The Equalities Impact Assessment is a living document which is regularly updated and full equalities information will be used to design and develop the proposals for decision.

**Step 1: What is the proposal?**

*Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.*

**1.1 What is the proposal?**

The current facilities consist of 16 public toilets and two urinals, open between 8am and 7pm six days per week (a few sites have seven day provision and the sites on the Downs close at 8pm during the summer months). The current toilets are getting older, are not spread equally across the city and in many cases do not provide quality, accessible toilet provision. We now have a budget saving target which reduces the available funding for public toilets to £30k a year.

We are consulting on 3 options:

1. Close all the public toilets listed, work with partners to identify and market existing toilets that are open to the public and invest the remaining £30k per annum in the development of a Business/Community Toilet Scheme. This would involve the council working alongside partners and business to open up as many publicly accessible toilets as possible to replace traditional stand-alone toilet provision. The aim would be, as a minimum, to double the amount of publicly available toilet sites and ensure that they are spread across the city. This scheme would provide clean, safe, and accessible toilets in more convenient locations for residents and visitors to the city at a fraction of the price of current provision and help protect other services.

2. Close all the public toilets except one – location to be identified through the consultation.

3. Close all the public toilets and make a further £30k saving from the remaining budget.
Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?

All members of the community within Bristol would have the need for a public toilet at some point, but the need is more prevalent amongst certain groups such as elderly and disabled people, children and those suffering with continence issues. Working with public health we have put together this assessment and evidence base for our considerations.

- Census
- Consultation responses
- Bladder and Bowel Foundation. http://www.bladderandbowelfoundation.org/
- http://www.disabledliving.co.uk/DISLIV/media/promocon/All%20in%20a%20days%20work/AIADW-Employer-Brief_V2.pdf
2.2 Who is missing? Are there any gaps in the data?

We have put together a comprehensive view of who is likely to be affected by this change (see section 3.1). The available data around disability is not comprehensive. For example, we don’t know how many disabled people there are in Bristol. The census does not count if you identify as a disabled person, it counts if you have a lifelong limiting illness and many disabled people do not consider they have a lifelong limiting illness. We also do not have data on the number of wheelchair users or wheelchair users with young children etc.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

Public consultation and targeted focus groups.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

Gender:

Urinary incontinence affects more women than men. It is estimated that 34% of women aged over 19 are affected by urinary incontinence (NICE 2015) which equates to 60,000 Bristol residents.

Women who are pregnant or at the menopause need to use the toilet more often, as do those with other conditions such as diabetes. At any one time, about a quarter of all women of childbearing age will be menstruating and require access to toilets.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3120214/

Carers of older people or children need toilets in accessible locations with facilities to accommodate the needs of those for whom they are caring as well as their own.

Gender reassignment:

Transgender people may be worried that they will be turned away due to people’s perception about their gender.

Disability:

There are over 11 million people with a limiting long term illness, impairment or disability in Great Britain. These conditions often include problems with mobility or stamina and require access to adapted toilets.

Conditions such as irritable bowel syndrome, ulcerative colitis, and Crohn’s disease cause many people to reduce their outdoor activities and stay at home because of concerns about toilet facilities.

People with incontinence can worry so much about needing the toilet, even on a quick trip to the local shops that they become virtually housebound (NHS Choices).
It is estimated that over 1 in 20 women aged between 15 and 44 years and up to 1 in 7 women aged between 45 and 64 suffer with bladder problems. Over 1 in 33 men of working age have bladder problems.

It is estimated that 1% of the adult population have bowel problems.

Faecal incontinence remains a greater taboo subject than urinary incontinence; it is quite prevalent, with an estimated 1–10% of adults living with this condition.

**Mental Health & Social Exclusion:**
The wider knock-on effect of inadequate public toilet facilities is that by not being able to go out in their community, people could become inactive. This can impact on health and social care as, in the future, inactive individuals likely to become more immobile, isolated, ill and depressed leading to a possible need further treatment.

This has detrimental effects on people’s mental health due to the isolation created by not leaving home - in order to avoid the need to find a toilet - could have a significant impact on individuals’ mental health

**Faith:**
The closure of public toilets in itself does not have a direct impact on those of faith, however if we went along the Business/Community toilet scheme, it would be important to ensure there is provision suitable for people of different cultural or religious backgrounds. For example, if all the community provision was in licensed premises, this would not be appropriate for some members of the community.

**Age:**

**Children**
Carers of young people may need more frequent access to public convenience facilities. Thirteen of the current sites have baby changing facilities;

Small children have less control over their bladders and outings can be abruptly shortened if a child needs to use a toilet.

**Older people**
Elderly people are more likely to suffer with incontinence so need to use the toilet more frequently and with greater urgency. This together with reduced mobility leads to an increased dependency on public toilets as people age.

For many older people, lack of toilet facilities can stop them going out which can increase physical and mental health problems. The issue of toilet provision is so important for the health and wellbeing of the global ageing population that the WHO has cited it as a major factor in their Age Friendly Cities Guide [SHINE 2013]

**Homeless people:**
There could be negative impacts to homeless individuals who use public toilets as somewhere to wash as well as a toileting facility. The needs of homeless people are seldom mentioned in connection with public toilets, but their toileting requirements do need to be addressed if street fouling is to be reduced. Homeless people may also suffer from stigma, and may not be or may not feel welcome in some establishments.

There is evidence of more people sleeping in parks away from the city centre rather than on the streets as they feel safer their but this has also led to soiling in these areas due to a lack of toilets.

It can be presumed that options 2 and 3 outlined in the consultation survey would be less effective in providing accessible and appropriate facilities for these groups thus increasing the negative impact.
3.2 Can these impacts be mitigated or justified? If so, how?

The decision to remove the majority of the budgets for managing public toilets has already been made as part of the budget decisions in February 2017. There are mitigations in Options 1 & 2.

- In Option 1, the development of a Business/Community Toilet Scheme as proposed will significantly increase the availability of publicly accessible toilets, across the city and in a range of different venues. This would not only offset the negative impacts of closing the Council’s Public Toilets, but will also offer an increase in provision. This would need to ensure appropriate accessibility for all residents, with specific attention to those with access requirements from protected characteristic groups. There are already successful Business/Community Toilet Schemes in a number of other Authorities including Gloucester, Oxford, Richmond, Poole, Sheffield, and Edinburgh to consider as examples.

- In Option 2, there will be a single Public Toilet remaining. This is a mitigation though most likely to be of use to people living in or visiting that specific location and limited beyond that.

- Option 3 has no mitigation at this time.

3.3 Does the proposal create any benefits for people with protected characteristics?

The benefits of the proposal are mostly focussed on Option 1, because of the impact of the Business/Community toilet scheme. This would increase accessible provision across the city. The quality of this provision will be higher than the standard currently offered by the public provision. Areas with no accessible provision currently could be targeted through the scheme to increase accessibility. Some participating premises are likely to have longer opening hours into the evening, unlike the current provision.

Option 2, keeping a single toilet, is likely to mean improving the quality of that specific provision, thereby benefiting those in that area.

3.4 Can they be maximised? If so, how?

As outlined above for option 1. In addition, the Business/Community Toilet scheme could be targeted to specific needs of communities of protected characteristics. For example, such as mapping accessible provision clearly, ensuring close proximity to transport links, ensuring all participating businesses comply with the Equality Act 2010. Much of this work can be done in partnership with leading VCS/equality organisations to ensure all the communications about such a scheme are accessible and clear, including web presence, signage etc.

Further work can be undertaken with two major city centre locations to encourage the installation of Changing Places for adults.

There are some mitigating factors in that there are a number of services that are available for homeless people and rough sleepers to access during the day where they can access services.

[https://www.bristol.gov.uk/documents/20182/503114/Survival+Handbook+for+homeless+people/b73b7aae-c9fa-4f1b-bc4f-c788dc4eadcf ] and toilets (p35), which we will work with St Mungo’s to update.
Step 4: What next?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?

Identifying the groups most at risk of negative impact from the closure or severe reduction in public toilets run by the city council has encouraged the development of the mitigations offered by the potential Business/Community Toilet Scheme. Sharing these impacts and potential mitigations is a key part of the consultation.

4.2 What actions have been identified going forward?

This will be subject to the consultation responses to the options put forward.

4.3 How will the impact of your proposal and actions be measured moving forward?

For Option 1, a monitoring and review approach will be put in place for any Business/Community Toilet Scheme, to ensure access for all residents and to understand any further support required by businesses to continue to manage and improve the scheme.

For the other options, there will not be a formal reviewing approach, but we will be alert to feedback received from the public moving forward regarding further impacts or issues arising.