

# Equality Impact Assessment (EqIA) (including Welsh Language & Socio-economic Duty) V9

<b>Name of Policy or Practice</b>	North Wales Social Care Market Stability Report		
<b>Responsible Officer / Head of Department</b> (responsible for the Policy or Practice)	Morwena Edwards and Claire Darlington		
<b>Service / Department</b>	North Wales Social Care and Wellbeing Improvement Collaborative	<b>Start Date of Assessment</b>	06/06/22

<b>Name of officer(s) (and partners) completing the EqIA</b>		
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\*Consider including only job titles when publishing

Document Version	Revision Date	Briefly Describe the Changes

<b>EqlA Approved by Responsible Officer / Head of Department / Service / Committee</b>	
<b>Date EqlA Concluded</b>	
<b>Name</b>	
<b>Job Title</b>	
<b>Signature</b>	

## Introduction

This document is a multi-purpose tool ensuring the appropriate steps are taken to comply with the [Public Sector Equality Duty](#) Equality Impact Assessment legislation and to demonstrate that we have shown due regard to the need to reduce inequalities of outcome resulting from socio-economic disadvantage when taking strategic decisions under the [Socio-economic Duty](#). It also ensures consideration of the [Welsh Language Standards](#).

When we plan to introduce a new, or revise an existing, policy or practice, make changes or cuts to a service or make strategic decisions, we are required to consider if the decision would have a disproportionate impact on people sharing one or more [protected characteristic](#) or whether it could create inequalities of outcome around socio-economic disadvantage. Where this is likely to be the case, we must take appropriate action. The EqlA process is not intended to prevent us doing things but to ensure we have considered the impact. It helps us focus on the actions we can take to remove and/or mitigate any disproportionate or discriminatory impact and introduce measures to advance equality of opportunity.

To comply with the [General Duty](#) and [Socio-economic Duty](#), we must have 'due regard' (or consciously consider the need) to: eliminate discrimination, advance equality of opportunity and foster good relations and to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. The greater the relevance and potential impact, the higher the regard required by the duty. The General Duty will be more relevant to some functions than others and they may also be more relevant to some protected characteristics than others. Our duty must be exercised with rigour, an open mind and considered at a time when it can make a difference to our decisions. Policies with high

relevance, such as strategic budgetary decisions, grant-making programmes, changes to service delivery (including withdrawal or reorganisation of services), and recruitment or pay policies should always be subject to an assessment for impact. For further guidance see [EHRC Assessing Impact Guidance](#). Our duty to comply with this legislation cannot be delegated.

This form should demonstrate the steps taken to carry out the assessment including relevant engagement/consultation, the information taken into account, the results of the assessment and any decisions taken in relation to those results. The EqIA should be published where it shows a substantial (or likely) impact on our ability to meet the General Duty.

### **Benefits of undertaking an EqIA:**

- Gain a better understanding of those who may be impacted by the policy or practice
- Better meet differing needs and become more accessible and inclusive
- Enable planning for success – identifies potential pitfalls and unintended consequences before any damage is done
- Enable improved planning that will make decisions proactive rather than reactive, avoid having to reverse decisions which could have cost and reputational implications
- Demonstrate decisions are thought through and have taken into account the views of those affected
- Enable us to manage expectations by explaining the limitations within which we are working (eg, budget)
- Help avoid risks and improve outcomes for individuals
- Remove inappropriate or harmful practices and eliminate institutional discrimination
- Ensure we put Welsh and English Language on an equal footing. and that decisions are made that safeguard and promote the use of the Welsh language

Whilst this document may seem lengthy, as well as containing the necessary steps in the process, it also contains guidance notes in the key areas to assist you in undertaking the EqIA. Additional links to further information are also included for assistance. Further information can be found on NHS/ WLGA PSED/ EIA [here](#).

### **Equality and Welsh Language Impact Assessment Steps**

- Step 1 - Identify the Main Aims and Objectives of the Policy or Practice
- Step 2 - Data, Engagement and Assessing the Impact
- Step 3 - Procurement and Partnerships
- Step 4 - Dealing with Adverse or Unlawful Impact and Strengthening the Policy or Practice
- Step 5 - Decision to Proceed
- Step 6 - Actions and Arrangements for Monitoring Outcomes and Reviewing Data
- Step 7 - Publishing the Equality Impact Assessment

## Important Note to Completing Officer(s):

It is important that the EqIA is completed when the policy or practice is being developed so that the findings from the EqIA can be used to influence and shape the policy or practice. It is recommended as a minimum, it is completed by a lead officer who is responsible for the policy or practice, a subject matter expert and a critical friend with at least one who has received formal EqIA training. This document needs to be presented to the decision makers along with the draft policy or practice as part of the decision making process.

Where you are developing a high level strategy or plan that does not contain sufficient detail to show how it will impact on individuals or groups (ie, where there will be plans and actions sitting beneath the strategy that will determine this), you should still undertake the full Equality Impact Assessment. You may also need to complete additional EqIA(s) on the plans and actions beneath the high level strategy. This will ensure you demonstrate that you have shown due regard to complying with the General Duty, the Public Sector Equality Duty, the Welsh Language Standards and the [Socio-economic Duty](#).

If your policy or practice is as a result of a UK, Welsh Government or Local Authority wide directive, you should still assess the impact of this locally to identify any differential impact due to local difference.

You should consider whether other events, eg, Covid-19, Brexit, Black Lives Matter, etc, have highlighted or exacerbated inequalities that need to be addressed as you work through the EqIA.

## STEP 1 – Identify the Main Aims and Objectives of the Policy or Practice

### 1. What is being assessed? *(Please double click on the relevant box(es) (X) and select 'checked' as appropriate)*

- New and revised policies, practices or procedures (which modify service delivery or employment practices)
- Service review or re-organisation proposals which affect the community and/or staff, eg, early years provision, care, education
- Efficiency or saving proposals, eg, resulting in a change in community facilities, activities, support or employment opportunities
- Setting budget allocations for new financial year and strategic financial planning
- Decisions affecting service users, employees or the wider community including (de)commissioning or revised services
- New project proposals affecting staff, communities or accessibility to the built environment, eg, new construction work or adaptations to existing buildings, moving to on-line services, self-service, changing location
- Large Scale Public Events
- Local implementation of National Strategy/Plans/Legislation (refer to any national EqIA and consider local impact)
- X Strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions
- Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
- Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)
- Major procurement and commissioning decisions
- Decisions that affect the ability (including external partners) to offer Welsh language opportunities and services
- Other please explain in the box below:

*To ensure that the Market stability report draws on the Population Needs Assessment findings to reflect the needs of all people who require support from social care services and highlight gaps in provision for those individuals in North Wales including those with protected characteristics.*

*All actions arising from this assessment reflect the identified needs of people with protected characteristics and highlight gaps in services which will prevent inequality of service provision in the future through commissioning strategies and area plans.*

## **2. What are the overall aims, objectives and intended outcomes of the policy or practice?**

*The North Wales Market Stability Report (MSR) assesses the supply and sufficiency of the social care market. The aim is to highlight gaps in service provision and provide information to support a more sustainable social care market and will be used as a tool by commissioners to analyse supply and demand alongside the Population Needs Assessment. The purpose of this Equalities Impact Assessment is to ensure that this is done in an inclusive way.*

*Together the PNA and MSR reports highlight areas of inequalities in social care provision across the region for specific population groups, intended to inform social care strategy, policy, planning and practice*

*The MSR highlights negative impacts of shortage of supply within the social care market, and have it will have a positive impact across all protected characteristics which will be realised through Local Area Plans, commissioning plans which dictate operational activity which impacts on those at most risk of inequality.*

*The MSR will provide*

- *A better understanding of the current picture of service provision across the region*
- *Services can be developed based on actual need*
- *Because the assessment is being done on a regional basis it's easier for people with protected characteristics to get involved and can develop regional response to the assessment which may have financial benefits, avoid duplication and so on.*

## **3. Who are the main consultative groups (stakeholders)?**

- *Regulated social care providers including private, third sector local authority 'in house' providers*
- *Betsi Cadwaladr University Health Board (BCUHB)*
- *Public Health Wales*
- *Citizens receiving care and support*

*In addition to the nine protected characteristics, the needs of the following health population groups were assessed within the PNA. There is a strong link between these groups and some protected characteristics.*

- *Children and young people (Age)*
- *Older people (Age)*

- *Health, physical disability and sensory impairment (Disability)*
- *Learning disability (Disability)*
- *Autism (Disability)*
- *Mental health (Disability)*
- *Unpaid carers (Disability)*

**4. Is the policy related to, influenced by, or affected by other policies or areas of work (internal or external), eg, strategic EqIAs if this is an operational EqIA and vice versa?**

*Note: Consider this in terms of statutory requirements, local policies, regional (partnership) decisions, national policies, welfare reforms.*

- *The Social Services and Wellbeing (Wales) Act 2014 introduced a new duty on local authorities and health boards to develop a joint assessment of the sufficiency and sustainability of the social care market.*
- *The Market Stability Report has been produced by the North Wales Regional Partnership Board in line with the Code of Practice (Welsh Government, 2021).*
- *The Market stability report will inform high level strategic priorities based on supply and demand analysis within Local Area Plans, which will in turn inform Strategic Commissioning Strategies and Market Position Statements.*
- *This is the first Market Stability Report produced and takes into account the findings from the North Wales Population Needs Assessment 2022, which provides data and insight from all stakeholders, including those receiving care and support to inform this impact assessment.*
- *Well-being of Future Generations (Wales) Act 2015*
- *Regulation of Social Care (Wales) Act 2016*
- *Children Act 1989*
- *Childcare Act (2006)*
- *Additional Learning Needs and Education Tribunal Bill 2015*
- *United Nations Convention on the Rights of the Child*
- *Play Sufficiency Duty*
- *Strategy for Older People in Wales 2013-23*
- *United Nations Principles for Older Persons*
- *Welsh Government Declaration of the Rights of Older People in Wales*
- *Mental Health (Wales) Measure 2010*
- *Mental Capacity Act 2005*

- *Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015*
- *Serious Crimes Act*
- *Housing (Wales) Act 2014*

## STEP 2 - Data, Engagement and Assessing the Impact

When completing this section, you need to consider if you have sufficient information with which to complete your EqIA, or whether you need to undertake a period of engagement/consultation before continuing. The legislation relating to the EqIA process requires you to **engage and involve people who represent the interests of those who share one or more of the protected characteristics and with those who have an interest in the way you carry out your functions**. The socio economic duty also requires us to **take into account the voices of those in the community including those with lived experience of socio economic disadvantage**. You should undertake engagement with communities of interest or communities of place to understand if they are more affected or disadvantaged by your proposals. This needs to be proportionate to the policy or practice being assessed. Remember that stakeholders can also include our own staff as well as partner organisations.

Before carrying out particular engagement activities, you should first look to data from recent consultations, engagement and research. This could be on a recent related policy or recent assessments undertaken by colleagues or other sources, eg, [Is Wales Fairer?](#), [North Wales Background Data Document](#), Info Base Cymru, WIMD. This can help to build confidence among groups and communities, who can see that what they have said is being acted on. If you have very little or no information from previous engagement that is relevant to this EqIA, you should undertake some engagement work with your stakeholders and with relevant representative groups to ensure that you do not unwittingly overlook the needs of each protected group. It is seldom acceptable to state simply that a policy will universally benefit/disadvantage everyone, and therefore individuals will be affected equally whatever their characteristics. The analysis should be more robust than this, demonstrating consideration of all of the available evidence and addressing any gaps or disparities. Specific steps may be required to address an existing disadvantage or meet different needs.

**The Gunning Principles**, established from past court cases, can be helpful in ensuring we apply fairness in engagement and consultation:

Principle 1: Consultation must take place when the proposals are still at a formative stage. You must not have already made up your mind.

Principle 2: Sufficient reasons must be put forward to allow for intelligent consideration and response. Have people been given the information and opportunity to influence?

Principle 3: Adequate time must be given for consideration and response. Is the consultation long enough bearing in mind the circumstances?

Principle 4: The product of consultation must be conscientiously taken into account when finalising the decision.

**5. Have you complied with the duty to engage as described above and are you sufficiently informed to proceed?**



Yes    X    No        *(please cross as appropriate X)*

**6. If Yes, what engagement activities did you undertake and who with?**

*The MSR draws on the consultation and engagement work during the Population Needs Assessment. This includes;*

- *A survey completed by over 350 individuals, organisations and partners. A detailed consultation report provides further detail on the methods and process.*
- *A comprehensive literature search undertaken with regard to the protected characteristics*
- *Findings from relevant research, legislation, strategies, commissioning plans, other needs assessments, position statements and consultation reports.*
- *A communications sub group of the Market Stability Report Steering Group led on the creation of a Registered Providers Survey. An invitation was sent to all registered providers by local authority commissioners. A total of 63 responses were received.*
- *Local teams undertook their own engagements where it was not being covered at regional level. Including 1-1's with registered providers.*

**7. If No, you may wish to consider pausing at this point while you undertake (further) engagement activities which you can include in the action plan below.** Please incorporate any information obtained from this additional activity in the boxes in question 8.

Action	Dates	Timeframe	Lead Responsibility	Information added to EqIA (✓)

**8. What information do you hold about the impact on each of the following characteristic and statutory considerations / duties from your experience of current service delivery and recent engagement or consultation?** Include any additional relevant data; research and performance management information; surveys; Government, professional body or organisation studies; Census data; Is

Wales Fairer? (EHRC<sup>1</sup> data); information from initial screening; complaints/compliments; service user data and feedback; inspections/ audits; socio-economic data including WIMD<sup>2</sup> data. You may wish to include sub-headings showing where each element of your data has come from, eg, national data, local data, organisation data, general or specific engagement exercises, etc.

Consider any positive or negative impact including trends in data, geography (urban or rural issues), demography, access issues, barriers, etc. Also include any areas where there are inequalities of outcome resulting from socio-economic disadvantage or other relevant issues identified by communities of interest or communities of place (ie, where stakeholders, service users, staff, representative bodies, etc. are grouped together because of specific characteristics or where they live) and any issues identified for people living in less favourable social and/or economic circumstances.

<b>Protected Characteristic /Group</b>	<b>Relevant Data</b>	<b>Positive and / or Negative Impact</b>	<b>Prompts</b> (not an exhaustive list)
<b>Race</b>	<p><i>People from Black, Asian and minority ethnic groups have higher coronavirus mortality rates. (PNA page 22)</i></p> <p><i>Black, Asian and minority ethnic communities' mental health were disproportionately affected by mental health needs due to the pandemic. (PNA page 214)</i></p> <p><i>BME communities told us that access to mental health services was an area for improvement. (Pg 211 PNA)</i></p> <p><i>Children with the lowest educational attainment before the pandemic will have fallen further</i></p>	<p><b>Positive Impact</b> <i>Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</i></p>	<p>Consider Ethnicity Nationality Gypsies / Travellers Language: interpreter provision Refugee / Asylum Seekers Migrants Positive Action Awareness events <a href="#">United Nations Convention on the Elimination of All Forms of Racial Discrimination (UNCERD)</a></p>

<sup>1</sup> Equality and Human Rights Commission

<sup>2</sup> Wales Index of Multiple Deprivation

<b>Protected Characteristic /Group</b>	<b>Relevant Data</b>	<b>Positive and / or Negative Impact</b>	<b>Prompts</b> (not an exhaustive list)
	<p><i>behind their peers including children of certain ethnicities (PNA Pg 22)</i></p> <p><i>There is a lack of research about the experience of people from Black and minority ethnic groups with experience of Autism. This means it can be even harder to get the support they need. We need to understand the experiences of autistic people and families from different backgrounds and cultures and help create a society that works for all autistic people. (PNA page 196)</i></p>		
<b>Disability</b>	<p><b>Local Data:</b></p> <ul style="list-style-type: none"> <li>• Average local authority/health board Commissioned domiciliary care hours per week</li> <li>• Average hourly rate of domiciliary care by population group (£)</li> </ul> <p><b><u>People with Mental Health needs</u></b> <i>There is a shortage of mental health provision across North Wales (PNA 2022)</i></p> <p><b><u>People with Learning Disability</u></b> <i>The level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money (as a result of reducing local authority</i></p>	<p><b>Positive Impact</b> <i>Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</i></p> <p><i>There is no specialist mental health provision including for autism and severe mental illness in Gwynedd. Conwy is the nearest location but the provision is non-Welsh speaking (MSR 2022).</i></p> <p><b>Positive Impact:</b> <i>The MSR provides evidence to develop new and expand</i></p>	

<b>Protected Characteristic /Group</b>	<b>Relevant Data</b>	<b>Positive and / or Negative Impact</b>	<b>Prompts</b> (not an exhaustive list)
	<p>settlements, Independent Living Fund (ILF) closure and Housing Support Grant restrictions) (MSR 2022)</p> <p><i>There is a high demand for supported living accommodation for people with a LD (PNA 2022)</i></p> <p><i>This increase number of people living in the community with dementia and complex needs may increase the demand for home care services, in particular ‘double staffed packages of care’. (MSR)</i></p> <p><b><u>Adults with learning difficulties and others with complex disabilities</u></b></p> <p><i>More bespoke housing is needed to cater for individual needs, particularly Step up/step down services are needed, where there is a placement breakdown and an individual needs more intense support for a period, rather than admission to hospital (PNA 2022)</i></p>	<p><i>existing services where there are gaps in provision.</i></p> <p><b>Positive Impact</b> <i>Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</i></p> <p><i>The information from the MSR will help commissioners support private and in house providers to improve financial sustainability and plan budgets effectively.</i></p> <p><i>The information from the MSR will help commissioners to devise strategy and plans to mitigate the risk of longer waiting times and individuals moving into to residential homes.</i></p>	
<b>Disability continued</b>	<p><b><u>Unpaid carers</u></b></p> <p><i>There are around 79,000 people of all ages providing unpaid care in North Wales (2011), and we expect this number to be increasing as</i></p>	<p><b>Positive Impact</b> <i>Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</i></p>	<p>Mobility / Dexterity Blind or Visually impaired Deaf or Hearing impaired Mental Health Learning Disabilities Dementia Neurological difference / Autism Access to buildings/ facilities</p>

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	<p><i>the need for care and support increases. The PNA Unpaid carers chapter</i></p>	<p><i>The information from the PNA and MSR identifies the lack of provision in the care market leads to additional demands on unpaid carers. Specifically, this is impacting the complexity of care meaning that unpaid carers are experiencing caring responsibilities with higher needs of care. People living longer coupled with Covid-19 increased the pressure on unpaid carers further.</i></p> <p><b>Positive impact:</b> <i>The MSR provides the evidence needed to support business cases, funding applications and justify increasing resources to support unpaid carers.</i></p>	<p>Access to communication methods Carers Dietary requirements Other Long Term Health Conditions <a href="#">United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)</a></p>
<b>Sex</b>	<p><i>Men have higher corona virus mortality rates (PNA Pg22)</i></p> <p><i>Women and girls often struggle to get referred to Autism diagnostic services, with many being forced to pursue private diagnosis. (PNA page 196) .</i></p> <p><i>Studies have shown that disabled women are twice as likely to experience domestic abuse and are also twice as likely to suffer assault and rape (Safe Lives: 2017).( PNA Page 150 )</i></p>	<p><b>Positive Impact;</b> <i>insight into the inequalities faced by men and women will help to identify likely support needs and plan services effectively.</i></p>	<p>Men / Women Gender Identity Toilet facilities/baby changing Childcare Gender Pay Gap Sex workers <a href="#">United Nations Convention on the Elimination of All Forms of Discrimination against Women (UNCEDAW)</a></p>

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	<p><i>Research suggests that women experiencing domestic abuse are more likely to experience a mental health condition, while women with mental health conditions are more likely to be domestically abused. 30-60% of women with a mental health condition have experienced domestic violence (Howard et al: 2009). (PNA page 217)</i></p>		
Age	<p><b><u>Older People who need residential care</u></b> <b>Regional/National data:</b></p> <ul style="list-style-type: none"> <li>- <i>Estimated number of people aged over 65 in 2020 and projected number in 2040 (Mid-year 2020 population estimates, Office for National Statistics; and 2018-based population projections, Welsh Government)</i></li> <li>- <i>Older people have increased covid-19 mortality rates (Pg 22 PNA)</i></li> </ul> <p><b>Local data:</b></p> <ul style="list-style-type: none"> <li>- <i>Current number of <b>adult care homes</b> (age 18 and over) by type and area (Local authority MSR data toolkits)</i></li> <li>- <i>Current number of permanent care home placements available to all adults aged 18 and over</i></li> <li>- <i>Percentage of vacant care home placements, 31 March 2021</i></li> <li>- <i>Gwynedd older people’s care home placements (local authority data)</i></li> </ul>	<p><i>The PNA highlighted the need for specialist provision for older people in a residential care setting. The MSR identified this as a gap in provision. This includes residential care for older people including;</i></p> <ul style="list-style-type: none"> <li>• <i>Dementia care provision</i></li> <li>• <i>Older peoples mental health residential and nursing placements</i></li> <li>• <i>For older people with a learning disability who also have physical health and dementia needs</i></li> </ul> <p><b>Positive impact:</b> <i>The MSR will provide evidence to make these types of provision a priority when considering development of workforce training needs, establishing and developing new services and development of buildings to meet demand.</i></p>	<p>Older People Children Young People Working Age People Young Families Demographics NB: Where children / young people are affected complete the <a href="#">Childrens Rights Checklist</a> <a href="#">United Nations Convention on the Rights of the Child (UNCRC)</a> Caring responsibilities</p>

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	<ul style="list-style-type: none"> <li>- Anglesey MSR adult residential care market overview</li> <li>- No of out of county placements for specialist residential care provision in Denbighshire (local authority data)</li> <li>- No of care home closures 2019-2021 (local authority)</li> <li>- Feedback from care home residents</li> <li>- Feedback from providers</li> </ul> <p>Due to a combination of people living at home longer and an ageing population, the complexity of those requiring adult residential care, and demand for care placements is increasing. The current mix of general needs and specialist residential care provision does not match projected future demand (MSR)</p>	<p><b>Positive Impact</b> Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</p> <p>Older people requiring specialist residential care are more likely to;</p> <ul style="list-style-type: none"> <li>• Have their discharge delayed (Increase in Delayed Transfers of Care from hospital)</li> <li>• Be placed out of county</li> </ul> <p><b>Positive impact:</b> MSR provides insight which may help providers to repurpose and create new provision where needed to meet demand.</p>	
<b>Age continued</b>	<p><b><u>Older People who need Domiciliary Care National Data</u></b></p> <ul style="list-style-type: none"> <li>- Predicted number of people aged 65 and over who struggle with activities of daily living (Daffodil, Mid-year population estimates, Office for National Statistics and 2018-based population projections, Welsh Government)</li> </ul>	<p><b>Positive Impact</b> Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</p> <p>There is a lack of available domiciliary care across the region impacted by a shortage of care staff. The nature of current arrangements mean that providers can refuse to give care, or return packages. Frequent emergencies</p>	

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	<ul style="list-style-type: none"> <li>- Average local authority/health board Commissioned domiciliary care hours per week (local authority data collection)</li> <li>- Percentage market estimated share of domiciliary care sector by type (local authority data)</li> <li>- Number of providers by operating area (Local authority data)</li> <li>- Numbers of people who receive domiciliary care packages in Conwy (local authority data)</li> <li>- Demographic of people accessing domiciliary care in Flintshire</li> <li>- Number of care hours handed back by providers (</li> </ul> <p>Demand for domiciliary care exceeds supply of domiciliary care provision in every area of North Wales. The majority of people who access domiciliary care across the region are over 65. Although this is also likely to impact on adults with long term health conditions and physical disabilities.</p>	<p>can occur, where providers report that they are no longer able to provide care due to staffing problems</p> <p>The MST provides analysis which may support providers and commissioners to develop mitigating actions to reduce the risk of;</p> <ul style="list-style-type: none"> <li>• People not receiving the care they need and are at risk of ‘slipping’ through the net’.</li> <li>• moving into residential care instead.</li> <li>• increased pressures for those who have family, friends or other support networks taking on the role of an unpaid carers</li> </ul>	
<b>Age (continued)</b>	<p><b><u>Children and Young People who need residential care</u></b></p> <ul style="list-style-type: none"> <li>- Children and Young People’s Market Position Statement (2021 update)</li> </ul>	<p><b>Positive Impact</b> Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</p>	



Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	<ul style="list-style-type: none"> <li>- <i>Out of county placements (StatsWales)</i></li> </ul> <p><i>Over 50% of children in residential care from North Wales are placed out of county, away from parents, siblings and support networks, impacting on the whole family (MPS)</i></p> <p><i>There is a shortage of;</i></p> <ul style="list-style-type: none"> <li>- <i>local residential providers.</i></li> <li>- <i>specialist provision for children and young people with complex behavioural and emotional needs</i></li> <li>- <i>emergency accommodation</i></li> </ul>	<p><i>For children and young people who cannot access safe/emergency accommodation due to their complex behavioural and emotional needs; cases of the use of s136 suites, inappropriate presentation/admission to hospital, delays in discharge and the use of unregulated care have been identified by local authority Children’s services.</i></p> <p><b>Positive Impact:</b> <i>The MSR provides information which may help commissioners to rebalance the care market, develop new models of care and create increased care capacity to meet the needs of children and young people. There is competition for placements, providers can ‘cherry pick’ individuals with least complex needs. Meaning those with a greater level of need wait longer to be placed or are sent further away from home.</i></p>	
<b>Religion &amp; Belief</b>		<p><b>Positive Impact</b> <i>Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</i></p>	<p>Faith Communities Non Beliefs Dietary requirements Vegetarianism/Veganism Other philosophical beliefs Dress code/uniforms Religious festivals/activities</p>

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
<b>Sexual Orientation</b>	<p><i>Surveys suggest older lesbian and gay people also experience higher levels of loneliness. Loneliness is associated with a range of health risks, including coronary heart disease, depression, cognitive decline and premature mortality (Valtorta et al., 2016).</i></p> <p><i>Risk factors for poor mental health disproportionately affect people from higher risk and marginalised groups. This includes Lesbian, gay, bisexual and transgender people (PNA Page 219)</i></p> <p><i>Surveys suggest older lesbian and gay people also experience higher levels of loneliness. Loneliness is associated with a range of health risks, including coronary heart disease, depression, cognitive decline and premature mortality (Valtorta et al., 2016).</i></p>	<p><b>Positive Impact</b> <i>Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</i></p>	<p>Gay Lesbian Bi-sexual Heterosexual Terminology Confidentiality about sexuality</p>
<b>Gender Reassignment</b>		<p><b>Positive Impact</b> <i>Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</i></p>	<p>A person who proposes to, starts or has changed their gender identity Transgender Appropriate language use, ie, appropriate pronouns Gender neutral changing facilities and toilets</p>
<b>Marriage &amp; Civil Partnership</b>		<p><b>Positive Impact</b> <i>Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</i></p>	<p>Marital status Civil Partnership status</p>

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
<b>Pregnancy &amp; Maternity</b>		<b>Positive Impact</b> <i>Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</i>	Pregnant mothers Those entitled to maternity and paternity leave Foster/Adoption Breastfeeding mothers
<b>Welsh Language</b>	<i>Shortages of staff, service availability lead and of county placements. This increases the likelihood of first language welsh speakers receiving care in English. This has been highlighted in particular for individuals where welsh language is a fundamental element of service provision, including; children and adults with complex needs such as individuals living with physical and learning disabilities including mental health and Autism.</i>	<b>Positive:</b> <i>The MSR provides an assessment of the gaps in care provision of private providers in the welsh language and identified barriers to receiving care in welsh for planning future provision; including workforce recruitment and retention issues and increased out of county placements.</i>	Ensuring equal status of both Welsh and English languages. Availability of and access to services, activities and information. Technology Rights of individuals to ask for WL services. Impact on Welsh speaking communities, including: Positive / negative effects on opportunities to use the WL. Possible changes to number/percentage of Welsh speakers Migration Job opportunities / Staffing changes. Training needs and opportunities Availability of Welsh medium education
<b>Socio Economic Considerations</b>	<i>People from certain ethnic groups, children, disabled people, carers are all more likely to experience poverty. (PNA Page 22)</i>	<b>Positive Impact</b> <i>Having a stable social care market and delivering care closer to home and improving access will have a positive impact on those with lower socio economic status</i>	People living in less favourable social and economic circumstances than others in the same society. Disadvantage may be exacerbated by many factors of

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	<p><i>Rhyl West 1, Rhyl West 2 and Queensway 1 in Wrexham are within the ten most deprived areas in Wales (Welsh Index of Multiple Deprivation 2019)</i></p> <p><i>People living within the most deprived communities in North Wales have a 25% higher rate of emergency admissions, there is a stark life expectancy disparity of 7 years and a general poor health and disability discrepancy of 14 years (BCUHB Annual Equality Report 2020-2021).</i></p>		<p>daily life, not just urban or rural boundaries.</p> <p>'Intersectionality' issues - where identity compounds socio-economic status, eg, single parents (often women), disabled people, some BAME groups.</p>
Human Rights	<p><i>People from Minority Ethnic groups are more likely to be sectioned under the Mental Health Act (Race and Mental Health – Tipping the Scale, Mind, 2019)</i></p> <p><i>The restrictions that have been implemented to manage the pandemic have impacted on children's ability to access their human rights under the United Nations Convention on the Rights of the Child, including the right to access to health care... and less well protected from violence, abuse and neglect. (PNA Page 76)</i></p> <p><i>In the report 'Locked Out: Liberating Disabled People's Lives and Rights Beyond Covid-19' (2021) it is recognised that the pandemic has</i></p>	<p><b>Positive Impact</b> <i>Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</i></p>	<p>See Human Rights Articles below. <a href="https://humanrightstracker.com/en/">https://humanrightstracker.com/en/</a> on EHRC website</p>

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	<i>had a detrimental impact on many areas of life for those with learning disabilities.</i>		
<b>Other (please state)</b>		<b>Positive Impact</b> <i>Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.</i>	Eg, Modern Slavery, Safeguarding, Other Covid effects, Carers, Ex-offenders, Veterans, Care Leavers, Substance Abuse, Homeless

<b>Human Rights Act 1998</b> <ul style="list-style-type: none"> <li>• Article 2 Right to life</li> <li>• Article 3 Freedom from torture and inhuman or degrading treatment</li> <li>• Article 4 Freedom from Slavery and forced labour</li> <li>• Article 5 Right to liberty and security</li> <li>• Article 6 Right to a fair trial</li> <li>• Article 7 No punishment without law</li> </ul>	<ul style="list-style-type: none"> <li>• Article 8 Respect for private life, family, home and correspondence</li> <li>• Article 9 Freedom of thought, belief and religion</li> <li>• Article 10 Freedom of expression</li> <li>• Article 11 Freedom of Assembly and association</li> <li>• Article 12 Right to marry and start a family</li> <li>• Article 13 Right to access effective remedy if rights are violated</li> <li>• Article 14 Protection from discrimination</li> </ul>
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**9. Are there any data or information gaps and if so what are they and how do you intend to address them?**

*To strengthen future work, local authorities could review equality information for those individuals receiving services by protected characteristic to strengthen understanding of needs at a strategic level. Regionally this data could be analysed against population data to check whether groups can access services when they need them and receive the same quality of care as the general population.*

Note: If it is not possible to obtain this information now, you should include this in your action plan in Step 6 so that this information is available for future EqIAs.

**10. How does your proposal ensure that you are working in line with the requirements of the Welsh Language Standards (Welsh Language Measure (Wales) 2011), to ensure the Welsh language is not treated less favourably than the English language, and that every opportunity is taken to promote the Welsh language (beyond providing services bilingually) and increase opportunities to use and learn the language in the community?**

*Welsh language considerations were taken into account – all consultation was bilingual including surveys and correspondence. The MSR is issues for stakeholder approval bilingually and published bilingually. Where requested documents have been translated for local authority staff who were first welsh speaking.*

11. **If this EqIA is being updated from a previous version of a similar policy or practice, were the intended outcomes of the proposal last time achieved or were there other outcomes?** (Please provide details, for example, was the impact confined to the people you initially thought would be affected, or were other people affected and if so, how?)

N/A

12. **What is the cumulative impact of this proposal on different protected groups when considering other key decisions affecting these groups made by the organisation?** (You may need to discuss this with your Service Head or Cabinet Member to consider more widely if this proposal will affect certain groups more adversely because of other decisions the organisation is making, eg, financial impact/poverty, withdrawal of multiple services and whether this is disadvantaging the same groups, eg, disabled people, older people, single parents (who are mainly women), etc)

13. **How does this proposal meet with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 including to create a More Equal Wales? (Summarise findings if you may have already considered this as part of the screening process)**

For more information, please see: <https://futuregenerations.wales/about-us/future-generations-act/>

*The MSR highlights challenges faced in the last 5 years within the social care market which are barriers to achieving the vision of A Healthier Wales and a More Equal Wales by setting out service provision and providing data, research and analysis to inform future planning.*

14. **Describe any intended negative impact identified and explain why you believe this is justified** (for example, on the grounds of advancing equality of opportunity or fostering good relations between those who share a protected characteristic and those who do not or because of an objective justification<sup>1</sup> or positive action<sup>2</sup>)

N/A

**Note<sup>1</sup>: Objective Justification** - gives a defence for applying a policy, rule or practice that would otherwise be unlawful direct or indirect discrimination. To rely on the objective justification defence, the employer, service provider or other organisation must show that its policy or rule was for a good reason – that is 'a proportionate means of achieving a legitimate aim'. A **legitimate aim** is the reason behind the discrimination which must not be discriminatory in itself and must be a genuine or real reason, eg, health, safety or welfare of individuals. If the aim is simply to reduce costs because it is cheaper to discriminate, this will not be legitimate. Consider if the importance of the aim outweighs any discriminatory effects of the unfavourable treatment and be sure that there are no alternative measures available that would meet the aim without too much difficulty (proportionate) and would avoid the discriminatory effect.

**Note<sup>2</sup>: Positive Action** - Where an employer takes specific steps to improve equality in the workplace to address any imbalance of opportunity, lessen a disadvantage or increase participation in a particular activity, for example, increasing the number of disabled people in senior roles where they are under-represented by targeting specific groups with job adverts or offering training to help create opportunities for certain groups. The public sector is expected to consider the use of positive action to help them comply with the Public Sector Equality Duty.

**15. Could any of the negative impacts identified amount to unlawful discrimination but are perceived to be unavoidable (eg, reduction in funding)?**

Yes  No  Not Sure  (Please double click on the relevant box (X) and select 'checked' as appropriate)

**16. If you answered Yes or Not Sure to question 15, please state below, which protected group(s) this applies to and explain why (including likely impact or effects of this proposed change)**

N/A

**17. If you answered No to question 15, are there any barriers identified which amount to a differential impact for certain groups and what are they?**

*The populations health needs are more likely to be more intensive for Older People, Children and Younger People and those with a Physical or Learning disability – impacting significantly on the protected characteristics of Age and Disability.*

*The work of the MSR and PNA seeks to identify those barriers and will not pose any new negative impacts.*

### STEP 3 - Procurement and Partnerships

The Public Sector Equality Duty (PSED) requires all public authorities to consider the needs of protected characteristics when designing and delivering public services, including where this is done in partnership with other organisations or through procurement of services. The Welsh Language Standards also require all public authorities to consider the effects of any policy decision, or change in service delivery, on the Welsh language, which includes any work done in partnership or by third parties. We must also ensure we consider the Socio-economic Duty when planning major procurement and commissioning decisions to consider how such arrangements can reduce inequalities of outcome caused by socio-economic disadvantage.

When procuring works, goods or services from other organisations (on the basis of a relevant agreement), we must have due regard to whether it would be appropriate :

- for the award criteria for that contract to include considerations to help meet the General Duty (to eliminate discrimination, promote equality of opportunity and foster good relations);
- to stipulate conditions relating to the performance of the contract to help meet the three aims of the General Duty.

This only applies to contractual arrangements that are “relevant agreements” which means either the award of a ‘public contract’ or the conclusion of a ‘framework agreement’, both of which are regulated by the Public Sector Directive (Directive 2004/18/EC) which regulates the specified EU thresholds. Further information can be found [here](#).

We must consider how such arrangements can improve equal opportunities and reduce inequalities of outcome due to protected characteristics and caused by socio-economic disadvantage, particularly on major procurement and commissioning decisions. The PSED applies to the work that private sector organisations undertake when delivering a public function on our behalf. We therefore need to ensure that those organisations exercise those functions by ensuring our procurement and monitoring of those services complies with the General Duty under Section 149 of the Equality Act 2010. In the same way, the Welsh Language Standards applies to any work undertaken on behalf of, and in the name of, public bodies that are themselves subject to the Standards, and so consideration should be given to how these requirements are monitored and communicated through the procurement documents. The Socio Economic Duty does not pass to a third party through procurement, commissioning or outsourcing. Therefore when we work in partnership with bodies not covered by the Socio Economic Duty, the duty only applies to us as the relevant public body.

**18. Is this policy or practice to be carried out wholly or partly by contractors or in partnership with another organisation(s)?**

Yes  No  *(Please double click on the relevant box (X) and select ‘checked’ as appropriate)*

If No, please proceed to Step 4



**19. If Yes, what steps will you take to comply with the General Equality Duty, Human Rights and Welsh Language Legislation and the Socio-Economic Duty in regard to procurement and/or partnerships? Think about :**

**Procurement**

- Setting out clear equality expectations in Tendering and Specification documentation, showing how promotion of equality may be built into individual procurement projects
- On what you based your decisions in the award process, including consideration of ethnical employment and supply chain code of practice
- Ensure that contract clauses cover the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and socio-economic requirements as well as Welsh Language Duties (remember that any duties from the Welsh Language Measure 2011 and Welsh Language Standards are also applicable to services provided on your behalf under contract by external bodies).
- Performance and Monitoring measures are included to monitor compliance, managing and enforcing contracts

**Partnerships**

Be clear about who is responsible for :

- Equality Monitoring relevant data
- Equality Impact Assessments
- Delivering the actions from the EqIA
- Ensuring that equality, human rights and Welsh Language legislation is complied with by all partners
- Demonstrating due regard to the Public Sector Equality Duty and the Socio-Economic duty

*Partners are local authority commissioners and the local health board who are required to fully comply and manage compliance of equality, human rights, welsh language legislation and due regard to Public Sector Equality, and Socio Economic duty within commissioning practices*

**STEP 4 - Dealing with Adverse or Unlawful Impact and Strengthening the Policy or Practice**

**20. When considering proportionality, does the policy or practice have a significantly positive or negative impact or create inequalities of outcome resulting from socio-economic disadvantage?**

(Please give brief details)

<b>Significantly positive impact</b>	<b>Significantly negative impact</b>
<p><i>Thorough research was undertaken during for the PNA and MSR which will provide insight for stakeholders on which groups of people are most likely to be at risk of socio economic disadvantage and plan to support those individuals effectively. This should have a long term positive impact across the region, influencing strategy, policy making and practice for local authorities and health board commissioners</i></p>	

and independent and third sector providers within the social care market.

21. It is important that you record the mitigating actions you will take in developing your final policy/practice draft. Record here what measures or changes you will introduce to the policy or practice in the final draft which could reduce or remove any unlawful or negative impact or disadvantage and/or improve equality of opportunity/introduce positive change; or reduce inequalities of outcome resulting from socio-economic disadvantage? (This could also inform the Action Plan in Q30)

Unlawful or Negative Impact Identified	Mitigation / Positive Actions Taken in the Policy/Practice	Completed (✓)
N/A		

22. Will these measures remove any unlawful impact or disadvantage?

Yes  No  (Please double click on the relevant box (X) and select 'checked' as appropriate)

23. If No, what actions could you take to achieve the same goal by an alternative means?

N/A

24. What measures or changes in the following important legislative areas have you included to strengthen or change the policy/practice:

- a) to foster good relations and advance equality of opportunity as covered by the General Duty in the Equality Act 2010;
- b) to reduce inequalities of outcome as a result of socio-economic disadvantage;
- c) to increase opportunities to use the Welsh language and in treating the Welsh language no less favourably than the English language as set out in the Welsh Language (Wales) Measure 2011 and reduce or prevent any adverse effects that the policy/practice may have on the Welsh language?

N/A

25. Do you have enough information to make an informed judgement?

Yes  No  (Please double click on the relevant box (X) and select 'checked' as appropriate)

**26. If you answered Yes, please justify:**

N?A

**27. If you answered No, what information do you require and what do you need to do to make a decision?**

(Note: Should data collection be included in the action plan (Step 6)?)

**[You may need to stop here until you have obtained the additional information]**

**STEP 5 - Decision to Proceed**

**28. Using the information you have gathered in Steps 1 – 4 above, please state on the table below whether you are able to proceed with the policy or practice and if so, on what basis?**

(Please double click on the relevant box (X) and select 'checked' as appropriate)

<b>Decision</b>	
X <input type="checkbox"/> Yes	Continue with policy or practice in its current form
<input type="checkbox"/> Yes	Continue with policy or practice but with amendments for improvement or to remove any areas of adverse impact identified in Step 4
<input type="checkbox"/> Yes	Continue with the plan as any detrimental impact can be justified
<input type="checkbox"/> No	Do not continue with this policy or practice as it is not possible to address the adverse impact. Consider alternative ways of addressing the issues.

29. Are there any final recommendations in relation to the outcome of this Equality Impact Assessment?

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### STEP 6 - Actions and Arrangements for Monitoring Outcomes and Reviewing Data

The EqIA process is an ongoing one that doesn't end when the policy/practice and EqIA is agreed and implemented. There is a specific legal duty to monitor the impact of policies/practices on equality on an ongoing basis to identify if the outcomes have changed since you introduced or amended this new policy or practice. If you do not hold relevant data, then you should be taking steps to rectify this in your action plan. To review the EHRC guidance on data collection you can review their [Measurement Framework](#).

30. Please outline below any actions identified in Steps 1-5 or any additional data collection that will help you monitor your policy/practice once implemented:

Action	Dates	Timeframe	Lead Responsibility	Add to Service Plan (✓)

31. Please outline below what arrangements you will make to monitor and review the ongoing impact of this policy or practice including timescales for when it should be formally reviewed:

Monitoring and Review arrangements (including where outcomes will be recorded)	Timeframe & Frequency	Lead Responsibility	Add to Service Plan (✓)

## **STEP 7 - Publishing the Equality Impact Assessment**

Please arrange for this completed EqIA to be agreed by your Head of Service/Department and arrange for translation and publishing with a copy sent to the Equality Officer.