Equality Impact Assessment

An Equality Impact Assessment (EIA) is a document that summarises how the council has had due regard to the public sector equality duty (Equality Act 2010) in decision-making.

When to assess

An EIA should be carried out when you are changing, removing or introducing a new service, policy or function. The assessment should be proportionate; a major financial decision will need to be assessed more closely than a minor policy change.

Public sector equality duty

The Equality Act 2010 places a duty on the council, when exercising public functions, to have due regard to the need to:

1) Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
2) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
3) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

These are known as the three aims of the general equality duty.

Protected characteristics

The Equality Act 2010 sets out nine protected characteristics that apply to the equality duty:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership*
- Pregnancy and maternity
- Ethnicity
- Religion or belief
- Sex
- Sexual orientation

*For marriage and civil partnership, only the first aim of the duty applies in relation to employment.

We also ask you to consider other socially excluded groups, which could include people who are geographically isolated from services, with low literacy skills or living in poverty or low incomes, affected by rural deprivation or poor health. This may impact on aspirations, health or other areas of their life which are not protected by the Equality Act, but should be considered when delivering services.

Due regard

To 'have due regard' means that in making decisions and in its other day-to-day activities the council must consciously consider the need to do the things set out in the general equality duty: eliminate discrimination, advance equality of opportunity and foster good relations.

How much regard is 'due' will depend on the circumstances and in particular on the relevance of the aims in the general equality duty to the decision or function in question. The greater the relevance and potential impact, the higher the regard required by the duty. The three aims of the duty may be more relevant to some functions than others; or they may be more relevant to some protected characteristics than others.

Collecting and using equality information

The Equalities and Human Rights Commission (EHRC) states that 'Having due regard to the aims of the general equality duty requires public authorities to have an adequate evidence base for their decision making'. We need to make sure that we understand the potential impact of decisions on people with different protected characteristics. This will help us to reduce or remove unhelpful impacts. We need to consider this information before and as decisions are being made.

There are a number of publications and websites that may be useful in understanding the profile of users of a service, or those who may be affected.

- The Office for National Statistics Neighbourhoods website https://www.ons.gov.uk/
- Kent County Council Facts and Figures about Kent http://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent
- Public health and social care data http://www.kpho.org.uk/search?mode=results&queries_exclude_query=no&queries_excludefromsearch_query=yes&queries_keyword_query=Swale

At this stage you may find that you need further information and will need to undertake engagement or consultation. Identify the gaps in your knowledge and take steps to fill these.

Case law principles

A number of principles have been established by the courts in relation to the equality duty and due regard:

- Decision-makers in public authorities must be aware of their duty to have 'due regard' to the equality duty
- Due regard is fulfilled before and at the time a particular policy is under consideration as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- A public authority cannot satisfy the duty by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The person completing the EIA should have knowledge and understanding of the service, policy, strategy, practice, plan.
- The duty is a non-delegable one. The duty will always remain the responsibility of the public authority.
- A public authority is responsible for ensuring that any contracted organisations which provide services on their behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice.
- The duty is a continuing one. It applies when a service, policy, strategy, practice or plan is developed or agreed, and when it is implemented or reviewed.
- It is good practice for those exercising public functions to keep an accurate record showing that they have actually considered the general duty and pondered relevant questions. Proper record keeping encourages transparency and will discipline those carrying out the relevant function to undertake the duty conscientiously.
- The general equality duty is not a duty to achieve a result, it is a duty to have due regard to the need achieve the aims of the duty.
- A public authority will need to consider whether it has sufficient information to assess the effects of the policy, or the way a function is being carried out, on the aims set out in the general equality duty.
- A public authority cannot avoid complying with the duty by claiming that it does not have enough resources to do so.

Lead officer:	Stephanie Curtis
Decision maker:	Full Council
People involved:	Local Government Reorganisation Officer Board – EMT, Communications and Policy Manager

Decision: • Policy, project, service, contract • Review, change, new, stop	To agree as Full Council which business case to submit to Government as part of the Local Government Reorganisation process, as the Councils preferred option.
Date of decision: The date when the final decision is made. The EIA must be complete before this point and inform the final decision.	Full Council – 19th November 2025
Summary of the decision: • Aims and objectives • Key actions • Expected outcomes • Who will be affected and how? • How many people will be affected?	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.
Information and research: • Outline the information and research that has informed the decision. • Include sources and key findings. • Include information on how the decision will affect people with different protected characteristics.	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 included 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. Swale Borough Council has also undertaken its own engagement workshops during this period with key stakeholder, including the VCSE and parish/town workshops. The Government has recently updated the Indices of Deprivation - English indices of deprivation 2025 - GOV.UK. Swale is ranked as the second most deprived borough in Kent. The Swale Corporate Equality Scheme provides details of key equalities data for the borough - Strategies and policies - Corporate Equality Scheme.
Consultation:	Formal consultation on the proposed options will be undertaken by Government in Spring 2026. The outcome of this consultation will

• Has there been specific consultation on this decision? • What were the results of the consultation? • Did the consultation analysis reveal any difference in views across the protected characteristics? • Can any conclusions be drawn from the analysis on how the decision will affect people with different protected characteristics?	feed into their decision around which option for LGR to formally implement. As part of the implementation phase for LGR, Swale Borough Council would consider the EQIA undertaken by Government and review and update our own document.

Is the decision relevant to the aims of the equality duty?
Guidance on the aims can be found in the EHRC's PSED Technical Guidance - https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance

Aim	Yes/No
1) Eliminate discrimination, harassment and victimisation	Yes
2) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it	Yes
3) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it	Yes

Assess the relevance of the decision to people with different protected characteristics and assess the impact of the decision on people with different protected characteristics.
When assessing relevance and impact, make it clear who the assessment applies to within the protected characteristic category. For example, a decision may have high relevance for young people but low relevance for older people; it may have a positive impact on women but a neutral impact on men.

Characteristic	Relevance to decision High/Medium/Low/None	Impact of decision Positive/Negative/Neutral
Age	Medium	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. Within Swale, the 55-59 age group is the highest proportion of Swale population (7.1%), with the 90+ age group being the smallest (0.8%).

		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

		Mitigating measures would be implemented during the implementation phase of LGR to ensure services remain accessible, inclusive and responsive during transition and beyond. 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 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.
Disability	Medium	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. Within Swale, 19.5% of residents in Swale have a limiting long term illness - this is above the Kent average (17.9%), the South East (16.1%), and England and Wales (17.5%) averages. 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 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.
Gender reassignment	Medium	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. 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.
Marriage and civil partnership	None	N/A
Pregnancy and maternity	Medium	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. 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.
Ethnicity	Medium	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. Within Swale, the white ethnic group is the largest (89%). Of these, 93.8% are White English, Welsh, Scottish or Northern Irish; 0.6% are Irish, 0.6% are Gypsy or Irish Traveller; and 4% are from other white ethnic groups. Residents from ethnic minority groups account for 11% of Swale residents, and the Borough has the second lowest number and proportion of residents from an ethnic minority group in Kent. Ethnic minority groups in Swale consist of mixed/ multiple ethnic groups (1.8%), Asian/ British Asian (1.5%), Black/African/Caribbean/Black British (2.3%); and other ethnic groups (0.5%). 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. 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 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.
Religion or belief	Medium	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%).

		In Swale, the highest proportion of people (47.2%) state their religion as Christianity – this is slightly higher than the kent average. After no religion (45.3%), a greater proportion of people in Swale state they are Muslim (1.0%) than any other religion. 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. 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.
Sex	Medium	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. Within Swale, 50.4% of the population are female and 49.6% are male. 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 transitionary stage. Women are also more likely to be employed in frontline care roles, meaning workforce changes could disproportionately affect female staff. 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. Services will remain responsive to the distinct needs of women and men, and ensure that any transition does not disrupt access to critical support. 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. 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.
Sexual orientation	Medium	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. 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.
Other socially excluded groups[1]	Medium	**Carers** 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. 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.

Conclusion: • Consider how due regard has been had to the equality duty, from start to finish. • There should be no unlawful discrimination arising from the decision. Advise on the overall equality implications that should be taken into account in the final decision, considering relevance and impact.	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.

[1] Other socially excluded groups could include those with literacy issues, people living in poverty or on low incomes or people who are geographically isolated from services, affected by rural deprivation or poor health.

Timing

- Having ‘due regard’ is a state of mind. It should be considered at the inception of any decision.
- Due regard should be considered throughout the development of the decision. Notes should be taken on how due regard to the equality duty has been considered through research, meetings, project teams, committees and consultations.
- The completion of the EIA is a way of effectively summarising the due regard shown to the equality duty throughout the development of the decision. The completed EIA must inform the final decision-making process. The decision-maker must be aware of the duty and the completed EIA.

Full technical guidance on the public sector equality duty can be found at:
https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance

Please send the EIA in draft to Janet Dart in the Comms and Policy Team (janetdart@swale.gov.uk**) who will review it with colleagues and let you have any comments or suggested changes.**

This Equality Impact Assessment should form an appendix to any EMT/DMT, service committee or Council report relating to the decision, and a summary should be included in the ‘Equality and Diversity’ section of the standard committee report template under ‘Section 6 – Implications’.