

## EQIA Submission Draft Working Template

### Section A

#### 1. Name of Activity (EQIA Title):

Local Government Reorganisation in Kent & Medway – Submission EQIA

#### The type of Activity you are undertaking

##### 7. What type of activity are you undertaking?

**Service Change** – *operational changes in the way we deliver the service to people.* Answer Yes/No

**Service Redesign** – *restructure, new operating model or changes to ways of working.* Answer Yes/No

**Project/Programme** – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.* Answer Yes/No

**Commissioning/Procurement** – *means commissioning activity which requires commercial judgement.* Answer Yes/No

**Strategy /Policy** – *includes review, refresh or creating a new document.* Answer Yes/No

**Other** – Please add details of any other activity type here.

Local Government Reorganisation.

**8. Aims and Objectives and Equality Recommendations** – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Local authorities in Kent and Medway are responding to the Government's statutory invitation to submit proposals for Local Government Reorganisation (LGR), which seeks to replace existing local government structures with unitary models. This Equality Impact Assessment (EqIA) has been developed to assess the potential general implications of LGR and is not option specific. A more detailed and specific EqIA will be required once the government announces the final configuration of unitary councils across Kent and Medway.

The reorganisation of local government presents a valuable opportunity to redesign a system that better serves the diverse needs of Kent and Medway's residents. The 14 councils of Kent have collaborated to develop models reflecting established population and economic centres, as well as community and workplace patterns.

Through this joint effort, the councils have developed five business cases addressing the Government's six reform criteria, proposing to replace the current two-tier system with more efficient and resilient unitary authorities. These authorities aim to support devolution, enhance service delivery, and strengthen community engagement. Each proposal is underpinned by a shared evidence base, robust governance, transparent appraisal, and extensive stakeholder and public consultation, forming a united and evidence-led vision for the future of local government in Kent and Medway.

The move to LGR will involve aggregation and disaggregation of services across multiple tiers of local government, requiring the redesign and realignment of functions and responsibilities. This process will affect how services are structured, accessed, and experienced by residents, with particular implications for those with protected characteristics. It presents both challenges and opportunities, and while there may be short-term disruption as services are reorganised, there is also potential to create more coherent, inclusive, and responsive systems that better

reflect the needs of Kent and Medway's diverse communities. Ensuring that equality considerations are central to this transformation will be critical to mitigating risks and maximising the benefits of reform.

This EqIA supports the LGR process by identifying and addressing the potential impacts of the proposed changes on those with protected characteristics under the Equality Act 2010, particularly regarding the potential disruption of bringing together and redesigning services from across the two upper tier authorities of KCC and Medway and the aggregation of services from the District and Borough Councils into unitary councils. It ensures that equality considerations are embedded throughout the development and implementation of the new model, and that the voices of Kent's diverse population are reflected in the decision-making process.

The EqIA will be updated as proposals evolve, evidence is gathered, and engagement continues. Further EqIAs will be undertaken as specific policy proposals, service restructures, or operational changes emerge from the reorganisation process, ensuring that equality considerations are embedded at every stage of implementation.

It should also be noted that the decision to implement Local Government Reorganisation has been taken by the Minister of State for Local Government and English Devolution, who will also make the decision on the geographies for the new Unitary Councils. Whilst it is appropriate that equalities impacts are considered by local authorities in implementing these decisions, the decision on the geographies for the new Unitary Councils lies with the Minister of State.

## Section B – Evidence

*Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.*

**9. Do you have data related to the protected groups of the people impacted by this activity?** *Answer: Yes/No*

Yes

**10. Is it possible to get the data in a timely and cost effective way?** *Answer: Yes/No*

Yes

**11. Is there national evidence/data that you can use?** *Answer: Yes/No*

Yes

**12. Have you consulted with Stakeholders?**

*Answer: Yes/No*

*Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.*

Yes

**13. Who have you involved, consulted and engaged with?**

*Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.*

All Kent Councils have engaged with a broad range of key stakeholders as part of the development of all business cases for Local Government Reorganisation (LGR). This included an open public survey, which was carried out between 9 September and 10 October 2025. The survey was a standardised resident survey, agreed by all Kent Councils, which looked to understand what was important to residents for the creation of new unitary councils. A total of 2,107 responses were received from residents across Kent and Medway.

Stakeholder and Partner engagement has been ongoing since February 2025, for the interim submission in March 2025. The engagement has aimed to identify the key factors to consider in a reorganisation, along with the

opportunities it could unlock, the problems it might solve, and the challenges it could introduce or fail to address. 50 written responses were received from a range of stakeholders including Police Force, Police and Crime Commissioner, Fire and Rescue, Health, Education, Voluntary Sector, Housing etc.

Kent Councils also recognised the value of close collaboration with strategic partners and the opportunities presented by Public Sector Reform, leading to workshops with key stakeholders including Health, Police, Education, and the DWP; these sessions explored the options under consideration through open discussions about current system challenges, existing strengths to preserve and build upon, and the potential improvements LGR could bring.

Both the survey and stakeholder engagement approach focused not on securing support for specific proposals, but on understanding the possible benefits, opportunities, concerns, and challenges associated with them.

**14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No**

No

**15. Do you have evidence/data that can help you understand the potential impact of your activity?**

Answer: Yes/No

Yes

**Uploading Evidence/Data/related information into the App**

*Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.*

[Census 2021 Data](#)

**Section C – Impact**

**16. Who may be impacted by the activity? Select all that apply.**

Service users/clients - Answer: Yes/No

Yes

Residents/Communities/Citizens - Answer: Yes/No

Yes

Staff/Volunteers - Answer: Yes/No

Yes

**17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No**

Yes

**18. Please give details of Positive Impacts**

The transition from a two-tier system to a single-tier structure of multiple unitary councils presents a range of opportunities to improve public services and outcomes for all communities, including those with protected characteristics. LGR supports more integrated and efficient service delivery, enhances local accountability, and enables more inclusive governance. It also strengthens place-based planning, promotes digital transformation, and facilitates the sharing of best practice.

LGR enables a strategic opportunity to advance public service reform with a whole-system approach to service delivery, fostering stronger integration both within council services and with external partners such as health and social care. For example, aligning Adult Social Care with Housing, or Children's Services with Housing Services, can lead to more coordinated and inclusive support for residents.

The establishment of new unitary authorities is intended to preserve local identity while embedding community voices in governance and service design. This includes ensuring that underrepresented and marginalised groups are actively involved in decision-making processes. The modernisation of systems, including the digitisation of services and the development of data and evidence hubs, will enhance operational efficiency and support more informed, equitable service design.

By aggregating services across areas such as education, housing, skills, and employment, councils will be better positioned to develop holistic strategies that respond to the diverse needs of individuals. LGR also strengthens place-shaping capabilities, allowing for more integrated planning of infrastructure and services that reflect the character and requirements of local communities.

Improved accessibility to council services is another anticipated benefit, particularly for residents in geographically larger or more diverse areas. The new structure will also facilitate the sharing of knowledge and best practice across Kent and beyond, promoting innovation and continuous improvement. Finally, the design of governance arrangements that reflect the diversity of Kent's population is expected to enhance local accountability and build trust between councils and the communities they serve.

## Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

### 19.Negative Impacts and Mitigating actions for Age

**a) Are there negative impacts for Age?** Answer: Yes/No  
(If yes, please also complete sections b, c, and d).

Yes

### b) Details of Negative Impacts for Age

Kent and Medway have a diverse age profile, with notable concentrations of both younger and older residents. In Kent, approximately 22.4% of the population is aged 60 and over, while 23.5% is aged under 20. The largest age cohort is those aged 50–59, accounting for 14.5% of the total population. Kent also has a slightly higher proportion of both 0–14-year-olds and people aged over 50 compared to the national average, with a median age of 42.3 years. There is variation in the age profile across Kent's districts, for example, the average age in Folkestone and Hythe is 45 years, compared to 37.3 years in Dartford. Medway has a younger overall population, with 16.4% aged 60 and over and 24.6% aged under 20. The largest age group in Medway is those aged 50–64, making up 19.2% of the population. The median age in Medway is 38 years, which is younger than both the South East regional average and the national average.

KCC has a significant proportion of staff aged 50 and over, reflecting an ageing workforce trend common in local government. Medway Council reports that 16.3% of its workforce is under 30, with an overall ageing staff profile also noted. At Tonbridge and Malling Borough Council, over 50% of the workforce is over 50 years of age, with only 7% under 30.

LGR may disrupt long-standing care relationships for older adults and continuity of support for children and families. Changes in staffing, service models, or administrative processes could lead to temporary delays or reassignment of cases, affecting the stability and quality of care. Differences in service access, eligibility, and support models across areas may also result in unequal experiences for residents depending on where they live.

For older people, particularly those in rural or coastal areas, there is a risk that changes to service structures could disrupt access to adult social care, health services, and community support. These services are often lifelines for older residents, and any transition period or reconfiguration could lead to confusion, delays, or reduced continuity of care.

Similarly, younger people, especially those accessing SEND services or transitioning between children's and adult services, may be affected by changes in service pathways. The reorganisation could result in temporary disruption or uncertainty around eligibility, referral routes, or support mechanisms if integration is not handled with sufficient clarity and safeguarding.

Digital transformation and centralisation of services, which are often associated with reorganisation, may disproportionately affect older residents who are less digitally literate or lack access to online platforms. This could lead to exclusion from information, engagement, or service access unless mitigated through inclusive design and alternative access routes.

There is a risk of fragmentation in multi-agency safeguarding, care coordination, and placement arrangements, which could impact vulnerable individuals. Workforce pressures, uneven resource distribution, and demographic demand—particularly in areas with higher dependency ratios—may further challenge service delivery.

The reorganisation may also have age-related implications for staff. Older staff may face concerns around job security, role changes, or redeployment, particularly if they are less mobile or nearing retirement. Younger staff, especially those early in their careers, may experience uncertainty around career progression or development opportunities. Without clear communication and support, these impacts could affect staff wellbeing, morale, and retention across age groups

#### **c) Mitigating Actions for Age**

To address the potential negative impacts of reorganisation on residents of different age groups, a range of mitigating actions would be implemented to ensure services remain accessible, inclusive, and responsive throughout the transition and beyond. This includes maintaining continuity in care relationships, safeguarding referral pathways, and ensuring that transitions between services are clearly communicated and well-managed.

Maintaining consistency in service standards, eligibility criteria, and care pathways will be essential to reduce the risk of fragmentation, particularly in adults and children's social care (including SEND). Continuity plans will focus on protecting care arrangements and ensuring that service pathways remain coherent across organisational boundaries.

Inclusive and more local service design will help mitigate the risk of digital exclusion, especially among older residents. Alternative access routes will be maintained, and digital transformation initiatives will be developed with accessibility in mind.

Workforce transition plans will be inclusive and responsive to the diverse needs of employees across age groups.

Demographic analysis will be embedded into planning processes to ensure services are responsive to the ageing population and the needs of children and young people.

The EqlA will be updated as proposals evolve, evidence is gathered, and engagement continues. Further EqlAs will be undertaken as specific policy proposals, service restructures, or operational changes emerge from the reorganisation process, ensuring that equality considerations are embedded at every stage of implementation.

#### **d) Responsible Officer for Mitigating Actions - Age**

To be determined

### **20. Negative Impacts and Mitigating actions for Disability**

**a) Are there negative impacts for Disability?** *Answer: Yes/No*  
*(If yes, please also complete sections b, c, and d).*

Yes

#### **b) Details of Negative Impacts for Disability**

In Kent, approximately 17.9% of the population is classified as disabled under the Equality Act, with a further 10.2% claiming disability-related benefits. The majority of these claimants report physical health conditions, followed by mental health and learning difficulties. The proportion of residents classified as disabled under the Equality Act varies across Kent's districts. Thanet has the highest rate, with 22.9% of its population reporting a disability, followed by Folkestone & Hythe (21.8%), Dover (21.2%), Canterbury (19.6%), and Swale (19.5%). These districts, primarily located in East Kent, all exceed the Kent average of 17.9%. In contrast, Dartford has the lowest proportion at 14.0%. In Medway, approximately 12.1% of the population is classified as disabled under the Equality Act.

The initial process of reorganisation may temporarily interrupt services due to staffing changes, IT issues, or the need to reconfigure contracts and delivery models. For people with physical disabilities, changes to service locations or formats could introduce barriers to access, particularly if physical infrastructure or transport links are not adequately considered.

Each new unitary may adopt different policies, eligibility criteria, or funding levels, which could affect capacity and consistency in service provision. For those with learning disabilities or mental health conditions, transitions in service structures may lead to confusion, anxiety, or disruption in care continuity. Clear communication, safeguarding, and co-designed pathways will be essential to ensure that these groups are not disadvantaged during or after reorganisation.

For specialist services that support different disability groups, economies of scale may be lost when breaking up county-wide contracts or shared services. This could result in disruptions to the services some residents receive or an overall reduction in quality due to cost-cutting measures.

Digital transformation, while offering efficiencies, may risk excluding individuals with cognitive impairments or those who rely on assisted technologies. Without inclusive design and alternative access routes, there is a risk of digital exclusion.

Functions such as public health, safeguarding, highways, or emergency planning may suffer from reduced coordination across newly defined boundaries. Opportunities to learn and share best practice on how to design services that meet specific needs might be lost or harder to share, potentially limiting improvements in care or access to new support options.

Staff with disabilities may experience specific concerns during the transition, including uncertainty around whether existing reasonable adjustments will be honoured, how inclusive the new structures will be, and anxieties about joining new teams or disclosing personal information. For staff with physical disabilities, changes to office locations or layouts could introduce challenges to access, particularly if physical infrastructure is not adequately considered.

### **c) Mitigating Actions for Disability**

Clear and consistent communication will be a focus, particularly for individuals with learning disabilities, cognitive impairments, or mental health conditions. Easy-read materials, alternative formats, and trusted communication channels will be used to help residents understand changes and navigate new service pathways.

Continuity planning will be embedded into service redesign, with a focus on safeguarding vulnerable individuals.

Digital transformation initiatives will be developed with accessibility in mind.

Workforce transition planning will include consideration of reasonable adjustments, and support through clear communication.

The EqIA will be updated as proposals evolve, evidence is gathered, and engagement continues. Further EqIAs will be undertaken as specific policy proposals, service restructures, or operational changes emerge from the reorganisation process, ensuring that equality considerations are embedded at every stage of implementation.

<b>d) Responsible Officer for Mitigating Actions - Disability</b>
To be determined.
<b>21. Negative Impacts and Mitigating actions for Sex</b>
<b>a) Are there negative impacts for Sex?</b> <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
Yes
<b>b) Details of Negative Impacts for Sex</b>
<p>In Kent and Medway, the population is broadly balanced by sex, with a slight majority of females, particularly in older age groups. Women are more likely to live longer, experience disability in later life, and take on unpaid caring responsibilities. Men, meanwhile, are statistically more likely to experience poorer mental health outcomes and lower engagement with preventative health services. These differences in lived experience and service interaction mean that changes to service structures may have distinct impacts based on sex.</p> <p>For women, particularly those accessing adult social care, domestic abuse support, or maternity services, there is a risk that service reconfiguration could disrupt continuity to gender-sensitive provision, particularly during the transitional stage. Women are also more likely to be employed in frontline care roles, meaning workforce changes could disproportionately affect female staff.</p> <p>For men, there is a risk that changes to public health and mental health services could further reduce engagement, particularly if services are not designed to address known barriers such as stigma or low help seeking behaviour. Ensuring that services remain inclusive and responsive to male health needs will be critical.</p>
<b>c) Mitigating Actions for Sex</b>
<p>Services will remain responsive to the distinct needs of women and men, and ensure that any transition does not disrupt access to critical support.</p> <p>Workforce planning will take into account the gender profile of staff, especially in sectors such as social care and education where women are disproportionately represented and in areas such as waste management, transport, and certain technical services where men may be overrepresented. Measures will be taken to support staff through organisational change.</p> <p>The EqIA will be updated as proposals evolve, evidence is gathered, and engagement continues. Further EqIAs will be undertaken as specific policy proposals, service restructures, or operational changes emerge from the reorganisation process, ensuring that equality considerations are embedded at every stage of implementation.</p>
<b>d) Responsible Officer for Mitigating Actions - Sex</b>
To be determined.
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
<b>a) Are there negative impacts for Gender identity/transgender?</b> <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
Yes
<b>b) Details of Negative Impacts for Gender identity/transgender</b>
As data systems are migrated and reconfigured, there is an increased risk that sensitive information related to a resident's transition may be mishandled. This includes the potential for pre-transition data to be used inappropriately, leaked, or lost, which could compromise privacy and dignity.



If specific support services linked to transitioning are disrupted during the reorganisation, transgender individuals may experience gaps in care or delays in accessing vital support. Maintaining continuity and safeguarding in these services is critical.

Transgender staff may face heightened concerns during organisational change, including anxieties about disclosing their identity to new colleagues, how their gender will be respected in new systems and teams, and whether existing adjustments or support will be maintained.

#### **c) Mitigating actions for Gender identity/transgender**

The new unitary councils would ensure that all policies and practices remain compliant with the Equality Act 2010, which provides protection for individuals with the protected characteristic of gender reassignment. Staff would be reminded of their responsibilities to treat all residents with respect and to maintain confidentiality regarding personal information. Any concerns raised by service users or staff will be addressed through the appropriate complaints and feedback mechanisms.

The new unitary councils would ensure that transgender staff are supported throughout the transition, with clear policies on respectful treatment, confidentiality, and continuity of any existing adjustments or support arrangements.

The EqIA will be updated as proposals evolve, evidence is gathered, and engagement continues. Further EqIAs will be undertaken as specific policy proposals, service restructures, or operational changes emerge from the reorganisation process, ensuring that equality considerations are embedded at every stage of implementation.

#### **d) Responsible Officer for Mitigating Actions - Gender identity/transgender**

To be determined.

### **23. Negative Impacts and Mitigating actions for Race**

#### **a) Are there negative impacts for Race? Answer: Yes/No** *(If yes, please also complete sections b, c, and d).*

Yes

#### **b) Details of Negative Impacts for Race**

In Kent, 89.1% of residents identified as White in the 2021 Census, with Asian or Asian British residents making up 5.4%, Black or Black British 2.1%, Mixed or Multiple ethnic groups 2.6%, and Other ethnic groups 0.8%. In Medway, the population is slightly more diverse: 84.3% identified as White, 5.9% as Asian or Asian British, and 5.6% as Black, Black British, Caribbean or African. These figures reflect growing ethnic diversity, particularly in urban areas such as Medway, Gravesham, and parts of North Kent.

There is a risk that service reorganisation could disrupt access to culturally appropriate services, particularly in areas such as health, education, housing, and community safety. For example, changes to local engagement structures or staff redeployment could weaken trusted relationships between communities and service providers, especially in areas with established community networks. Language barriers, digital exclusion, and experiences of discrimination may also compound the impact of any disruption.

In households where English is not the first language, there is a risk that access to interpreting, translation, or culturally appropriate services may become inconsistent if not prioritised across new unitary councils. This could lead to unequal access to essential information and support.

There may also be challenges if existing centralised equality infrastructure is disrupted during reorganisation. This includes the potential loss of coordinated anti-racism initiatives, shared expertise, and mechanisms that previously supported inclusive practice across wider service areas.



Minority ethnic staff may face anxieties during the transition, including concerns about how equality and inclusion will be upheld in new teams, whether cultural awareness will be maintained, and how they will be treated within unfamiliar organisational structures.

#### **c) Mitigating Actions for Race**

Local engagement mechanisms would be used to ensure communities can raise concerns and help shape services.

Clear and inclusive communication would be considered to ensure all residents can understand and access services—particularly those facing language barriers.

Workforce transition planning would include measures to uphold inclusive practices and cultural awareness within new teams.

The EqlA will be updated as proposals evolve, evidence is gathered, and engagement continues. Further EqlAs will be undertaken as specific policy proposals, service restructures, or operational changes emerge from the reorganisation process, ensuring that equality considerations are embedded at every stage of implementation.

#### **d) Responsible Officer for Mitigating Actions – Race**

To be determined.

### **24. Negative Impacts and Mitigating actions for Religion and belief**

#### **a) Are there negative impacts for Religion and Belief? Answer: Yes/No**

*(If yes, please also complete sections b, c, and d).*

Yes

#### **b) Details of Negative Impacts for Religion and belief**

In Kent, the 2021 Census shows that 50.7% of residents identified as Christian, while 39.1% reported no religion. Other religious groups included Muslim (1.2%), Hindu (0.5%), Sikh (0.2%), and Buddhist (0.3%). In Medway, the religious profile is similar, with 48.3% identifying as Christian, 41.4% reporting no religion, and 6.1% identifying with other faiths, including Muslim (2.2%), Hindu (0.6%), and Sikh (0.3%). These figures reflect a growing diversity in religious affiliation, alongside a significant proportion of residents who do not identify with any religion. Religious affiliation varies notably across Kent's districts. Gravesham has the highest proportion of Sikh residents (8%), while Dartford has the highest proportion of Hindu residents (3.8%) and a relatively high Muslim population (3.5%). In contrast, districts such as Sevenoaks and Swale have higher proportions of residents identifying as Christian (51.8% and 47.2% respectively) and lower representation of minority faiths. The proportion of residents reporting no religion is highest in Swale (45.3%) and Thanet (44.1%), indicating a more secular population in those areas. In Medway, 45.1% of residents identified as Christian, while 43% reported no religion. Other religious groups included Muslim (2.7%), Hindu (1.1%), Sikh (1.6%), Buddhist (0.4%), and Jewish (0.1%).

Service reorganisation may disrupt access to faith-sensitive services such as culturally appropriate healthcare, burial arrangements, and community safety initiatives. If these services are not consistently prioritised across new structures, some faith communities may experience reduced accessibility or delays in support.

Changes to local engagement structures or staff redeployment may weaken established relationships with faith-based organisations that play a vital role in supporting vulnerable residents. This could affect the flow of local intelligence and reduce the effectiveness of referral pathways that help connect individuals to appropriate services.

There is a risk that the specific needs of faith communities may become less visible during the transition, particularly if engagement mechanisms are not maintained or adapted to reflect new governance arrangements. Without strong local engagement, religion and belief-related priorities may not be fully reflected in service planning or delivery.

While it may be difficult to quantify the full extent of these impacts, faith communities often provide essential support to older people, newly arrived populations, and those experiencing social isolation. As implementation progresses, careful consideration should be given to how engagement with faith groups is sustained and strengthened across all areas.

#### **c) Mitigating Actions for Religion and belief**

Service redesign would include consideration of faith-sensitive needs, particularly in areas such as healthcare, bereavement services, education, and community safety.

Local engagement mechanisms would be strengthened to maintain and build relationships with faith-based organisations. These organisations play a vital role in supporting vulnerable residents and providing local insight.

Communication materials and consultation processes would be designed to be inclusive and accessible. Where appropriate, translated materials and culturally appropriate outreach would be used to support engagement with diverse faith communities and ensure that all residents can understand and access services.

The EqIA will be updated as proposals evolve, evidence is gathered, and engagement continues. Further EqIAs will be undertaken as specific policy proposals, service restructures, or operational changes emerge from the reorganisation process, ensuring that equality considerations are embedded at every stage of implementation.

#### **d) Responsible Officer for Mitigating Actions - Religion and belief**

To be determined.

### **25. Negative Impacts and Mitigating actions for Sexual Orientation**

#### **a) Are there negative impacts for sexual orientation. Answer:**

*Yes/No (If yes, please also complete sections b, c, and d).*

Yes

#### **b) Details of Negative Impacts for Sexual Orientation**

In Kent and Medway, the majority of residents aged 16 and over identified as straight or heterosexual in the 2021 Census. In Medway, 89.7% of respondents identified as straight or heterosexual, while 3% identified as lesbian, gay, bisexual, or another sexual orientation (LGB+), and 7.3% chose not to answer the question. Across Kent's districts, the proportion of people identifying as straight or heterosexual ranged from approximately 89% to 91%, with between 2.5% and 3.5% identifying as LGB+, and 6% to 8% not responding to the question. These figures are based on data published by the Office for National Statistics at local authority level.

There are potential risks associated with how voluntary, community, and faith sector partners are engaged during reorganisation, particularly those providing support related to sexual orientation. Any disruption to funding streams, service coordination, or partnership working may have knock-on effects for LGBTQ+ residents who rely on these services.

Service reorganisation could also affect access to LGBTQ+ inclusive services, especially in areas such as mental health, housing, youth support, and community safety. If trusted relationships with specialist providers or community organisations are not maintained, residents may experience reduced support or feel less confident in accessing services.

LGBTQ+ staff may experience concerns during the transition about joining new teams, how inclusive the new working environment will be, and whether they will feel safe and supported in disclosing their identity or maintaining existing support arrangements.

#### **c) Mitigating Actions for Sexual Orientation**

Service redesign would consider services that LGBTQ+ residents' access, particularly in areas such as mental health, housing, youth services, and community safety.

Communication materials would be reviewed to ensure they are respectful and inclusive.

Workforce planning would consider the needs of LGBTQ+ staff, including ensuring inclusive team cultures and safeguarding the ability of individuals to disclose their identity safely and confidently within new organisational settings.

The EqIA will be updated as proposals evolve, evidence is gathered, and engagement continues. Further EqIAs will be undertaken as specific policy proposals, service restructures, or operational changes emerge from the reorganisation process, ensuring that equality considerations are embedded at every stage of implementation.

#### **d) Responsible Officer for Mitigating Actions - Sexual Orientation**

To be determined.

### **26. Negative Impacts and Mitigating actions for Pregnancy and Maternity**

**a) Are there negative impacts for Pregnancy and Maternity?** *Answer: Yes/No*  
*(If yes, please also complete sections b, c, and d).*

Yes

#### **b) Details of Negative Impacts for Pregnancy and Maternity**

In Kent and Medway, maternity and early years services support a significant number of residents each year, with demand influenced by local birth rates and population growth. Pregnant women and new parents often require timely, flexible, and locally accessible support across health, housing, and social care services.

During the initial stages of reorganisation, service disaggregation could lead to gaps in care, particularly in the transition from pregnancy to postnatal services. This may affect coordination with NHS partners and reduce the quality or continuity of care for some residents.

Variations in maternity support policies, childcare funding, and access to parenting programmes across different authorities may result in unequal support for new and expectant parents. Disruption to services such as health visiting, perinatal mental health, housing, and social care could disproportionately affect those with this protected characteristic.

Workforce changes may impact pregnant staff or those on or returning from maternity leave, especially in frontline health and care roles where women are overrepresented. Concerns may arise around redeployment, job security, and the continuation of reasonable adjustments or flexible working arrangements

#### **c) Mitigating Actions for Pregnancy and Maternity**

Service redesign would consider maternity and early years pathways, including perinatal mental health, health visiting, and housing support. This would help ensure that services remain responsive to the needs of pregnant individuals and new parents, and that any transition does not disrupt access to essential care.

Workforce planning would take into account the needs of pregnant staff and those either on or returning from maternity leave, particularly in frontline roles where women are overrepresented.

The EqIA will be updated as proposals evolve, evidence is gathered, and engagement continues. Further EqIAs will be undertaken as specific policy proposals, service restructures, or operational changes emerge from the reorganisation process, ensuring that equality considerations are embedded at every stage of implementation.

<b>d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity</b>
To be determined.
<b>27. Negative Impacts and Mitigating actions for marriage and civil partnerships</b>
<b>a) Are there negative impacts for Marriage and Civil Partnerships?</b> <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
<b>b) Details of Negative Impacts for Marriage and Civil Partnerships</b>
Not completed.
<b>c) Mitigating Actions for Marriage and Civil Partnerships</b>
Not completed.
<b>d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships</b>
Not completed.
Further assessment will be undertaken once a ministerial decision is taken on LGR in Kent and Medway. This will then feed into the design of services and through activities undertaken to prepare for vesting day.
<b>28. Negative Impacts and Mitigating actions for Carer's responsibilities</b>
<b>a) Are there negative impacts for Carer's responsibilities?</b> <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
Yes
<b>b) Details of Negative Impacts for Carer's Responsibilities</b>
In Kent, 135,895 people (9.1% of the population) reported providing unpaid care in the 2021 Census, with 43,166 individuals (31.8%) delivering 50 or more hours of care per week. In Medway, 24,113 people (8.6%) identified as unpaid carers, with 7,582 individuals (31.4%) providing 50 or more hours of care per week.
Carers may experience unequal access to support depending on how services are configured across different authorities. This includes potential variation in access to breaks, assessments, financial support, and eligibility criteria, which could lead to postcode-based inequalities.
During the transition, carers, especially those with limited digital access or complex caring roles, may struggle to find or access help. Disruption to services such as respite care, carers' assessments, or crisis support could increase stress and reduce their ability to sustain their caring responsibilities.
Carers' needs may be underrepresented in planning if data on caring responsibilities is not consistently captured or considered. This may particularly affect hidden or informal carers, who often face barriers to engagement and visibility in service design.
Staff with caring responsibilities may face additional pressures during the transition, particularly if changes to roles, teams, or working patterns reduce flexibility or disrupt existing support arrangements. Without careful planning, this could impact their ability to balance work and caring duties effectively.
<b>c) Mitigating Actions for Carer's responsibilities</b>
Service redesign would consider carer pathways, particularly in areas such as respite care, carers' assessments, and crisis support. This would help ensure that services remain responsive to the needs of unpaid carers and that any transition does not disrupt access to essential support.

Workforce planning would take into account the dual role of staff who also have caring responsibilities, and measures would be taken to support staff through organisational change.

The EqIA will be updated as proposals evolve, evidence is gathered, and engagement continues. Further EqIAs will be undertaken as specific policy proposals, service restructures, or operational changes emerge from the reorganisation process, ensuring that equality considerations are embedded at every stage of implementation.

**d) Responsible Officer for Mitigating Actions - Carer’s Responsibilities**

To be determined.