.gov.uk/communitytransport</a> . Alternatively, they can be requested by calling 0117 903 6176 and leaving a message.
<ul> <li>The proposal is to develop and implement a strategy for the commissioning of council-funded community transport services in order to:</li> <li>Deliver services for vulnerable people based on an understanding of the needs of community transport users.</li> </ul>
<ul> <li>Deliver services based on an understanding of the community transport market with the aim of creating a more stable and sustainable community transport provision in the future.</li> </ul>
<ul> <li>Deliver revised funding arrangements that offer greater security to service providers to enable longer term development.</li> </ul>
<ul> <li>Involve the voluntary sector in developing and delivering sustainable future solutions by using the enabling commissioning framework process.</li> </ul>
<ul> <li>Adopt a model of area based service delivery that enables a more equitable level of provision that meets the needs of the most vulnerable in the city wherever they may be.</li> </ul>

	<ul> <li>Work in partnership with providers to make sure that information about service delivery is clear and accessible.</li> <li>Full details of the proposal can be found in the Draft 'Commissioning Strategy for Consultation'</li> </ul>
	available on line at <u>www.bristol.gov.uk/communitytransport</u> or by calling 0117 903 6176.
2.2	If there is more than one service* affected, please list these:
	<ul> <li>Full details of the current range of community transport provision at the end of 2012 can be found in the 'Community Transport – Market Position Statement' accessible online at <u>www.bristol.gov.uk/communitytransport</u> or by requesting a copy by calling 0117 903 6176. All the remaining services that currently receive funding from the City Council are affected by these proposals. These include: <ul> <li>Bristol Community Transport (based in Easton Road, Easton)</li> <li>Bristol Dial-a-ride (based at the Vassall Centre in Fishponds)</li> <li>Bristol Shopmobility (Mobility aid hire based at Cabot Circus Car Park)</li> <li>CATT Bus (based at Hartcliffe and Withywood Community Partnership, Hartcliffe)</li> <li>Lawrence Weston Community Transport (based at Long Cross, Lawrence Weston)</li> <li>The Mede Sprint (based at The Mede Community and Learning Centre in Knowle)</li> </ul> </li> </ul>
	At March 2012 these providers employed a total of 68 full or part time employees and were supported by a total of 156 volunteers (61 involved in the various management committees and 95 involved in service delivery). For some of the providers, these figures include a significant number of staff and volunteers who are involved in other roles in their organisations than those specifically related to the council funded community transport services (for part or whole of their time – based on market analysis data for Mar 2012, the estimated full time equivalents (FTEs –

	based on full time being nominally 37 hours per week) across the 6 organisations are 26 FTE employees and 33 FTE volunteers involved in the council-funded services).
	Other Council/council supported services that may be affected include:
	<ul> <li>a) Health and social care – The indirect benefit of community transport users not being reliant on other home support (e.g. home care) as a result of their opportunities for access food shopping, social activities etc. Also the range of opportunities for those eligible to use personal budgets to access other day care opportunities may be affected. It has been suggested that some social workers and others may make use of the free transport services to enable clients to be transported as part of their work and assessments. This would also be affected.</li> </ul>
	b) Schools and youth/children's services that benefit from the reduced costs and services of the group hire provision.
	c) Grant or contract supported community services and support groups who either make use of group hire or individual transport services for their staff or users.
	The proposal specifically does NOT impact the STATUTORY provision of Home to School Special Educational Needs Transport and Health and Social Care access to formal Day Care services, both of which are provided through commercial contracts and are funded through budgets managed by the relevant BCC department.
2.3	Which staff or teams will carry out this proposal?
	Passenger Transport team in Neighbourhoods and City Development

(with support and advice from Neighbourhoods, Health and Social Care, Bristol Compact, Children, Young people and Skills, Corporate commissioning and procurement, Communications and Marketing and Legal teams)

Step 3	Current position: What information and data by equalities community do you have on service uptake, service satisfaction, service outcomes, or your workforce (if relevant)?
3.1	Summarise how equalities communities are currently benefiting from your service* here (& add an electronic link to the information if possible).
	The services that are currently supported financially by the council are provided to a variety of equality communities and the surveys have sought to assess the benefits based on the equality data submitted. Based on the survey responses and Market analysis data from the existing providers, the equalities communities who are currently benefiting from the services are detailed below.
	<ul> <li>Explanatory notes on the data provided:</li> <li>a) Ranges indicate figures from 2010/11 where different providers report a different spread.</li> <li>b) One provider (BCT) did not collect equality information at an individual member level, but rather based on the type of group requesting the service (this was then used to allocate journeys made by that group to a specific equality community).</li> <li>c) Bristol Shopmobility data is for new members who joined in 2010/11.</li> <li>d) All survey-based figures exclude uncompleted responses and a full summary of the individual members survey equalities analysis is attached in Appendix A.</li> </ul>

## Summary Data by Equality Community

**Age**: 86% of individual survey respondents were over 65. Provider individual membership data range from 62 to 88% over 65. BCT users over 65 made 23.4% of all journeys. Bristol Shopmobility measure age over 60 and recorded 44.7% of new members in this age group. 0.6% of individual survey respondents were aged 0-24. The majority of providers do not ask for younger age groups. BCT users between 0-24 made 39.1% of total journeys. 9% of new members of Bristol Shopmobility were under 24 years old.

**Disability**: 70% of individual member survey respondents indicated that they were disabled. Of these, 74% indicated a physical impairment, 20% visual, 25% hearing, 4% learning difficulties, 7% mental or emotional distress and 12% with other health conditions. Provider individual data ranges from 32 to 93% (max. 73% if based on disabled concessionary pass holders only). BCT users from disabled groups represent 28.1% of total journeys.

**Ethnicity**: 3.3% of the individual survey respondents were from Black and other ethnic minority groups. Provider individual membership data ranges from 1% to 8.8%. BCT users from BME communities made 10.3% of total journeys.

**Gender**: 79.6% of Individual member surveys respondents indicated that they were female. Provider membership data indicate a range from 64 to 88% were female. BCT did not collect individual data on gender.

**Pregnancy and Maternity**: The surveys and provider data did not record data for this equality community.

<b>Religion and Belief</b> : 84.6% of the individual survey respondents indicated they were Christian, with 7.7% no religion, 0.4% Buddhist, 0.2% Hindu, 0.1% Jewish, 0.6% Muslim, 0.5% Sikh and 2.9% of other religions. Provider membership data generally does not record data on religion or belief. BDAR new members survey indicated 78% as 'people of faith' with the remaining members not answering the question. BCT users from 'faith communities' made 15.7% of total journeys.
<b>Sexual Orientation</b> : 91.3% of the individual survey respondents indicated that they were heterosexual, 0.2% Lesbian, 0.1% Gay, 0.6% Bisexual and 7.6% preferred not to say. Provider membership data generally does not record sexual orientation. BCT users from Lesbian, Gay or Bisexual communities made 4.9% of total journeys.
<b>Transgender</b> . 1.3% of individual member survey respondents indicated that they were transgender. Provider membership data does not record individual equality information on this equality community. BCT users from the transgender community made 3.4% of total journeys.
Customer satisfaction data is detailed in the Individual Member Survey report available at <a href="http://www.bristol.gov.uk/communitytransport">www.bristol.gov.uk/communitytransport</a>
Then compare to the relevant benchmark (eg. the % of people from each community who use your services* with the % of people within the relevant equalities community who live in your local area or in the city of Bristol).

Equality Community	Detail	Individual CT member survey respondents (average from membership data)	Bristol Census 2011 Data
Age	Age 65 and over	86% (74%)	13%
Disability	Long term health problem or disability	70% (52%)	16.7%
Ethnicity	White	96.6%	84%
	BME	3.3% (3.2%)	16%
Gender	Male	21%	44% (over 65)
	Female	79% (76%)	56% (over 65)
Religion and	No religion	7.7%	37.4%
Belief	Christian	84.6%	46.8%
	Buddhist	0.4%	0.6%
	Hindu	0.2%	0.6%

Religion and	Jewish	0.1%	0.2%
Belief	Muslim	0.6%	5.1%
	Sikh	0.5%	0.5%
	Other religions	2.9%	0.7%
	Not stated	2.8%	8.1%
Sexual Orientation	Heterosexual	93%	Not collected as part of Census
Orientation	Lesbian	0.2%	Data (Stonewall
	Gay	0.1%	estimates 6% of population is
	Bisexual	0.6%	Lesbian, Gay or Bisexual)
Transgender		1.3%	

Although data from BCT cannot be compared in this way, as it is based on group journeys rather than individual membership, it does seem to reflect a greater service to the BME community with 10.3% of journeys being made by BME groups. This should be expected owing to its location within the Easton area and its stated intention to market its services in the BS5 area.

3.3	Evaluate what the data in 3.1 & 3.2 tells you about how the current position affects people from equalities communities (see Guidance for further information and examples).
	Owing to the nature and objectives of many of the existing providers, there is a primary focus on services for disabled and older people. Therefore, as expected, the percentage using the service compared with the percentage of these communities in the Bristol 2011 census is very high. In fact 68.5% of individual member survey respondents were over 75 years of age and 70% were disabled people.
	The current services provide significant benefits for specific equality communities, in particular for disabled and older people.
	The data collected from the surveys and market analysis both indicate a significant under- representation of men using the service when compared with both the overall gender profile in the city and specifically the profile for people over 65 years of age. This may be in part because men are less willing to make use of community transport for some of its most significant uses (shopping and social activities) in the same way that men are also under-represented in the use of conventional public transport services. This may also indicate that older women are less likely to have access to a car.
	It is noted that the survey responses show a high proportion of Christian believers in comparison with the census data, with the main variation being with those who indicated no religious belief. This may be a direct reflection of the age profile of users (possibly with a greater proportion of older people having a Christian faith), or it may reflect the community links of the service providers and the embedded nature of the Christian community within those local communities. 2001 census data for religious belief compared with age supports this, as 83.9%

of those over 65 and 76% between 50 and 64 indicated they were Christian as compared with approximately 54% amongst younger ages. Only 5.3% over 65 years of age indicated no religion and 13.6% between 50 and 64. This information would seem to indicate that the community transport surveys could have provided a near representative individual response (Similar data from the 2011 census is not due to be published until March to June 2013).

There was a significantly lower response amongst Muslim believers when compared with the census data. A comparison with 2001 data indicates 0.3% Muslim believers amongst people over 65 and 0.9% over 50s, which again would seem to indicate that the Community transport survey responses could provide a near representative individual response. (Similar data from the 2011 census is not due to be published until March to June 2013)

Notwithstanding the note in section 3.2 above concerning data from BCT, the individual survey data and data from other providers' membership indicates a significant under-representation of users from Black and Minority Ethnic (BME) communities as compared with the 2011 census. It is understood that these communities have a much younger age profile in the city. This, plus the combination of existing local Community Transport provider locations in the outer wards of the city and the focus of BME communities in the central area may explain such a variation. However, 2011 census data to compare ethnicity with age is not due to be published until July to October 2013.

It has not been possible to make any considered assessment of the impact of the current position on sexual orientation and transgender communities owing to a lack of individual data to compare the survey results with. However, the data on journeys provided by BCT would seem to indicate that a near representative number of lesbian, gay, bisexual and transgender groups do make use of the community transport minibus hire services when compared with the Stonewall assessment.

Step 4	Ensure adequate consultation is carried out on the proposal and that all relevant information is considered and included in the EqIA
4.1	As all the services are managed and operated by external voluntary, community and social enterprise providers with annual grant support from the council, it is wholly up to the provider to decide and design their service to meet their charitable objectives.
	The council supports these organisations because it is recognised that many of the services they are providing contribute to and align with the council's objectives.
	Each provider has had their own way of assessing the needs of their members, and in the past have endeavoured to fit this information into the council's grant funding application forms where appropriate.
	Pre-consultation equality information
	The 'self-selecting' Needs Surveys were distributed to 46 equality and community groups during February 2012 to ensure that they had opportunity to respond during the survey period as well as all equality and community groups who are existing members of a Community Transport provider (786 groups) through the Group members' survey.
	Individual member surveys collected equality data to supplement, confirm and fill the gaps in data collected by existing community transport providers. Concerns raised by recipients are detailed in the Survey reports. The Citywide random needs survey also collected equality data on responses to the ability to meet household travel needs and awareness of community

Step 4	Ensure adequate consultation is carried out on the proposal and that all relevant information is considered and included in the EqIA	
	transport. The significant variations are summarised on page 6 of the relevant survey report at <u>www.bristol.gov.uk/communitytransport</u>	
	An initial stakeholder forum to report back on the Needs surveys and receive comments from Equality group representatives was held on 12 <sup>th</sup> July 2012. The key concerns raised by those present were the need for clarity on what a Community Transport service does or doesn't provide, particularly in relation to medical appointments, issues with accessibility of taxis and the inconsistency of accessible public buses on many routes. The general lack of supply to meet the resulting demand for Community transport and the need for a greater range of this service for disabled people (including opportunity to book services further in advance and the provision of services into evenings and weekends for example)	
	Ward Councillor workshops were carried out during September 2012 to consider their and their constituent's priorities for future Community Transport in Bristol. This raised a variety of concerns that have been considered and incorporated into the draft commissioning strategy.	
	Consultation	
	Full Consultation is to take place on the options for a commissioning strategy from February to May 2013. Details are available at <u>www.bristol.gov.uk/communitytransport</u> This will include opportunities for equality communities to comment on proposals and offer alternatives. There will also be a further equality representative's forum during the consultation period to make comment on the proposal and the issues relating to this EqiA.	

Step 4	Ensure adequate consultation is carried out on the proposal and that all relevant information is considered and included in the EqIA	
4.2	The notes of the initial stakeholder forum in July 2012 were copied to all who attended. Survey reports are accessible online or on request by telephoning 0117 906 6176. Stakeholders will be invited to a further meeting as part of the formal consultation on the draft commissioning strategy.	
	The outcome of the commissioning strategy consultation will be fed back through public release of reports to the cabinet/decision making body.	

## **Step 5** Giving due regard to the impact of your proposal on equalities communities

Based on the surveys market analysis and research to date the impact of the commissioning strategy options proposal could be:

Possible Impact on Equalities Communities, whether or not you will address the impact	Actions to be included in the proposal
Age	The proposal to focus services on those most vulnerable and in the most need, and the option of limiting the journey lengths
It is estimated that around 70 to 80% of the current individual members of	within areas should mean that older people who are most vulnerable should get more chance to use the service and more

Possible Impact on Equalities Communities, whether or not you will address the impact	Actions to be included in the proposal
the services are over 65. Based on membership survey responses, 68.5% were over 75 and 17.5% between 65 and 74.	<ul> <li>people would get the opportunity, resulting in a net positive impact for those in most need.</li> <li>All proposal options do, however, mean that younger people (excluding those with disabilities) who currently benefit from the group hire service may be adversely affected if the overall availability of low cost minibuses for group hire is reduced (e.g. during the core hours for the proposed council supported service). The impact will depend on how, in future, the providers make use of their vehicles, and any significant change in the group hire fees to support their service.</li> <li>The proposed monitoring of outcomes for individuals and the associated equality data will help providers are meeting their objectives.</li> </ul>
<b>Disability</b> It is estimated that 50 to 70% of current users are disabled people. A large proportion of the remaining	The proposal to focus services on those most vulnerable and in the most need, and the option of limiting the journey lengths within areas should mean that disabled people who are most vulnerable should get more chance to use the service and more people would get the opportunity, resulting in a net positive impact for those in most need.

Possible Impact on Equalities Communities, whether or not you will address the impact	Actions to be included in the proposal
service users would not consider themselves disabled but are disadvantaged by their home location and their ability to access public transport services to meet their needs.	The proposed monitoring of outcomes for individuals and the associated equality data will help providers and the council to assess whether the services are meeting their objectives.
Ethnicity The individual survey results indicate a low proportion of BME users. However, there are a higher proportion of BME groups using the group hire services.	The preferred option in the draft strategy is for the distribution of funds across 3 areas. This means that access to CT should be more equitable across the City. Local CT provision has developed in areas of the city with low BME representation (Hartcliffe & Withywood, Knowle West / Filwood and Lawrence Weston) and responses to surveys were greater in these areas. The proposal to not directly support group hire could have more of an adverse impact on BME communities, as there is a higher proportional usage of these services. Whilst the proposal does not directly fund group hire services, it is expected that they would continue to be available, albeit potentially at a higher cost to the user group. This would be dependent on the business plans proposed by the future providers.
	The proposed emphasis on outcomes for individual users and

Possible Impact on Equalities Communities, whether or not you will address the impact	Actions to be included in the proposal
	monitoring to measure those outcomes should mean that a clearer picture of the availability and impact of the service on different ethnic communities will become available and the providers be able to respond by seeking to reach and provide for the needs of under-represented groups.
<b>Gender</b> The surveys and market analysis indicate that for the type of services included in the options proposal it is likely that more than 70% of the users could be older women.	The focus of the proposal on the most vulnerable and specifically for those without access to a car should mean that the proposed services will be open to men and women equally. The proposed emphasis on outcomes for individual users and monitoring to measure those outcomes should mean that a clearer picture of the availability and impact of the service on different genders will become available and the providers be able to respond by seeking to reach and provide for the needs of under-represented groups.
<b>Pregnancy &amp; maternity</b> It is not envisaged that the service has any significance for this community or that there will be any	

Possible Impact on Equalities Communities, whether or not you will address the impact	Actions to be included in the proposal
significant impact from the proposed changes.	
Religion and belief Survey results indicate that current usage is fairly representative for the age of individuals who predominantly use community transport. Data from BCT on user groups indicates that 15.7% of group hire journeys are by 'faith community' groups	Groups that are centred on a religious faith community and who currently benefit from group hire services may be adversely affected if the overall availability of low cost minibuses for group hire is reduced (e.g. during the core hours for the proposed council supported service). The impact will depend on how in future the providers make use of their vehicles and any significant change in the group hire fees to support their service. The proposed emphasis on outcomes for individual users and monitoring to measure those outcomes should mean that a clearer picture of the availability and impact of the service on different religious communities will become available and the providers be able to respond by seeking to reach and provide for the needs of under-represented groups.
Sexual orientation It is not envisaged at this stage that there will be any significant impact	Monitor responses to the consultation and note any references that may indicate otherwise. Historically, monitoring of these communities has not been good. It will be a condition of any future grant or contract that monitoring of users sexual

Actions to be included in the proposal
orientation be carried out to enable comparison with the latest available data and, where possible, address any resulting inequality of opportunity.
Monitor responses to the consultation and note any references that may indicate otherwise. Historically, monitoring of these communities has not been good. It will be a condition of any future grant or contract that monitoring of users sexual orientation be carried out to enable comparison with the latest available data and, where possible, address any resulting inequality of opportunity.
The Council would expect the community transport providers to set a fair charge that is in line with their business plan. By focussing council funding on services to the most vulnerable, further consideration is required on how to ensure that the needs of people on low incomes and those who need to travel with carers are accommodated.

Possible Impact on Equalities	Actions to be included in the proposal
Communities, whether or not you will address the impact	
providers to set fares.	fares for qualifying individuals as part of the assessment of grant or contract submissions.
People in need of transport access to medical appointments that are currently not eligible for the NHS	Fundamentally, GPs are obliged to make home visits to those patients who are unable to get to their surgery/medical centre.
non-emergency patient transport service or able to claim for their	BCC Health and social care are already involved in encouraging the development and expansion of volunteer driver services
transport costs under the Hospital Travel Cost Scheme	through pilot GP surgeries. This use of individual vehicles for access to medical appointments is to be encouraged and BCC would seek to assist where possible with the publicity of such
The proposal is likely to have a significant adverse impact on those	projects.
who in the past have been able to access their GP or other medical appointments for free using their concessionary passes on Community Transport.	The proposed strategy is aimed at enabling community transport operations that can offer services to other organisations or service users alongside the services that contribute to the Council's outcomes and objectives.
Medical appointments are the most difficult to incorporate into any minibus based CT scheme and the proposal to not include them was reached on the basis of seeking	Some existing providers are already involved in contracts direct with NHS and surgeries to provide transport for specific medical purposes on a full cost recovery basis. This model is to be encouraged.

Possible Impact on Equalities Communities, whether or not you will address the impact	Actions to be included in the proposal
clarity on what people can or cannot use CT for and comparison with the approach of other local authorities.	
Groups who require accessible minibuses and a driver for transport to and from their group activity.	
The impact of this proposal could be an increase in the cost of group minibus hire (if provider's decide to use this approach in their business plans) and the risk that the availability of minibuses for this purpose may decrease because they are being used for the individual door to door demand responsive service that the Council is proposing to support as a priority.	The proposal offers the flexibility for individual demand response services to provide 'many to one' destination services that can support community groups as long as the outcomes contribute to the outcomes required to be achieved and monitored as part of the grant or contract requirements. It would be recorded and monitored as 'x'-number of qualifying individuals rather than a group hire.

# 5.2 Next Steps

This draft EqiA is accompanying a consultation document, which will hopefully generate comments from potential providers, users and other stakeholders and those comments will be considered in the formation of the final strategy and should also provide detail to allow the updating of this EqiA.

The key steps identified at this stage are:

- 1) Setting up clear and consistent monitoring processes to ensure that the outcomes for individual service users are recorded and equality data is collected including the collection of baseline data at commencement of new arrangements.
- 2) Developing materials to promote the new arrangements and highlight the changes.
- 3) Including an agreed process for addressing any identified inequality of provision in future.

An important aspect of delivering the proposals successfully will be to work with the existing providers through, and with the support of, VOSCUR and the Bristol Compact. Consideration will need to be given to the management of any changes, especially for the staff and volunteers involved in the provision of existing services, the implications of TUPE and the start up of new and potential decommissioning of some services.

Step 6	Meeting the aims of the public sector equality duty	
6.1	Describe how, in completing steps 1-5, you have given due regard to the three aims of the public sector equality duty (a-c above).	
This section serves as an executive summary of the proposal and can be duplicat any reports for decision-makers with an electronic link to the full equalities impac assessment (or include full EqIA as an appendix if needed).		
	By reference to the surveys and market analysis undertaken as part of the Community Transport Commissioning Project in Spring 2012 and through the subsequent consultation process, the council has given due regard to the impact of this proposal on equality communities. The summary is as follows:	
	<b>Promoting equality of opportunity</b> The proposal will most impact service provision to older and disabled people. The proposal seeks to provide an equitable service provision across the whole city by:	
	<ol> <li>Providing transport for those with no affordable alternative – Based on surveys of current usage this is predominantly older and disabled people</li> </ol>	
	<ol> <li>Providing equality of opportunity to access community transport services across the city – The proposal is for Council resources to be split equally across three areas. This would replace the current situation where some areas are better served than others.</li> </ol>	
	Services would be open to all those who declare that they are unable to use conventional	

Stor C	Meeting the size of the public coster equality duty
Step 6	Meeting the aims of the public sector equality duty
	public transport and have no access to a car.
	The overall strategy is to create a thriving community transport sector that can develop to meet the needs of all equality communities.
	Eliminate unlawful discrimination
	Evidence from the needs surveys show that there is a significant over-representation of disabled people, older people and evidence of an over-representation of women in these communities using the service. The community transport services are specifically aimed at people who are unable to use other forms of transport to meet their travel needs and the citywide random survey results indicate that this over-representation is to be expected.
	We have also identified a possible under-representation of BME communities. This does not correspond with a difference in awareness of community transport provision. Therefore this may be related to an under-representation of BME communities in the areas of highest current individual service provision or that full data is hidden within the usage of group hire services.
	There is also insufficient reporting of individuals from LGBT communities to adequately assess whether there is under or over-representation on the services. The group hire data does indicate significant usage.
	The uncertainties of BME and LGBT information are to be addressed by monitoring individual outcomes, seeking consistency and ensuring clarity of services.
	Promote good relations between people from different equality communities

Step 6	Meeting the aims of the public sector equality duty
	Communication of the proposal, through both electronic means and through public meetings may not be as accessible to the most impacted members of the community. This is being addressed by focussing consultation on paper and telephone access and by ensuring that documents can be made available in formats to allow access to all communities.

Step 7	Monitoring arrangements
7.1	If your proposal is agreed, how do you plan to measure whether it has achieved its aims as described in 2.1. Please include how you will ensure you measure its actual impact on equalities communities?
	As part of the grant requirements or contract conditions, it is proposed that providers will be required to monitor the outcomes for individual service users and collect full equalities data.
	Details of the monitoring arrangements will be decided as part of the development of the formal commissioning process documentation.

Step 8	Publish your EqIA						
8.1	Ensure the EqIA is signed off by a Service Director and the Directorate Equalities Adviser.						
	Signed:	Signed:					
	Service Director:	Directorate Equalities Adviser:					
	Date:	Date:					
8.2	Can this EqIA be published on the web	. YES/No					
	This is a draft version of the EqiA fo	r Commissioning Strategy Consultation Purposes					
	If no, please explain why the proposal is confidential and cannot be published						

Community Transport Commissioning Equalities Impact Assessment - Appendix A

	Age						
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	15 or under	3	0.1	0.1	0.1		
	16-24	10	0.4	0.5	0.6		
	25-49	86	3.7	3.9	4.5		
	50-64	197	8.5	8.9	13.4		
	65-74	385	16.6	17.5	30.9		
	75 and over	1510	65.0	68.5	99.4		
	Prefer not to say	12	0.5	0.5	99.9		
	More than 1 ticked	2	0.1	0.1	100.0		
	Total	2205	95.0	100.0			

## Individual Members Survey – May 2012 Equalities Analysis

Missing System	117	5.0	
Total	2322	100.0	

	Disability							
		Frequency	Percent	Valid Percent	Cumulative Percent			
Valid	Yes	1464	63.0	70.0	70.0			
	No	517	22.3	24.7	94.7			
	Prefer not to say	104	4.5	5.0	99.7			
	More than 1 ticked	7	0.3	0.3	100.0			
	Total	2092	90.1	100.0				
Missing	System	230	9.9					
Total		2322	100.0					

	Ethnicity						
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	White	2054	88.5	96.6	96.6		
	Mixed/ multiple ethnic groups	3	0.1	0.1	96.7		
	Asian/Asian British	35	1.5	1.6	98.4		
	Black/African/Caribbean /Black British	30	1.3	1.4	99.8		
	Other ethnic groups	1	0.0	0.0	99.8		
	More than 1 ticked	4	0.2	0.2	100.0		
	Total	2127	91.6	100.0			
Missing	System	195	8.4				
Total		2322	100.0				

	Gender							
		Frequency	Percent	Valid Percent	Cumulative Percent			
Valid	Female	1719	74.0	79.3	79.3			
	Male	429	18.5	19.8	99.1			
	Prefer not to say	6	0.3	0.3	99.4			
	More than 1 ticked	14	0.6	0.6	100.0			
	Total	2168	93.4	100.0				
Missing	System	154	6.6					
Total		2322	100.0					

	Religion and Belief						
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	No religion	166	7.1	7.7	7.7		
	Christian	1826	78.6	84.6	92.3		
	Buddhist	8	0.3	0.4	92.6		
	Hindu	5	0.2	0.2	92.9		
	Jewish	1	0.0	0.0	92.9		
	Muslim	14	0.6	0.6	93.6		
	Sikh	10	0.4	0.5	94.0		
	Any other religion or belief	63	2.7	2.9	96.9		
	Prefer not to say	60	2.6	2.8	99.7		
	More than 1 ticked	6	0.3	0.3	100.0		

	Total	2159	93.0	100.0	
Missing	System	163	7.0		
Total		2322	100.0		

	Sexual orientation							
	Frequency Percent Valid Percent Cumulative Percent							
Valid	Lesbian	4	0.2	0.2	0.2			
	Gay	2	0.1	0.1	0.3			
	Bisexual	11	0.5	0.6	0.9			
	Heterosexual	1700	73.2	91.3	92.2			
	Prefer not to say	142	6.1	7.6	99.8			
	More than 1 ticked	3	0.1	0.2	100.0			
	Total	1862	80.2	100.0				

Missing	System	460	19.8	
Total		2322	100.0	

Transgender							
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	Yes	16	0.7	1.3	1.3		
	No	1202	51.8	96.0	97.3		
	Prefer not to say	34	1.5	2.7	100.0		
	Total	1252	53.9	100.0			
Missing	System	1070	46.1				
Total		2322	100.0				

#### OF THOSE INDICATING A DISABILITY – DETAILS GIVEN:

Physical impairment						
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	1085	74.1	100.0	100.0	
Missing	System	379	25.9			
Total		1464	100.0			

Visual impairment						
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	288	19.7	100.0	100.0	
Missing	System	1176	80.3			
Total		1464	100.0			

Hearing impairment						
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	365	24.9	100.0	100.0	
Missing	System	1099	75.1			
Total		1464	100.0			

Deaf BSL user						
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	32	2.2	100.0	100.0	
Missing	System	1432	97.8			
Total		1464	100.0			

Learning difficulties						
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	62	4.2	100.0	100.0	
Missing	System	1402	95.8			
Total		1464	100.0			

Specific learning difficulties						
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	14	1.0	100.0	100.0	
Missing	System	1450	99.0			
Total		1464	100.0			

Mental and emotional distress						
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	98	6.7	100.0	100.0	
Missing	System	1366	93.3			
Total		1464	100.0			

Health condition						
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	182	12.4	100.0	100.0	
Missing	System	1282	87.6			
Total		1464	100.0			

Disability prefer not to say						
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	44	3.0	100.0	100.0	
Missing	System	1420	97.0			
Total		1464	100.0			

#### **Explanatory Notes**

- 1. 'Frequency' indicates the total number of responses to the relevant question option.
- 2. 'Percent' indicates the percentage of all questionnaires that gave that response (or all relevant questionnaires in the case of detailed disability information).
- 3. 'Valid Percent' indicates the percentage of those who answered the question who gave that response.
- 4. 'Missing system' indicates that this was not answered/left blank on these questionnaires.