APPENDIX X

INITIAL EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA) REVIEW OF THE STATEMENT OF LICENSING POLICY

Please Note:-

This document describes an initial assessment of equalities impacts in relation to the *"Review of the Statement of Licensing Policy"*

The council has a statutory duty to consider the impact of its actions in relation to the following protected characteristic groups:-

1. Age
2. Disability
3. Gender Reassignment
4. Marriage and Civil Partnership
5. Pregnancy and Maternity
6. Race
7. Religion or Belief
8. Sex
9. Sexual Orientation

In addition, council policy includes consideration of the impact of its actions in relation to 'socio-economic groups', the 'Armed Forces Community' and 'Care Leavers'.

Therefore, the council wishes to hear and proactively consider any comments in relation to how any aspect of the options presented may impact on any sections of the community as listed above. Any feedback in relation to equalities and any point raised within this document will inform a full Equality Impact Assessment and Analysis of the Annual Review of Hackney Carriage Fares proposals.

You can find out more at **consultation@southglos.gov.uk**

or sending your comments to:

Executive Director - Place, Licensing Service, PO Box 1954, Bristol, BS37 0DD or to Taxis@southglos.gov.uk,

Phone: 01454 868154

Copies of the consultation are available from your local library or one stop shop.

The consultation starts on 31st July 2026 for a 12 week which closes on 23rd October 2026

SECTION 1 - INTRODUCTION

This Equality Impact Assessment (EqIAA) relates to the Statement of Licensing Policy 2027, which sets out how the Council will carry out its statutory duties under the Licensing Act 2003.

The policy provides the framework for determining applications and regulating licensable activities, including:

- The sale of alcohol
- Regulated entertainment
- Late-night refreshment

It is designed to promote the four statutory licensing objectives:

- Prevention of crime and disorder
- Public safety
- Prevention of public nuisance
- Protection of children from harm

In undertaking its licensing functions, the Council must have due regard to the Public Sector Equality Duty under the Equality Act 2010. This requires the Council to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people who share protected characteristics and those who do not
- Foster good relations between different groups

The policy explicitly recognises these responsibilities and commits to ensuring that licensing decisions are fair, transparent and inclusive, taking into account the needs of diverse communities.

This EqIAA assesses the likely equality impacts of the policy on individuals and communities with protected characteristics and identifies any potential disproportionate impacts, along with appropriate mitigation measures.

SECTION 2 - RESEARCH, ENGAGEMENT AND CONSULTATION

NB. This section will be updated post consultation.

Research and Evidence Base

The development of the policy has been informed by a range of national and local evidence, including:

- Data on alcohol-related harm, including 9,809 alcohol-specific deaths in the UK in 2024, indicating ongoing public health concerns
- Local evidence showing links between alcohol consumption and:
    - Crime and anti-social behaviour
    - Health inequalities
    - Demand on public services
- Evidence identifying disproportionate impacts of alcohol harm on certain groups, including:
    - People in more deprived areas
    - Older adults
    - Women
    - People with disabilities
    - LGBTQ+ individuals

The policy also reflects wider strategic priorities relating to:

- Community safety
- Public health
- Economic development and the night-time economy
- Violence Against Women and Girls (VAWG) and public safety in licensed environments

The Policy is clear on the following:

Alcohol Related Deaths in the UK

Alcohol-specific mortality remains a significant public health concern across the UK. In 2024, there were 9,809 deaths registered from alcohol-specific causes in the UK. Whilst this represented a decrease from the record high reported in 2023, mortality levels remain substantially above pre-pandemic levels, demonstrating the continuing impact of alcohol-related harm on individuals, families and communities. Men continue to experience disproportionately higher levels of alcohol-specific mortality, with death rates remaining approximately double those of females. Alcoholic liver disease remains the leading cause of alcohol-specific deaths, accounting for around three quarters of all alcohol-specific mortality. These trends highlight the ongoing need for prevention, early intervention and partnership approaches to reducing alcohol-related harm and supporting the licensing objectives. Alcohol-specific deaths in the UK - Office for National Statistics

Alcohol Related Harm in South Gloucestershire

Alcohol consumption at increasing and higher-risk levels continues to contribute to a range of health, social and economic harms within South Gloucestershire. A significant proportion of adults are estimated to drink above the UK Chief Medical Officers' lower-risk drinking guideline of 14 units per week, increasing the likelihood of alcohol-related harm to individuals, families and communities.

Alcohol-related harm can include poor physical and mental health outcomes, crime and anti-social behaviour, domestic abuse, financial hardship, reduced workplace productivity, accidents and increased demand on public services. Patterns of alcohol consumption and associated harms are not experienced equally across the population, with some groups experiencing disproportionate impacts due to deprivation, age, gender and wider health inequalities.

Local evidence indicates that harmful drinking behaviours remain a concern across all age groups, including risky drinking among younger adults and the continuing impact of long-term alcohol consumption among older populations. Alcohol-related hospital admissions, treatment need and wider community harms continue to place pressure on health, social care and enforcement services, reinforcing the importance of partnership approaches to prevention, early intervention and responsible licensing.

Alcohol-related harms are associated with inequalities. People on a low income, women, older people, and adults with learning disabilities are more vulnerable to alcohol-related harms. Certain groups of people such as looked after children, adults aged 55 to 64 and LGBTQ+ individuals are more likely to be drinking at riskier levels. A Chief medical officer report, provides an overview of the health of England's population, including trends over time and geographical variation. 2025 – Health Trends and Variation in England The data shows substantial variation in health across the country and over time. This includes analysis by geography, socioeconomic status, gender, age and ethnicity. Itidentified that the percentage of drinkers who consume more alcohol are those in the least deprived areas of England. A greater level of alcohol-related harm however is experienced by those living in the most deprived areas, this is due to the combination of additional behaviours such as smoking, excessive weight and poor diet. The alcohol harm paradox: using a national survey to explore how alcohol may disproportionately impact health in deprived individuals | BMC Public Health | Full Text

The "Clinical guidelines for alcohol treatment" published by the Department of Health and Social Care on 28 November 2025 and updated on 17 April 2026 shows that: The Office for Veterans' Affairs report Health and wellbeing study of serving and ex-serving UK armed forces personnel (PDF, 11.2MB) found the following.

Veterans had substantially higher levels of alcohol misuse (harmful drinking including alcohol dependence) than the general population.

Veterans reported higher levels of probable PTSD and complex PTSD (C-PTSD) than the general population and serving personnel. Veterans who were deployed to Iraq and Afghanistan and exposed to combat reported higher levels of PTSD and C-PTSD than those who were not deployed.

Loneliness was associated with alcohol misuse in veterans. It is not clear whether loneliness causes harmful drinking or harmful drinking causes loneliness. Research on the general population shows that loneliness and common mental health problems can each influence the other.

In other research (Irizar and others, 2020), alcohol misuse (harmful drinking including alcohol dependence) has been found to be more common in serving and ex-serving armed forces personnel who said they drank:

- to cope with stress, mental health conditions or social pressure
- alone and at home

There is evidence that PTSD is associated with higher levels of alcohol use in veterans (Osborne and others, 2022).

Other work has pointed out factors linked to problem alcohol use for veterans including:

- using other substances (Gunn and others, 2019)
- depression and suicide risk (Mrnak-Meyer and others, 2011)
- gambling (Davis and others, 2017)

Engagement and Consultation

In accordance with statutory requirements, the Licensing Authority will consultation with:

- Responsible Authorities (including Police, Fire Authority, Public Health, Environmental Health and Safeguarding bodies)
- Representatives of licence holders (premises, clubs and personal licence holders)
- Businesses and local residents
- National and local organisations representing the licensed trade, community groups and other stakeholders

A full list of consultees includes:

- Industry bodies (e.g. UKHospitality, British Beer and Pub Association)
- Community and safety organisations
- Local MPs, councillors and parish councils
- Health organisations and charities (e.g. Alcohol Change UK, Drinkaware)

The consultation process enabled a wide range of stakeholders to contribute views on:

- Public safety
- Community impact
- Economic considerations
- Equality and inclusion

Feedback received has been considered and incorporated into the final draft policy.

SECTION 3 - IDENTIFICATION OF DISPARITIES, IMPACTS, AND ISSUES

NB. This section will be updated post consultation.

Overview
The policy is expected to have an overall positive impact by promoting safer communities, reducing alcohol-related harm and supporting inclusive access to licensed environments. However, some disproportionate impacts may arise for certain protected groups.

Identified Disparities and Impacts
1. Age
Impacts:
- Positive: Strong protections for children through restrictions on access, safeguarding measures and age verification requirements
- Potential negative: Restrictions may limit access for young people to certain venues or events

Issue:
Balancing safeguarding with appropriate access to social and cultural activities.

2. Disability
Impacts:
- Positive: Safer licensed environments and reduced public nuisance
- Potential negative: Licensing restrictions or conditions may limit accessible social opportunities if not carefully considered

Issue:
Ensuring accessibility is considered alongside safety measures.

3. Sex (including women and girls)
Impacts:
- Positive: Recognition of Violence Against Women and Girls (VAWG) and support for safer night-time environments
- Measures such as safer venue initiatives and partnership working are likely to benefit women and girls

Issue:
Ensuring consistent application of safety measures across licensed premises.

4. Race and Ethnicity
Impacts:
- Potential risk of disproportionate impact through enforcement activity or licensing decisions affecting minority-owned businesses

Issue:
Need for fair, consistent and evidence-based decision-making.

5. Sexual Orientation and Gender Identity
Impacts:
- Positive: Recognition that LGBTQ+ individuals may experience higher levels of alcohol-related harm
- Safer night-time economy initiatives support inclusion

Issue:
Ensuring LGBTQ+ venues and spaces are not disproportionately affected by restrictions such as noise or operating conditions.

6. Socioeconomic Disadvantage (cross-cutting)
Impacts:
- Evidence shows that alcohol-related harm disproportionately affects people in more deprived areas
- Licensing decisions may have indirect impacts on:

- Local economies
- Access to community spaces
- Health outcomes

Issue:
Addressing the “alcohol harm paradox” where disadvantaged groups experience greater harm.

7. Older People
Impacts:

- Evidence highlights increasing harmful drinking patterns and associated health impacts among older adults

Issue:
Ensuring policy supports prevention and early intervention.

SECTION 4 - ACTIONS TO BE TAKEN

NB. This section will be updated post consultation.

At this stage, consultation is being conducted.

1. All feedback will analysed and this EqIAA document will be updated to reflect all feedback received.

SECTION 5 - EqIAA OUTCOME

NB. This is an initial EqIAA, therefore, there is no outcome at this stage until all consultation feedback has been analysed and considered and this EqIAA updated.

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	☐	
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	☐	
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	☐	
Outcome 4: Stop and rethink.	☐	