

EQUALITY IMPACT ASSESSMENT FORM INCLUDING SOCIO-ECONOMIC DUTY

(Revised March 2021)

Please refer to the current Equality Impact Assessment guidance when completing this document. If you would like further guidance, please contact the Diversity and Inclusion Team on 01443 444529.

An equality impact assessment **must** be undertaken at the outset of any proposal to ensure robust evidence is considered in decision making. This documentation will support the Council in making informed, effective and fair decisions whilst ensuring compliance with a range of relevant legislation, including:

- Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011
- Socio-economic Duty – Sections 1 to 3 of the Equality Act 2010.

This document will also contribute towards our duties to create a More Equal Wales within the

- Well-being of Future Generation (Wales) Act 2015.

The [‘A More Equal Wales – Mapping Duties’](#) guide highlights the alignment of our duties in respect of the above-mentioned legislation.

SECTION 1 – PROPOSAL DETAILS

Lead Officer: Sian Nowell

Service Director: Sian Nowell

Service Area: Adult Services

Date: 7th august 2024

1.a) What are you assessing for impact?

Strategy/Plan	Service Re-Model/Discontinuation of Service	Policy/Procedure	Practice	Information/Position Statement
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.b) What is the name of the proposal?

Residential Care Homes for Older People

It is proposed that Cabinet determines to

Notes that commitments made by Cabinet for investment into new accommodation with care facilities for older people are progressing, as outlined in Section 5 of this report, with construction making good progress at the extra care facility at Danymynydd in Porth and at the new extra care and residential facility in Mountain Ash.

Agrees the proposal to develop a new residential dementia care facility home on the former Chubb Factory site in Ferndale,

Agrees to initiate consultation with the individuals and their families, staff and other relevant stakeholders on the preferred option to decommission the current Ferndale House Care Home for older people when suitable alternative placements are found for existing residents in a home of their choice which meets their assessed needs on a temporary basis until the new care home development at the former Chubb Factory site in Ferndale is available at which time the affected individuals will be offered the opportunity to return to the new care home in Ferndale, subject to their assessed needs and wishes at that time.

Agrees to initiate consultation with the individuals and their families, staff and other relevant stakeholders on the preferred option to permanently decommission Cae Glas Care Home for older people when suitable alternative placements are found for existing residents in a home of their choice which meets their assessed needs.

Agrees to restrict admissions to the Council's residential care homes, other than in exceptional circumstances where an appropriate alternative placement that can meet the assessed need is not available. This is in order to minimise any potential impact on service users until such time as Cabinet considers the results of the consultation exercise and any decision it may take in relation to the recommended proposals.

Agrees to receive a further report following conclusion of the proposed consultation, including an updated full Equality Impact Assessment prior to any final decision being made in relation to the recommended options for the Council's care accommodation provision for older people.

1.c) Please provide an overview of the proposal providing any supporting links to reports or documents.

Please see the Cabinet report [September 2024](#)

There are currently 30 care homes for older people in Rhondda Cynon Taf, offering a total of 1224 beds, compared to 34 care homes and 1308 beds reported to Cabinet in February 2023. Of these:

- the Council currently operates 7 residential care homes offering 237 residential beds, compared to 9 care homes and 267 beds reported to Cabinet in February 2023.
- independent sector providers contracted by the Council currently operate 23 care homes, offering 989 residential and nursing beds, compared to 25 reported care homes, and offering 1041 residential and nursing beds in February 2023.
- the Council's market share is approx. 19% of the total market. The other Local Authorities in the Cwm Taf Morgannwg region have a lower in-house market share with Bridgend at 10% of their total 907 care home beds and Merthyr Tydfil at 13.6% of their total 352 care home beds (based on figures received in August 2024).

As of 9th August 2024, the Council's residential care homes were supporting 156 permanently occupied beds – 2 more than reported to Cabinet in February 2023. This represents a current permanent occupancy of 65.8%, and whilst admissions to some care homes have been affected, for example, due to staffing and accommodation related issues, there continues to be a decline in demand for residential care home placements and this remains the principal reasons for the continued low occupancy and the surplus of residential beds.

Extra care has been a successful and sought after development and is offering more choice to people who previously would have had to consider residential care placement to meet their needs. The future facilities at Danyrnnydd and Mountain Ash will have an impact on the number of residential beds required as will the plan to create a new 40-unit development in Treorchy when the site becomes available. In 2023/24,

The in-house residential care home service significantly overspent, attributable mainly to under achievement of income due to low occupancy levels – this is likely to continue in 2024/25. This has to be considered within the context of the Councils obligation to produce a robust and financially sustainable budget into the medium term in what continues to be a challenging financial climate. Considering this context the current market capacity and anticipated future demand for care home placements it is prudent for members to review the accommodation strategy to include consideration for further decommissioning of care homes

1.d) Please outline where delivery of this proposal is affected by legislation or other drivers such as code of practice.

In considering this proposal, the Council will need to meet its requirements under the Social Services and Wellbeing (Wales) Act 2014 and its relevant Regulations and Codes of practice.

.All Registered care homes are subject to the Regulation and Inspection of social care in Wales 2016 Act. And as a consequence, must adhere to the statutory guidance for providers and are subject to inspection by Care Inspectorate Wales with regards to their compliance. In particular under section 25 Registered providers are required and ensure that individuals are treated with respect and sensitivity. Including but not limited to respecting the individual's privacy and dignity; respecting the individual's rights to confidentiality; promoting the individual's autonomy and independence and having regard to any relevant protected characteristics (as defined in section 4 of the Equality Act 2010) of the individual.

Further to the above Care Inspectorate Wales have emphasised their commitment to promoting the rights of social care users in their work to Register and Inspect regulated social care organisation in their public commitment published 4 May 2023

[Our commitment to promoting and upholding the rights of people who use social care and childcare services \(HTML document\) | Care Inspectorate Wales](#)

Certain roles within the care homes are regulated by Social Care Wales and all Regulated workers are required to adhere to the requirements of Social Care Wales and particularly the social Care code of practice [\(socialcare.wales\)](#). There are specific Registration requirements for Care workers and for the management arrangements within each provider organisation. There is in addition practice guidance for managers and staff and specific vetting and training requirements at induction.

Any Social Care service (such as a care home placement within an independent care home) procured by the Council is subject to ongoing contract management and monitoring and as a public authority the Council has due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

Whilst service users and staff will assert choice over their onward care arrangements, we would only support them into Regulated placements that are subject to contract monitoring that specifically considers the following (as set out in the Contract)

Outcome			
15. People feel safe and secure, free from discrimination and harassment are treated with dignity and respect, are protected from financial abuse and receive high quality services			
15.1 Performance Indicators:			
Outcome Measure	PI	Target	Method of monitoring
O4.1 People feel protected from abuse or the risk of abuse.	O4.1a No of People reported they feel safe and protected from the risk of abuse	100%	Annual audit of a sample of review outcome Community Review Team, Nurse Assessor Observation of records and practice Service user QA survey during CMO monitoring visit
	O4.1b No of safeguarding's that the Service Provider has failed to report	0%	Annual audit of a sample of review outcome Community Review Team, Nurse Assessor Observation of records and practice Service user QA survey during CMO monitoring visit
	O4.1c No of safeguarding concerns discussed at strategy meeting where the outcome is proven	0%	Annual audit of a sample of review outcome Community Review Team, Nurse Assessor Observation of records and practice Service user QA survey during CMO monitoring visit
O4.2 People feel positively supported and free from discrimination	O4.2a No of people reporting they feel positively supported and free from discrimination	100%	Annual audit of a sample of review outcome Community Review Team, Nurse Assessor Observation of records and practice Service user QA survey during CMO monitoring visit

	O4.2b No of people who feel confident they understand their rights and entitlements	100%	Annual audit of a sample of review outcomes Community Review Team, Nurse Assessor Observation of records and practice Service user QA survey during CMO monitoring
	O4.2c No of people who know they can access an advocate if they need to	100%	Annual audit of a sample of review outcomes Community Review Team, Nurse Assessor Observation of records and practice Service user QA survey during CMO monitoring
O4.3 People are supported to make a complaint or comment about the service	O4.3a No of people reporting they know how to make a complaint/comment	100%	Annual audit of a sample of review outcomes Community Review Team, Nurse Assessor Observation of records and practice Service user QA survey during CMO monitoring
	O4.3b No of complaints /comments received from individuals or their relative/carer	To be set in year 2	Annual audit of a sample of review outcomes Community Review Team, Nurse Assessor Observation of records and practice Service user QA survey during CMO monitoring
O4.4 Deprivation of Liberty Safeguards are used appropriately and in accordance with the Mental Capacity Act 2005.	O4.4a No. of people appropriately identified as at risk of deprivation of liberty	100%	Consideration at annual review Community Review Team, Nurse Assessor Observation of records
	O4.4b No of DoLS request made	To be set in year 2	Consideration at annual review Community Review Team, Nurse Assessor Observation of records
O4.5 People are supported to manage their own finances where appropriate and have the capacity to do so.	O4.5a No of people that feel supported to manage their own finances	100%	Annual audit of a sample of review outcomes Community Review Team, Nurse Assessor Observation of records and practice Service user QA survey during CMO monitoring

15.2. The Required Service Arrangements:

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?																								
		<p>routines, changes to visiting arrangements cited as likely to have an impact on people’s health and wellbeing.</p> <p>The council has experience of home closures over the past 5 years and has developed a home closure protocol to ensure a focus on the individual needs of the person whilst maintaining a strategic oversight of the process. This has been effective and has managed to ensure people feel supported and maintain choice and control even in circumstances where the home closure has been unplanned. (see action plan for outline)</p> <p>Consideration to the Alzheimer’s Association, Changing Care Providers (Accessed 17 December 2021) Achieving closure: good practice in supporting older people during residential care closures’ Glasby, Jon; Robinson, Suzanne; Allen, Kerry (2011)</p> <p>See action plan for</p> <ul style="list-style-type: none"> • the communication and engagement approach for residents and their families • The management of home closure protocol. <p>STAFF The care workforce is ageing and may have specific concerns regarding the change proposed which can be identified and considered as part of the consultation process . Increased part time working for</p>	<p>age range of people affected is between 68 and 92 years as follows (snapshot from WCCIS).</p> <table border="1" data-bbox="1435 467 1796 748"> <thead> <tr> <th>Age Group</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>60 to 70</td> <td>8</td> </tr> <tr> <td>71 to 80</td> <td>18</td> </tr> <tr> <td>81 to 90</td> <td>62</td> </tr> <tr> <td>91+</td> <td>12</td> </tr> </tbody> </table> <p>STAFF- The age range of staff affected is below</p> <table border="1" data-bbox="1435 890 1796 1283"> <thead> <tr> <th>Age Group</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Under 25</td> <td>5</td> </tr> <tr> <td>25-24</td> <td>14</td> </tr> <tr> <td>35-44</td> <td>12</td> </tr> <tr> <td>45-54</td> <td>25</td> </tr> <tr> <td>55-64</td> <td>37</td> </tr> <tr> <td>65+</td> <td>6</td> </tr> </tbody> </table>	Age Group	%	60 to 70	8	71 to 80	18	81 to 90	62	91+	12	Age Group	%	Under 25	5	25-24	14	35-44	12	45-54	25	55-64	37	65+	6
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		<p>older people is more widely experienced as people support themselves and their families during the cost-of-living crisis.</p> <p>Our action plan currently includes provision to ensure staff have good access to information and advice regarding their rights and entitlements, access to information and wellbeing support, good advice and engagement with HR regarding the management of change process and options and opportunity to discuss their individual concerns with appropriately trained and informed Council officers– see action plan</p> <p>Of note specific and individual circumstances can be explored in more detail during the consultation process if Cabinet agrees to progress the recommendations</p> <p>General population</p> <p>Whilst the focus of the negative impact will be experienced by those affected by the decision to consult on decommissioning there are wider aspects noted in the report that will have a positive effect on older people’s choice of accommodation with care in the future e.g.</p> <ul style="list-style-type: none"> • The commitments made by Cabinet for investment into new accommodation with 	

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
		<p>care facilities for older people as construction is making good progress at the extra care facility at Danymynydd in Porth and at the new extra care and residential facility in Mountain Ash.</p> <ul style="list-style-type: none"> The proposal to develop a new residential dementia care facility home on the former Chubb Factory site in Ferndale to address the growing need for good quality care accommodation for people living with dementia , 	
<p>Disability <i>(people with visible and non-visible disabilities or long-term health conditions)</i></p>	<p>Negative</p>	<p>Given the age profile (between 68 and 92 years) of service users it is likely that the residents at the care home suffer with frailty.</p> <p>As stated above whilst the proposals will have a negative effect on the people residing at the care homes affected. The wider strategy of the council will have a longer term positive affect on the general population offering more choice for people to access accommodation with care</p>	<p>Should Cabinet decide after a period of consultation to support the proposal</p> <p>the British Geriatric society provides information about frailty see here Introduction to Frailty British Geriatrics Society (bgs.org.uk)</p> <p>Of note the risk to people with frailty is different to others with physical disabilities as people with frailty are more at risk of falls, infections, delirium, incontinence and the associated effect on skin integrity but equally the impact of injury and disease is more significant and long lasting. People with frailty are vulnerable when services change and our plans will have to make sure communications with family and friends, carers, advocates and care managers are effective and co-ordinated. See action plan for the engagement approach.</p> <p>There will also be a secondary concern of a cognitive impairment including for those with a diagnosed</p>

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
			<p>dementia. Plans for the transfer of service users to new placements will need to ensure effective arrangements are in place to support peoples best interests including the use of advocates where people are unbefriended and specific care management and OT oversight - See action plan .</p> <p>the support for people with frailty can be intensive with moving and handling plans and equipment involved to support the person and the staff safely with all aspects of personal care. See action plan</p> <p>Person focussed service plans to accurately document care requirements are a regulatory requirement for each service user and essential for staff reference. Staff working in regulated care home settings are required to undertake moving and handling training as part of their induction and to refresh on a regular basis but in addition in some situations more individual support may be required. See action plan</p> <p>The physical disabilities and medical conditions of service users will be wide ranging. Social care staff are not required to have a sophisticated knowledge of medical or health conditions but the person-centred service plan should ensure the impact of the disability is clarified with regards to how this affects the care and support delivered See action plan</p> <p>The safe administration of medication is of particular importance and specific documentation and safeguards</p>

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			<p>are required as part of a person's care and support plan and given specific management oversight at the time of transfer. See action plan</p> <p>STAFF HR records show there are some staff within the service with recorded disabilities. They may or may not have reported this disability to their manager and to avoid disclosure of sensitive information in the public domain no specific breakdown or statistics can be provided.</p> <p>Some staff have reasonable adjustments in place to support them with their disability in work.</p> <p>As part of the transfer process, we will encourage open discussions for staff with a disability so relevant support can be provided to ensure any management of change is sensitive to their needs and if appropriate adheres to any agreed reasonable adjustment made.</p>
<p>Gender Reassignment <i>(anybody who's gender identity or gender expression is different to the sex they were assigned at birth including non-binary identities)</i></p>	<p>Neutral</p>	<p>There is no evidence to currently suggest that individuals who share the protected characteristic of gender reassignment would be impacted directly. Should officers be made aware of any impact arising, this impact assessment will be updated to reflect these.</p>	<p>Social Care does not routinely capture data on gender identity for staff or service users.</p> <p>Should Cabinet decide after a period of consultation to support the proposal there is a requirement on all care home providers to demonstrate a robust policy and training arrangements for Equality and Diversity to support inclusive practice. Service users will make their own choices for future care home placement but we will only support those choices for Regulated settings</p>

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
Marriage or Civil Partnership <i>(people who are married or in a civil partnership)</i>	Neutral	<p>There is no evidence to currently suggest that individuals who are married or in a civil partnership will be directly impacted by the proposal.</p> <p>There are no married couples residing in either care home affected. If this was the case the Council remains committed to supporting married couples remain together where care requirements allow</p> <p>Should officers be made aware of any impact arising, this impact assessment will be updated to reflect these</p>	<p>Social Care does not routinely capture data on married or civil partnership status for staff or service users.</p> <p>Should Cabinet decide after a period of consultation to support the proposal?</p> <p>There is a requirement on all care home providers to demonstrate a robust policy and training arrangements for Equality and Diversity to support inclusive practice. Service users will make their own choices for future care home placement but we will only support those choices for Regulated settings</p>
Pregnancy and Maternity <i>(women who are pregnant/on maternity leave)</i>	Neutral	<p>There is no evidence to currently suggest that this impact will have a disproportionate negative effect on women who are pregnant or on maternity leave. Should officers be made aware of any impact arising, this impact assessment will be updated to reflect this</p>	<p>This is not considered a risk to service users due to the age profile. We will ensure open dialogue with staff regarding their individual circumstances and work with HR to ensure peoples employment rights and entitlements are shared and supported particularly for any pregnant staff or anyone on maternity leave during the process</p>
Race <i>(ethnic and racial groups i.e. minority ethnic groups, Gypsy, Roma and Travellers)</i>	Neutral	<p>There is currently no evidence or data held to suggest that this impact will have a disproportionate negative impact on a specific ethnic or racial group. However, if officers are made aware of an impact, this impact assessment will be updated accordingly.</p> <p>SERVICE USERS</p>	<p>The ethnicity of the service users is predominantly White including Welsh, English, Scottish, Northern Irish, British, Irish as follows at 88% with 6% unrecorded, 4% white other and 2% Indian</p> <p>The specific cultural needs and wishes of the service users will be addressed during the consultation process and on an individual basis as part of the care management arrangements and</p>

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
		<p>The ADSS commissioned research to support anti racist Wales see here DTG 2022-23 Anti-racist Wales Final report FINAL.d2839695bfec9c3126ec87fa70d1b5968bef2d903e580a5012c7694db9d8a96c (1).pdf</p> <p>There will be a requirement on future care home providers to demonstrate robust policy and training for Equality and Diversity to support inclusive practice.</p> <p>There will also be a requirement through contract monitoring to demonstrate how they provide a safe and nurturing workplace for ethnic minority people to thrive and flourish in their work</p> <p>Communication with service users will be according to the needs and wishes of the individual. Where an interpreter is required including for BSL this will be commissioned as required</p> <p>Each person will have a skilled care manager working with them and their family to ensure their ongoing choice of care meets their assessed needs. This process will include consideration to their language and cultural needs and will include the provision</p>	<p>what matters to you conversations for peoples ongoing care and support.</p> <p>The ethnicity of our staff is not well documented in the ITRENT system as 78% are undisclosed. Of those who have disclosed their ethnicity 16% are white including Welsh, English, Scottish, Northern Irish, British, Irish 1% Asian Bangladesh and 4% black African.</p> <p>Many of the staff are longstanding and have been in post since before recording personal ethnicity information was updated in the ITRENT system. However, should the proposal be agreed by Cabinet to progress a consultation programme for the two named care homes this information will be manually collated</p>

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
		<p>of independent advocacy and interpreters as necessary.</p> <p>STAFF</p> <p>Our action plan includes provision to ensure staff have good access to information and advice regarding their rights and entitlements, access to information and wellbeing support, good advice and engagement with HR regarding the management of change process and options and opportunity to discuss their individual concerns with appropriately trained and informed Council officers– see action plan</p>	
<p>Religion or Belief <i>(people with different religions and philosophical beliefs including people with no beliefs)</i></p>	<p>Neutral</p>	<p>There is currently no evidence to suggest that this transfer of care will have a direct impact on those with a religion or belief, including those with no beliefs. Should officers be made aware of any potential impacts related to this protected characteristic, this impact assessment will be updated accordingly.</p>	<p>Social Care does not routinely maintain data on religion or belief for staff or service users.</p> <p>Should Cabinet agree to progress with a programme of consultation as part of that process a survey of residents will be undertaken to determine people's needs and wishes regarding their religion or beliefs and what would matter most to them in terms of this aspect of their life</p> <p>There is a requirement on all care home providers to demonstrate a robust policy and training arrangements for Equality and Diversity to support</p>

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?						
			inclusive practice. Service users will make their own choices for future care home placement but we will only support those choices for Regulated settings						
Sex <i>(women and men, girls and boys)</i>	Negative	<p>This transfer will have a disproportionate effect on women both in terms of staff and service users and carers.</p> <p>Service users</p> <p>The action plan sets out the engagement plan for implementation. Consideration to the specific needs of individual service users will be sought and addressed to ensure what matters to them is acknowledged and addressed.</p> <p>Previous engagement with this staff group in February 2023 regarding similar proposals identified.</p> <ul style="list-style-type: none"> • Staff were fearful that they might be adversely affected, some staff reported they were experiencing considerable anxiety about Human Resource issues – • such as job security, • safeguarding employment rights, • long-term career prospects, • remuneration and other entrenched causes of instability within the residential care sector. <p>Questions included:</p>	<p>SERVICE USERS</p> <p>The gender make up at the care homes affected is as follows</p> <table border="1" data-bbox="1435 676 1924 852"> <thead> <tr> <th>Gender</th> <th>Percentage:</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>76%</td> </tr> <tr> <td>Male</td> <td>24%</td> </tr> </tbody> </table> <p>No information or research was available to explain why there are more women residing in care homes than men but this may be because women in some communities live longer than men who previously worked in heavy industry. E.G</p> <p>The CTM Population needs assessment identified for CTM.</p> <p><u>Life expectancy</u></p> <p>Male 77.0 years Male healthy life expectancy 57.1 years</p> <p>Female 80.5 years Female healthy life expectancy 60.7 years</p> <p>Sex by Age Group (RCT) as a % of the population of 237654 people that completed the census 2021</p>	Gender	Percentage:	Female	76%	Male	24%
Gender	Percentage:								
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<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?																								
		<ul style="list-style-type: none"> • What would happen to staff members if their place of work closes? • Are current employees guaranteed to keep their jobs? • Will the current staff have options around redundancy? • Will the current hours be reduced if staff are redeployed? • How will proposed changes affect career prospects? <p>These fears will need to be addressed – see action plan.</p> <p>As stated above whilst the proposals will have a negative effect on the people residing and working at the care homes affected. The wider strategy of the council will have a longer-term positive affect on the general population offering more choice for people to access accommodation with care and employment</p>	<p>Male</p> <table border="0"> <tr><td>Aged under 15</td><td>19.2%</td></tr> <tr><td>Aged 16 to 24 years</td><td>11.5%</td></tr> <tr><td>Aged 25 to 34 years</td><td>12.9.0%</td></tr> <tr><td>Aged 35 to 49 years</td><td>18.2%</td></tr> <tr><td>Aged 50 to 64 years</td><td>20.3%</td></tr> <tr><td>Aged 65 years above</td><td>18.5%</td></tr> </table> <p>Female</p> <table border="0"> <tr><td>Aged under 15</td><td>17.7%</td></tr> <tr><td>Aged 16 to 24 years</td><td>10.1%</td></tr> <tr><td>Aged 25 to 34 years</td><td>13.1%</td></tr> <tr><td>Aged 35 to 49 years</td><td>18.4%</td></tr> <tr><td>Aged 50 to 64 years</td><td>20.1%</td></tr> <tr><td>Aged 65 years above</td><td>20.7%</td></tr> </table> <p>STAFF</p> <p>Of the staff identified in the service 89% are women and only 10% are men The workforce of primarily female and as noted above also ageing</p> <p>The proportion of females to males within RCT appeared to be equal in 2021, as the RCT Data Library recorded that there 51.1% of residents were females and 48.9% of residents were male.</p>	Aged under 15	19.2%	Aged 16 to 24 years	11.5%	Aged 25 to 34 years	12.9.0%	Aged 35 to 49 years	18.2%	Aged 50 to 64 years	20.3%	Aged 65 years above	18.5%	Aged under 15	17.7%	Aged 16 to 24 years	10.1%	Aged 25 to 34 years	13.1%	Aged 35 to 49 years	18.4%	Aged 50 to 64 years	20.1%	Aged 65 years above	20.7%
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Aged under 15	17.7%																										
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Aged 35 to 49 years	18.4%																										
Aged 50 to 64 years	20.1%																										
Aged 65 years above	20.7%																										
Sexual Orientation	Neutral	Currently, there is no evidence to suggest that this group will be disproportionately affected by the introduction of this proposal	Social Care does not routinely capture data on the sexual orientation of staff or service users.																								

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
<i>(bisexual, gay, lesbian, straight)</i>		<p>Should officers be made aware of any potential impacts related to this protected characteristic, this impact assessment will be updated accordingly.</p> <p>Whilst at this stage no firm agreement is in place to proceed to any transfer of services users from the named care homes – the engagement programme will focus discreetly on what matters to people about their environment, their care and support and their wishes, needs and expectations. If the plan progresses beyond consultation this conversation is managed again on an individual basis within the care management process</p>	<p>Should Cabinet decide after a period of consultation to support the proposal</p> <p>There is a requirement on all care home providers to demonstrate a robust policy and training arrangements for Equality and Diversity to support inclusive practice. Service users will make their own choices for future care home placement but we will only support those choices for Regulated settings</p>

In addition, due to Council commitments made to the following groups of people we would like you to consider impacts upon them:

	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
Armed Forces Community <i>(anyone who is serving, has served, family)</i>	Neutral	Veterans could be indirectly impacted through the transfer of care Evidence suggests that veterans in RCT are older and likely to have disabilities or long-term health or mobility conditions. There may therefore	<ul style="list-style-type: none"> • 3.2% of people in RCT have previously served in the UK regular armed forces • 0.7% of people in RCT have previously serviced in the UK reserve armed forces

<p><i>members and the bereaved)</i></p>		<p>be veterans within the cohort of affected services users.</p> <p>During the engagement process adult services will link in with the Regional Armed Forces Covenant Liaison Officer to assist with the identification of veterans in the service users and staff cohort and for advice specifically for the communication and support to veterans See action plan</p> <p>As stated above whilst the proposals will have a negative effect on the people residing at the care homes affected. The wider strategy of the council will have a longer term positive affect on the general population offering more choice for people to access accommodation with care</p>	<ul style="list-style-type: none"> 0.2% of people in RCT have previously served in both regular and reserve UK armed forces <p>(Census 2021, Population Maps)</p>
<p>Carers <i>(anyone of any age who provides unpaid care)</i></p>	<p>Negative</p>	<p>As the groups most affected are older it is very likely that their unpaid carers will equally experience disruption and distress from the proposals</p> <p>Whilst some of the physical and emotional aspects of care will have eased due to the residential nature of the service carers generally remain actively involved and concerned with regards to the day-to-day care of their loved one and committed to supporting their best interests. Carers will therefore experience some distress and uncertainty during the decommissioning process as the routine for their loved one and their own are disrupted.</p>	<p>Should Cabinet decide after a period of consultation to support the proposal</p> <p>Carers will be treated the same as service users during the engagement process. However, as part of the engagement the RCT carers support project will assist with specific communications, support and advice to carers as required See plan</p> <p>Previous engagement in February 2023 identified the following concerns of families / carers that need to be considered in the action plan</p>

		<p>We are aware from surveys and research that people including unpaid carers value continuity of care and personalised care therefore the transfer will have an impact until new relationships and routines are re-established</p> <p>In addition to the care and support provided to residential services users both care homes provide respite care services which are Increased complexity of care managed at home by primary carers leads to a sustained demand for respite care both for crisis intervention and planned / regular arrangements.</p> <p>Respite is a particular need for carers of people with dementia and therefore the possible loss of access to respite beds at Cae Glas and Ferndale house may reduce availability of respite care.</p> <p>If the cabinet agree to pursue the proposals in the cabinet report a review of the people accessing respite care at the two care homes will be required and alternative provision identified, in addition to consideration for general mitigation against the reduction of respite beds (see action plan)</p>	<ul style="list-style-type: none"> wanted clear priority given to meeting the assessed needs of current residents and ensuring continuity of care. welcomed efforts made to understand and respond to their concerns. were very anxious about how Council decisions would be implemented, especially during the period of transition. They wanted any decision to be accompanied by commitments to ensuring that safeguards would be in place, including prompt assessments of need, choice of placements, dignified and timely transfers, ‘top ups’ where necessary and full involvement by staff in the homes. There was unanimously a feeling that any disruption to the residents must be kept to a minimum. Residents and relatives requested early, detailed information about transition planning, as well as the timing of any such move to ensure that the process is properly managed and that continuity of care can be maintained. People were concerned about safeguarding the interests of residents who lack capacity. Relatives were seeking assurances that longer travel distances should be avoided, especially as some of them are dependent on public transport. <p>STAFF</p> <p>There is currently no workforce data available regarding the proportion of staff who are also unpaid carers. However the older age of the workforce and the greater number of female employees that re both contributing factors to the likelihood of unpaid caring responsibilities. It would therefore be reasonable to assume many affected staff are also unpaid carers.</p> <p>As part of the transfer process we will make sure staff are supplied with relevant information from the Carers Support Project and RCT Council’s Working Carers</p>
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			team to support them during the management of change SEE ACTION PLAN
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If the initial screening test has identified negative impacts, then a full equality impact assessment (section 4) **must** be undertaken. However, if after undertaking the above screening test you determine a full equality impact assessment is not relevant, please provide an adequate explanation below:

Are you happy you have sufficient evidence to justify your decision? Yes No

Name: Sian Nowell

Position: Director Adult Services

Date August 2024

Please forward a copy of this completed screening form to the Diversity and Inclusion Team.

PLEASE NOTE – there is a separate impact assessment for Welsh Language. This must also be completed for proposals.

Section 3 Socio-economic Duty needs only to be completed if proposals are of a strategic nature or when reviewing previous strategic decisions. Definition of a ‘strategic nature’ is available on page 6 of the [Preparing for the Commencement of the Socio-economic Duty Welsh Government Guidance](#).

SECTION 3 – SOCIO-ECONOMIC DUTY (STRATEGIC DECISIONS ONLY)

The Socio-economic Duty gives us an opportunity to do things differently and put tackling inequality genuinely at the heart of key decision making. Socio-economic disadvantage means living on a low income compared to others in Wales, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services.

Please consider these additional vulnerable groups and the impact your proposal may or may not have on them:

- Single parents and vulnerable families
- Pensioners
- Looked after children
- Homeless people
- Students
- Single adult households

- People living in the most deprived areas in Wales.
- People with low literacy and numeracy
- People who have experienced the asylum system.
- People misusing substances.
- People of all ages leaving a care setting
- People involved in the criminal justice system

<u>Socio-economic disadvantage</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
<p>Low Income/<u>Income Poverty</u> <i>(cannot afford to maintain regular payments such as bills, food, clothing, transport etc.)</i></p>	<p>neutral</p>	<p>Currently, there is no evidence to suggest that service users in low income or income poverty will be disproportionately affected by the introduction of this proposal as their service will continue at a new care home of their choosing.</p> <p>Should Cabinet decide after a period of consultation to support the proposal Any staff on low income or income poverty affected by the proposals will be supported to consider their ongoing options with support from HR.</p> <p>As most of the staff are relatively low income, primarily female and part time the staff engagement process will include cost of living information, access to information and advice for their rights and entitlements and advice regarding skills development.</p>	<p>64% of households in RCT are single-family households. Of this group:</p> <ul style="list-style-type: none"> • 8.8% are single-family households of a lone parent family with dependent children. • 4.8% are single-family households of a lone parent family with non-dependent children. <p>(Census 2021: Population Maps)</p> <p>“There were 16.9 million families in England and Wales in 2021 – 18.7% were lone parents.”</p> <p>(Families in England and Wales: Census 2021)</p>

<p>Low and / or No Wealth <i>(enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provisions for the future)</i></p>	<p>Neutral</p>	<p>Currently, there is no evidence to suggest that service users with no or low wealth will be disproportionately affected by the introduction of this proposal as their service will continue at a new care home of their choosing.</p> <p>Should Cabinet decide after a period of consultation to support the proposal The staff with no or low wealth affected by the proposals will be supported to consider their ongoing options with support from HR.</p> <p>As most of the staff are relatively low income, primarily female and part time the staff engagement process will include cost of living information, access to information and advice for their rights and entitlements and advice regarding skills development</p>	<p>64% of households in RCT are single-family households. Of this group:</p> <ul style="list-style-type: none"> • 8.8% are single-family households of a lone parent family with dependent children. • 4.8% are single-family households of a lone parent family with non-dependent children. <p>(Census 2021: Population Maps)</p> <p>“There were 16.9 million families in England and Wales in 2021 – 18.7% were lone parents.”</p> <p>(Families in England and Wales: Census 2021)</p> <ul style="list-style-type: none"> •
<p><u>Material Deprivation</u> <i>(Unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, hobbies etc.)</i></p>	<p>Neutral:</p>	<p>Currently, there is no evidence to suggest that service users with material deprivation will be disproportionately affected by the introduction of this proposal as their service will continue with a new provider.</p> <p>Should Cabinet decide after a period of consultation to support the proposal Any</p>	<p>64% of households in RCT are single-family households. Of this group:</p> <ul style="list-style-type: none"> • 8.8% are single-family households of a lone parent

		<p>staff identified as experiencing material deprivation affected by the proposals will be supported to consider their ongoing options with support from HR.</p> <p>As most of the staff are relatively low income, primarily female and part time the staff engagement process will include cost of living information, access to information and advice for their rights and entitlements and advice regarding skills development</p>	<p>family with dependent children.</p> <ul style="list-style-type: none"> 4.8% are single-family households of a lone parent family with non-dependent children. <p>(Census 2021: Population Maps)</p> <p>“There were 16.9 million families in England and Wales in 2021 – 18.7% were lone parents.”</p> <p>(Families in England and Wales: Census 2021)</p>
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<u>Socio-economic disadvantage</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
<p><u>Area Deprivation</u> <i>(where you live (rural areas), where you work (accessibility of public transport))</i></p>	neutral	<p>Currently, there is no evidence to suggest that service users living in areas of deprivation will be disproportionately affected by the introduction of this proposal and they will transfer to an alternative care home of their choice.</p> <p>Should Cabinet decide after a period of consultation to support the proposal There is some evidence to suggest</p>	<p>During previous engagement in February 2023 families raised the difficulty of accessing public transport to visit relatives and loved ones if they are moved out of their local area -</p>

		<p>family and friends may find visiting more difficult if the new care home is not easily accessible by public transport. – consideration to the accessibility of an alternative care home must be considered during the individual assessment and coproduction of the care ad support plan - see action plan</p>	
<p>Socio-economic background <i>(Social class i.e. parents education, employment and income)</i></p>	<p>Neutral:</p>	<p>Currently, there is no evidence to suggest that service users from any specific socio-economic background will be disproportionately affected by the introduction of this proposal as their service will continue with a new provider.</p> <p>Should Cabinet decide after a period of consultation to support the proposal Advocacy for people needing someone to speak out or correspond on their behalf to secure their rights and entitlement will be arranged as is required in social care for this situation.</p> <p>The council has a policy for the management of change that includes the full involvement of the trade unions who will advocate for staff who may not feel confident to speak out on their concerns about their rights and entitlements</p>	

Socio-economic disadvantage

(What cumulative impact will the proposal have on people or groups because of their protected characteristic(s) or vulnerability or because they are already disadvantaged)

Neutral:

Currently, there is no evidence to suggest that service users will be disproportionately affected by the introduction of this proposal as their service will continue with a new provider.

Should Cabinet decide after a period of consultation to support the proposal Advocacy for people needing someone to speak out or correspond on their behalf to secure their rights and entitlement will be arranged as is required in social care for this situation.

The council has a policy for the management of change that includes the full involvement of the trade unions who will advocate for staff who may not feel confident to speak out on their concerns about their rights and entitlements

SECTION 4 – FULL EQUALITY IMPACT ASSESSMENT

You should use the information gathered at the screening stage to assist you in identifying possible negative/adverse impacts and clearly identify which groups are affected.

- 4.a) **In terms of disproportionate/negative/adverse impacts that the proposal may have on a protected group, outline the steps that will be taken to reduce or mitigate the impact for each group identified. Attach a separate action plan where impacts are substantial.**

Specific action required as part of the overall programme plan

Should Cabinet decide to support a period of consultation around this proposal:

A Service user engagement plan is required to ensure good communication with service users, carers and families both in advance and throughout the process that supports good practice and addresses 'what matters to people' with regards to their care and support needs this includes

- Initial communication in person by a senior officer of the Council at the care home to inform of the Cabinet report. Date to be determined.
- Followed by consultation events in both of the affected care homes for service users, carers and families to
 - Discuss the proposed decommissioning.
 - Gather direct accounts on the potential impact of the proposal.
 - Determine What matters to most to people 'with regards to their care and support and the approach to managing the transfer in the event the decision for decommissioning is agreed.
 - Gather further information regarding the protected characteristics of the people concerned and their specific needs and concerns Of note
 - identify veterans and refer to the veterans support service for specific assistance,

- identify people that are unbefriended for referral to advocacy support,
- Identify people with Welsh or other language needs including BSL for specialist interpreter support
- Identify people with religious or cultural needs that would have specific needs during and if appropriate after the consultation programme.
- Identify people who are LGBTQ+. who may have specific concerns and wishes during, and if appropriate, after the consultation programme.
- Review the people who receive planned respite at the two care homes affected and identify alternative respite arrangements.
- Review the availability of respite care for people needing residential or residential care with dementia to ensure availability of provision.

If following the consultation process the Cabinet agree to progress the decommissioning proposal

- Communication in person by a senior officer of the Council at the care home to inform of the Cabinet decision and next steps including details of a contact helpline for use throughout the process.
- Convene the home closure project team to oversee the home closure protocol

<https://www.cwmtafmorgannwgsafeguardingboard.co.uk/En/Professionals/AdultPoliciesandProcedures/A10CTMHomeClosureProtocolNov2022.pdf>.

- Arrange planned engagement events in each care home for service users, carers and families to discuss the proposed way forward, the timescales and support arrangements These event will also re-establish with service users and carers 'What matters to them 'with regards to how the process will be managed and introduce the key officers that will be overseeing the arrangements.
- Set up the strategic oversight arrangements of the home closure protocol.
- Allocate the service users to care management staff to review/reassess individual needs and co-produce care and support plans including the transfer arrangements required (transport, medication, equipment etc.) to reflect what matters to the service users concerned.
- Ensure ongoing care and support arrangements consider the transport requirements of carers and families with regards to visiting

- Identify carers and veterans amongst the service user and families and liaise with the Veterans service and carers support project to provide specific information advice and support as required.
- ensure unbefriended service users are assigned an independent advocate from the outset.
- Ensure where required the support of a Welsh speaking staff member is available in addition to other communication support (interpreters, BSL etc.)
- Ensure individual notification to service users and families with regards to their specific service transfer arrangements are clearly communicated to all parties as part of the care management process.
- Co-ordinate preparations for transfer at the care homes affected including updating the services plans and risk assessments, co-ordinating health provisions, managing communications etc. and the detailed handover meetings required to transfer service users and carers safely.
- Ensure the care and support for people that lack mental capacity are managed effectively with due regard to the Mental Capacity Act requirements and the best interests of the person.

Action Plan Staff

Should Cabinet decide to support a period of consultation around this proposal:

- A Staff engagement plan is required to ensure good communication both in advance and throughout the process that supports good practice this includes.
 - Initial meeting with a senior officer of the Council to inform staff and their representatives of the Cabinet report. Date to be determined.
 - Followed by consultation events in both of the affected care homes for staff to
 - Discuss the proposed decommissioning.
 - Gather direct accounts on the potential impact of the proposal.
 - Determine the key questions for staff to enable the facilitation of factual information and advice.

- Gather further information regarding the protected characteristics of the people concerned and their specific needs and concerns (e.g., identify veterans, people who need interpreters, women who are pregnant, people that have disabilities etc.)
- Identify carers and veterans amongst the staff and liaise with the Veterans service and carers support project to provide specific information advice and support as required.

If following the consultation process the Cabinet agree to progress the decommissioning proposal

- Further meeting with a senior officer of the Council to inform staff and their representatives of the Cabinet decision and to provide written information around the decision, their options and a route map of next steps (to include response to frequently asked questions)
 - Contact details of a helpline and designated email in-box monitored daily by a HR officer to ensure prompt responses to concerns and queries.
 - Face to face staff information surgeries at the care homes on (date to be determined) to access advice and information regarding.
 - Their rights and entitlements
 - Cost of living support and information
 - Wellbeing advice, information and access to support including occupational health if required.
 - To share information

4.b) If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.

None identified at this point but should officers become aware of an adverse impact where no way of reducing it is identified this section will be re-visited and escalated.

4.c) Give sufficient detail of data or research that has led to your reasoning, in particular, the sources used for establishing the demographics of service users/staff.

- Staff data – ITRENT staff database
- Service user and carer data WCCIS social care database.

- Articles used from the following (actual articles embedded as links in text above) British Geriatrics society, Social Care Wales, Social Care Institute for excellence, Association of Directors of social Services Wales, Association of Directors of Social Services London, Carers UK and the Census 2021 Alzheimer's society

4.d) **Give details of how you engaged with service users/staff on the proposals and the steps taken to avoid any disproportionate impact on a protected group. Explain how you have used feedback to influence your decision.**

Please see engagement plan with details of planned engagement with service users, carers, families and staff to mitigate the identified adverse effects of service transfer.

Engagement and staff communication will align with the council's management of change procedures and the adult services home closure protocol.

All engagement and consultation will consider the communication needs of the service users and staff including support to Welsh speaking workers and service users and carers (if they are identified during the process). Interpreters including BSL will be commissioned to support people as appropriate as will independently advocates.

All communications with staff will be alongside the trade unions.

4.e) Are you satisfied that the engagement process complies with the requirements of the Statutory Equality and Socio-economic Duties?

Yes

No

SECTION 5 – MONITORING, EVALUATING AND REVIEWING

5a) Please outline below how the implementation of the proposal will be monitored:

If Cabinet agree to progress the consultation for the decommissioning proposal

The implementation will be monitored through the consultation plan

If Cabinet agree to progress the decommissioning proposal following the consultation the decommissioning will be monitored

- Establishment of a home closure board to oversee the following activities to include relevant decision makers across the council.
 - The staff communications plan to ensure effective application of the management of change process.
 - The home closure protocol plan to manage the detailed planning to support safe transfer of care of the individual service users affected.
 - The communication and engagement plan to manage the co-ordination of information and arrangements in each care home.
 - evaluation criterion to measure the impact on staff and service users to include the following outcomes.

Initial PI's for the project

- No of staff leaving the council
- No of staff redeployed to posts elsewhere in the council.
- No of service users transferred to a new provider safely and within 2 months from date of decision.
- No of compliments and complaints related to the engagement process and communications.

5b) When is the evaluation of the proposal due to be reviewed?

Following the consultation process if Cabinet agree to progress

5c) Who is responsible for the monitoring and review of the proposal?

Sian Nowell Director of Adult Services

5d) How will the results of the monitoring be used to develop future proposals?

The outcome of the consultation will be reported to Cabinet and the EIA updated.

If the Cabinet agree to the decommissioning of the care homes following consideration of the consultation outcomes, an end of program report will be completed to set out lessons learned with regards to the management of a care home closure

SECTION 6 – REVIEW

For all policy proposals, whether it is a Significant Key Decision or not, you are required to forward this assessment to Diversity and Inclusion team – equality@rctcbc.gov.uk and the Consultation and Engagement team – consultation@rctcbc.gov.uk in the first instance for some initial guidance and feedback.

As part of the Welsh Language, Equalities and Socio Economic Duty Impact Assessment Process all proposals that fall within the definition of Significant Key Decision should present at the Officer Review Panel. This panel is made up of officers from across Council Services and acts as a critical friend before your report is finalised and published for SLT/Cabinet approval.

If this proposal is a Key Strategic Decision please forward your completed impact assessment, policy proposal/report and consultation report to CouncilBusiness@rctcbc.gov.uk for an Officer Review Panel to be organised to discuss your proposal. See our guidance document for more information on what a Significant Key Decision is.

It is important to keep a record of this process so that we can demonstrate how we have considered and built in equality/Socio economic considerations wherever possible. Please ensure you update the relevant sections below in collaboration with the relevant departments

Diversity and Inclusion team Comments	Date Considered	Brief description of any amendments made following Officer Review Panel considerations
	August 2024	The comments of the Diversity and Inclusion team have been incorporated into the EIA.
Consultation Comments	Date Considered	Brief description of any amendments made following consultation
N/A		
Officer Review Panel Comments	Date Considered	Brief description of any amendments made following Officer Review Panel considerations
	August 2024	Comments and feedback from the Officer Review Panel have been incorporated into the EIA.

SECTION 7 – SUMMARY OF IMPACTS FOR THE PROPOSAL

Provide below a summary of the impact assessment, to include some of the main positive and negative impacts along with an overview of actions taken since the impact assessment to better contribute to more positive impacts. This summary must be included in the Equality Considerations section of the SLT/Cabinet report template. It is not suitable to only write ‘please see full report at Appendix x’ in the body of the report. The impact assessment must be published alongside the report.

An Equality Impact Assessment has been completed and the main findings are as follows: -

The proposal to de-commission the two care homes will result in disproportionate impacts on people who are older, have disabilities, are carers and women and on low income.

If Cabinet agrees to proceed with a period of engagement and consultation for the proposals the consultation programme will consider further detail with regards to the impact on people with protected characteristics and advise on any further actions required to mitigate in addition to those already considered as

For service users many of the mitigating actions to support the identified concerns will be addressed through an effective engagement programme that will focus primarily on

- Good quality and timely information and communications to make sure people are aware of how the process will affect them and when.
- Specific consideration to carers, Veterans, unbefriended people and the most vulnerable (e.g., who lack capacity) and those with specific communication needs.
- Individual consideration and support by skilled and experienced staff to ensure the onward care and support supports What matters to the individual service user and their families.
- The co-ordination of the process according to an established home closure protocol

For staff the mitigating actions to support identified concerns will be addressed through

- The engagement and communication plan with staff to ensure good access to information and advice regarding their rights and entitlements, their options and the expected timescales of key events.
- Access to wellbeing, cost of living etc. advice and support throughout the process.
- The co-ordination of the process according to an established management of change process

SECTION 8 – AUTHORISATIONS

Lead Officer:

Name: Sian Nowell

Position: Adult Services Director

Date: 28/8/24

I recommend that the proposal:

- Is implemented with no amendments
- Is implemented taking into account the mitigating actions outlined x
- Is rejected due to disproportionate negative impacts on protected groups or socio-economic disadvantage

Head of Service/Director Approval:

Name: Neil Elliott

Position: Director of Social Services

Date: 28th August 2024

Please submit this impact assessment with any SLT/Cabinet Reports.