

## EQIA Submission – ID Number

### Section A

**EQIA Title**

KCC Strategic Business Case for Local Government Reorganisation in Kent and Medway

**Responsible Officer**

Jenny Dixon-Sherreard - CED SPRCA

**Approved by (Note: approval of this EqlA must be completed within the EqlA App)**

David Whittle - CED SPRCA

### Type of Activity

**Service Change**

No

**Service Redesign**

No

**Project/Programme**

No

**Commissioning/Procurement**

No

**Strategy/Policy**

No

**Details of other Service Activity**

Local Government Reorganisation

### Accountability and Responsibility

**Directorate**

Strategic and Corporate Services

**Responsible Service**

SPRCA

**Responsible Head of Service**

David Whittle - CED SPRCA

**Responsible Director**

David Whittle - CED SPRCA

### Aims and Objectives

Kent County Council (KCC) is 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 implications of KCC's preferred option of a single unitary authority for Kent and Medway, supported by three Area Assemblies. The model replaces the current two-tier structure with a single-tier authority that incorporates Medway's existing unitary arrangements and extends them across the wider Kent area.

KCC's proposed model aims to support long-term financial sustainability while maintaining strategic coherence and service continuity across Kent and Medway. By establishing a single unitary authority, the model enables Kent to fully realise the benefits of operating at scale, enhancing strategic oversight, and achieving greater financial efficiency through unified service delivery and resource management. Financial modelling indicates that the single unitary model, supported by Area Assemblies is the most financially viable option compared to multi-unitary alternatives which introduce higher costs and longer return periods.

The model is also designed to meet the needs of Kent's diverse communities by supporting accountability, consistent service standards, and more strategic use of resources. It introduces Area Assemblies to

strengthen local engagement and responsiveness, providing a mechanism to shape place-based priorities on services such as libraries, leisure, planning, and highways. This will be further supported by a new Strategic Engagement Framework and Community Engagement Team, including Community Navigators embedded in local areas, to ensure inclusive, accessible, and representative engagement across Kent and Medway.

This reorganisation would offer the strategic coherence needed to manage complex countywide challenges such as high demand in social care, SEND, housing, and public health, while also responding to geographic disparities and infrastructure pressures across East, West, and North Kent. The scale and integration of a single authority would support Kent's ability to respond to national and international pressures, including port disruption and Unaccompanied Asylum Seeking Children (UASC) responsibilities, and would ensure equitable service delivery across the county.

This Equality Impact Assessment (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 the single unitary authority model. 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.

## Section B – Evidence

### Do you have data related to the protected groups of the people impacted by this activity?

Yes

### It is possible to get the data in a timely and cost effective way?

Yes

### Is there national evidence/data that you can use?

Yes

### Have you consulted with stakeholders?

Yes

### Who have you involved, consulted and engaged with?

KCC has engaged with a broad range of key stakeholders as part of the development of its LGR proposal. A public survey is taking place, publicised through the 'Let's Talk Kent' platform, and advertised through social media. This will run from 30 September to 26 October 2025. The confidential survey seeks to gather the views of residents on the potential future shape of public services.

In addition to this, KCC has contacted stakeholders including strategic partners, Kent and Medway MPs, and representatives from the voluntary, community, and business sectors across Kent and Medway. The engagement process has also included outreach to public sector partners such as health, police, and education, as well as parish and town councils. Stakeholders were invited to provide their views on the proposed single unitary authority model, including the opportunities and benefits for the county and for their organisations, any concerns about working with a single unitary, and how the Area Assembly model could support operational delivery and local engagement. The consultation process has included written communications and offers of meetings to discuss the proposals in more detail, ensuring that all interested parties have the opportunity to contribute their perspectives and inform the development of the business case.

<b>Has there been a previous Equality Analysis (EQIA) in the last 3 years?</b>
No
<b>Do you have evidence that can help you understand the potential impact of your activity?</b>
Yes
<b>Section C – Impact</b>
<b>Who may be impacted by the activity?</b>
<b>Service Users/clients</b> Service users/clients
<b>Staff</b> Staff/Volunteers
<b>Residents/Communities/Citizens</b> Residents/communities/citizens
<b>Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?</b>
Yes
<b>Details of Positive Impacts</b>
<p>The proposed LGR model of a single unitary authority for Kent and Medway supported by three Area Assemblies presents several potential positive impacts for individuals and communities with protected characteristics under the Equality Act 2010.</p> <p>By consolidating governance and service delivery into a single authority, the model is expected to improve consistency and equity in how services are planned, commissioned, and delivered across the county. This is particularly relevant for groups who may currently experience variation in access or outcomes due to the fragmented nature of the two-tier system. A unified structure will help reduce postcode lotteries and ensure that residents with protected characteristics receive a more consistent standard of support regardless of where they live.</p> <p>The establishment of Area Assemblies in North, West, and East Kent is designed to preserve local identity and ensure that community voices, including those from underrepresented or marginalised groups are embedded in decision-making and service delivery. This place-based approach will be further supported by a new Strategic Engagement Framework and Community Engagement Team, including Community Navigators embedded in local areas, to ensure inclusive, accessible, and representative engagement. These mechanisms offer opportunities to tailor services to the specific needs of local populations, including areas with higher levels of deprivation, older populations, or greater ethnic diversity.</p> <p>The proposed model also supports improved strategic planning and integration across services such as adult social care, children’s services, housing, and public health - areas that disproportionately affect people with disabilities, older people, and children and young people with SEND. A single authority will be better placed to coordinate responses to complex needs, reduce service gaps, and improve transitions between services, which can be particularly beneficial for disabled people and carers.</p> <p>Furthermore, the financial sustainability of the proposed model creates opportunities for reinvestment into frontline services. This could support the development of more inclusive and accessible services, targeted interventions, and community engagement initiatives that benefit protected groups.</p> <p>Finally, the scale and coherence of a single authority supports Kent’s ability to respond to national and international pressures, such as port disruption and unaccompanied asylum seeking children who may benefit from a more coordinated and well-resourced approach to safeguarding and integration.</p>
<b>Negative impacts and Mitigating Actions</b>

19.Negative Impacts and Mitigating actions for Age
<b>Are there negative impacts for age?</b>
Yes
<b>Details of negative impacts for Age</b>
<p>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.</p> <p>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.</p> <p>While the implementation of a single unitary model with three assemblies is expected to have minimal potential negative impacts related to age, we acknowledge that certain issues may still arise, which we will actively seek to identify and mitigate.</p> <p>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.</p> <p>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.</p> <p>In a large, countywide authority, there is a risk that local variation in age-related needs may be less visible at the strategic level relating to place-based priorities or services. Without strong local engagement mechanisms, such as the proposed Area Assemblies, there is a possibility that place-based priorities including those related to age may not be fully reflected in service planning and delivery.</p> <p>Digital transformation and centralisation of services which is 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.</p> <p>Finally, the reorganisation may also have age-related implications for staff. There may be concerns around job security, role changes, or redeployment, which could disproportionately affect older staff who may be less mobile or closer to retirement. Younger staff, particularly those early in their careers, may experience uncertainty around career progression or development opportunities during a period of organisational change. Without clear communication and support, these impacts could affect staff wellbeing, morale, and retention across age groups.</p>
<b>Mitigating Actions for Age</b>
<p>To address the potential negative impacts of the proposed reorganisation on residents of different age groups, a range of mitigating actions would be implemented to ensure that services remain accessible, inclusive, and responsive throughout the transition and beyond.</p>

Importantly, KCC's preferred model of a single unitary authority potentially offers the strongest basis for mitigating risks to age-related service continuity. Unlike multi-unitary options, which would disaggregate key services such as adult social care, SEND, and public health, the single authority model preserves the scale and integration needed to manage complex countywide challenges. This is particularly critical for older residents and children and young people who rely on consistent, joined-up support across service boundaries.

The single unitary model enables strategic oversight and operational consistency across Kent and Medway, including safeguarding boards, which helps reduce the risk of service fragmentation. Continuity plans would be developed to protect adult social care, children's services, and SEND provision during the transition. These plans will focus on maintaining care arrangements, safeguarding referral pathways, and ensuring that transitions between services are clearly communicated and well-managed. In contrast, multi-unitary models could introduce greater complexity and risk, particularly where service boundaries do not align with community needs.

To ensure local priorities are not lost within a larger strategic framework, the model includes three Area Assemblies supported by a new Strategic Engagement Framework and Community Engagement Team. This model would provide the opportunity to engage with older people's forums, youth councils, and voluntary sector organisations to shape service delivery in ways that reflect local demographics. The model would be designed to balance strategic coherence with local responsiveness, which is more difficult to achieve in fragmented multi-unitary arrangements.

In response to the risk of digital exclusion, particularly among older residents, alternative access routes to services and information would be maintained. This includes telephone support, face-to-face provision, and printed materials. Digital transformation initiatives will be designed with accessibility in mind, and digital literacy support will be offered where appropriate. A single authority is better positioned to coordinate inclusive access strategies than multiple smaller unitaries with varying capacities.

Clear and accessible communication will be provided to residents of all ages throughout the reorganisation process. Particular attention would be given to older people and families with children, ensuring they understand any changes to service access, governance, or local representation. Tailored messaging would be delivered through trusted community channels and service providers. A single authority can deliver more coherent messaging than multiple councils operating independently.

The new unitary authority would embed demographic analysis into strategic planning to ensure that services are responsive to the ageing population and the needs of children and young people. This includes forecasting demand and aligning resources. The scale of a single authority enables more effective long-term planning than fragmented models, which may struggle to coordinate responses across the boundaries.

To help mitigate the risk of any negative impact for age on staff, workforce transition plans would aim to be inclusive and responsive to the diverse needs of employees across all age groups. Support may include clear communication throughout organisational changes, guidance around redeployment or retirement planning, and opportunities for mentoring, peer support, or career development. The scale and coherence of a single unitary authority offers potential for more consistent workforce planning and support that values experience, promotes inclusion, and enables staff of all ages to navigate change confidently.

#### **Responsible Officer for Mitigating Actions – Age**

To be determined

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

##### **Are there negative impacts for Disability?**

Yes

##### **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.

While the implementation of a single unitary model with three assemblies is expected to have minimal potential negative impacts related to disability, certain challenges may still arise and steps would be taken to mitigate them.

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.

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.

Digital transformation, while offering efficiencies, may also 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.

In a large, countywide authority, there is a possibility that the specific needs of disabled residents may be less visible at the strategic level. Engagement with disability advocacy groups and community leaders who provide local intelligence and support service navigation may be disrupted, risking reduced visibility of disabled residents' needs and weakening informal referral mechanisms. The proposed Area Assemblies will play a critical role in ensuring that local voices, including those of disabled people and carers, are heard and reflected in service planning and delivery.

As with any organisational change, 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.

#### **Mitigating actions for Disability**

To ensure that disabled residents are not disproportionately affected by the transition to a single unitary model with three assemblies, a range of mitigating actions will be implemented. These actions are designed to uphold accessibility, continuity of care, and inclusive engagement throughout the reorganisation process.

Importantly, KCC's preferred model of a single unitary authority supported by three Area Assemblies offers a strong foundation for mitigating risks to disability-related service continuity. Unlike multi-unitary options, which could fragment key services such as adult social care, SEND, and mental health support, the single authority model maintains the scale and integration needed to address complex and overlapping needs. This is particularly critical for disabled residents who rely on consistent, joined-up services across health, education, housing, and social care. The unified structure also enables more coherent strategic planning and resource allocation, while the Area Assemblies and Community Engagement model provide a mechanism for ensuring that local accessibility and inclusion priorities are embedded in service delivery.



Clear and consistent communication would be prioritised, particularly for individuals with learning disabilities, cognitive impairments, or mental health conditions. Easy-read materials and alternative formats would be made available to help residents understand changes and navigate new service pathways.

To maintain continuity of care, transition planning would be embedded into service redesign, with a focus on safeguarding vulnerable individuals. This includes mapping existing support networks and ensuring that any changes to referral routes or eligibility criteria are clearly communicated and phased in gradually.

The proposed Area Assemblies supported by a new Strategic Engagement Framework and Community Engagement Team would play a key role in ensuring that local disability-related needs are captured and reflected in service planning. Engagement with disabled people, carers, and representative organisations would be built into the governance structure to ensure ongoing feedback and co-production.

Workforce transition planning would consider reasonable adjustments to ensure they are maintained within new structures, alongside clear communication and support for disabled staff navigating organisational change.

#### **Responsible Officer for Disability**

To be determined

#### **21. Negative Impacts and Mitigating actions for Sex**

##### **Are there negative impacts for Sex**

Yes - Add details of the negative impacts and mitigations.

##### **Details of negative impacts for Sex**

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.

While the implementation of a single unitary model with three Area Assemblies is expected to have minimal potential negative impacts related to sex, certain risks may still arise and will be actively managed.

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.

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.

In a large, countywide authority, there is also a risk that sex-specific needs may be less visible at the strategic level. Without strong local engagement mechanisms, such as the proposed Area Assemblies, there is a possibility that gendered patterns of service use and outcomes may not be fully reflected in planning and delivery.

##### **Mitigating actions for Sex**

To ensure that changes to service structures do not disproportionately impact individuals based on sex, a range of mitigating actions would be embedded into the design and delivery of the single unitary model. These actions would aim to promote equitable access and ensure that sex-specific needs are recognised

and addressed.

Importantly, KCC's preferred model of a single unitary authority supported by three Area Assemblies offers a coherent framework for managing sex-related service needs. Unlike multi-unitary options, which could fragment services and reduce strategic oversight, the single authority model supports integrated planning and delivery across health, social care, and community services. This is particularly important for maintaining continuity in gender-sensitive provision and ensuring that both women and men can access consistent, joined-up support.

Service redesign would consider gendered service pathways, particularly in areas such as domestic abuse support, maternity care, and mental health provision. This will help ensure that services remain responsive to the distinct needs of women and men, and 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.

#### **Responsible Officer for Sex**

To be determined

#### **22. Negative Impacts and Mitigating actions for Gender identity/transgender**

##### **Are there negative impacts for Gender identity/transgender**

Yes - Add details of the negative impacts and mitigations.

##### **Negative impacts for Gender identity/transgender**

The move to a single unitary authority may result in some changes to how services are accessed and delivered for all residents, including those who are transgender or gender diverse. There is a possibility that, during the transition, some individuals may experience uncertainty or inconsistency in how their gender identity is recognised in service interactions or administrative processes. This could include occasional issues with the use of correct names or pronouns or concerns about privacy when updating personal information. As with any organisational change, there may also be a period of adjustment for staff and service users as new systems and processes are embedded.

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.

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

The council 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. Where changes to systems or processes are made, care would be taken to minimise disruption and to ensure that individuals are able to update their details as needed. Any concerns raised by service users or staff will be addressed through the appropriate complaints and feedback mechanisms.

The council 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.

##### **Responsible Officer for mitigating actions for Gender identity/transgender**

To be determined

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



Are there negative impacts for Race
Yes - Add details of the negative impacts and mitigations.
Negative impacts for Race
<p>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.</p> <p>While the implementation of a single unitary model with three assemblies is expected to minimise structural inequalities, we recognise that residents from minority ethnic backgrounds may face disproportionate impacts if services are not designed and delivered inclusively.</p> <p>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.</p> <p>In a large, countywide authority, there is a risk that the specific needs of racially and ethnically diverse communities may be less visible at the strategic level. Existing engagement mechanisms with racially and ethnically diverse communities including trusted relationships with local leaders and organisations may be disrupted, risking the loss of valuable local intelligence and referral routes that support culturally appropriate service access. Without strong local engagement mechanisms, such as the proposed Area Assemblies and Community Engagement Team, there is a possibility that race-related inequalities may not be fully reflected in service planning and delivery.</p> <p>Minority ethnic staff may face particular 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.</p>
Mitigating actions for Race
<p>To ensure fair and consistent service delivery for residents from all racial and ethnic backgrounds, a range of practical mitigating actions would be embedded into the transition to a single unitary model with three Area Assemblies. These actions would be designed to support equal access, uphold community cohesion, and ensure that services are responsive to local needs.</p> <p>Importantly, KCC's preferred model of a single unitary authority supported by three Area Assemblies offers a coherent and efficient framework for managing race-related service needs. Unlike multi-unitary options, which risk fragmenting services and creating inconsistency, the single authority model supports joined-up planning and delivery. This is essential for ensuring that all communities regardless of background receive reliable, high-quality services.</p> <p>Local engagement will be strengthened through the Community Engagement Team, which will provide a direct mechanism for communities to raise concerns and shape services. Engagement structures would consider continuity of relationships with community leaders and organisations representing racially and ethnically diverse groups, preserving local insight and trusted referral mechanisms. This approach would ensure that decisions are made closer to the people they affect and that local priorities including those related to race and ethnicity are properly understood and addressed.</p> <p>Clear communication would be prioritised, including the use of translated materials and community outreach where appropriate, to ensure that all residents can understand and access services. This is</p>

particularly important for those who may face language barriers.

For the workforce, the transition process would include measures to uphold inclusive practices and cultural awareness within new teams, ensuring minority ethnic staff feel respected, supported, and confident in the new working environment.

#### **Responsible Officer for mitigating actions for Race**

To be determined

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

##### **Are there negative impacts for Religion and belief**

Yes - Add details of the negative impacts and mitigations.

##### **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%).

While the implementation of a single unitary model with three Area Assemblies is expected to minimise structural inequalities, residents of different faiths or beliefs may be disproportionately affected if services are not designed and delivered in a way that respects religious diversity.

There is a risk that service reorganisation could disrupt access to faith-sensitive services, such as culturally appropriate health care, burial services, or community safety initiatives. Changes to local engagement structures or staff redeployment may weaken relationships with faith-based organisations that play a key role in supporting vulnerable residents.

In a large, countywide authority, there is a risk that the specific needs of faith communities may be less visible at the strategic level. There is also a risk that existing engagement structures and trusted relationships with faith-based organisations may be disrupted during the transition, potentially weakening local intelligence and referral pathways that support service accessibility for faith communities. Without strong local engagement mechanisms, such as the proposed Area Assemblies and Community Engagement Team, there is a possibility that religion and belief-related priorities or requirements may not be fully reflected in service planning and delivery.

##### **Mitigating actions for Religion and belief**

To ensure that residents of all faiths and beliefs are treated fairly and respectfully during the transition to a single unitary model with three assemblies, a range of practical mitigating actions would be embedded into service design and delivery. These actions aim to uphold freedom of belief, promote community cohesion, and ensure that services are inclusive and responsive to religious diversity.

Importantly, KCC's preferred model of a single unitary authority supported by three Area Assemblies offers a coherent framework for managing religion and belief-related service needs. Unlike multi-unitary options, which could fragment services and reduce strategic oversight, the single authority model supports joined-up planning and delivery. This is essential for ensuring that all residents regardless of faith or belief receive consistent, high-quality services that respect their values and traditions.

Service redesign would include consideration of faith-sensitive needs, particularly in areas such as health care, bereavement services, education, and community safety. This includes ensuring that dietary requirements, religious observances, and cultural practices are respected in service planning and delivery.

Local engagement would be strengthened through the Community Engagement Team which would work to maintain and strengthen relationships with faith-based organisations, ensuring continuity of local intelligence and referral pathways that support inclusive service access. This would help ensure that local religious priorities are reflected in service provision and that trusted relationships with faith communities are maintained.

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.

#### **Responsible Officer for mitigating actions for Religion and Belief**

To be determined

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

##### **Are there negative impacts for Sexual Orientation**

Yes - Add details of the negative impacts and mitigations.

##### **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.

While the move to a single unitary model with three Area Assemblies is expected to minimise structural inequalities, it is important to ensure that all residents regardless of sexual orientation continue to receive fair and inclusive support and recognise that certain sexual orientations may face risks if services are not designed and delivered inclusively.

There is a risk that service reorganisation could disrupt services that LGBTQ+ residents may access, particularly in areas such as mental health, housing, youth support, and community safety. Trusted relationships with specialist providers or community organisations may be weakened if engagement structures are not maintained.

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.

##### **Mitigating actions for Sexual Orientation**

To ensure that residents of all sexual orientations are treated fairly and respectfully during the transition to a single unitary model with three assemblies, a range of mitigating actions would be embedded into service design, engagement, and delivery. These actions aim to uphold equality, promote inclusion, and safeguard against discrimination.

Importantly, KCC's preferred model of a single unitary authority supported by three Area Assemblies offers a coherent and efficient framework for managing service needs related to sexual orientation. Unlike multi-unitary options, which risk fragmenting services and creating inconsistency, the single authority model

supports joined-up planning and delivery. This is essential for ensuring that all residents regardless of sexual orientation receive reliable, high-quality services.

Service redesign would consider services that LGBTQ+ residents access, particularly in areas such as mental health, housing, youth services, and community safety. The aim is to ensure that services remain inclusive and that any changes do not disrupt access to essential support.

Local engagement would be strengthened through the Area Assemblies supported by a new Strategic Engagement Framework and Community Engagement Team, which would provide a direct mechanism for communities to raise concerns and shape services. This approach ensures that decisions are made closer to the people they affect and that local priorities including those related to sexual orientation are properly understood and addressed.

Communication materials and service environments would be reviewed to ensure they are respectful and inclusive, avoiding assumptions about relationships or family structures and reflecting the diversity of Kent and Medway's communities.

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.

#### **Responsible Officer for mitigating actions for Sexual Orientation**

To be determined

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

#### **Are there negative impacts for Pregnancy and Maternity**

Yes - Add details of the negative impacts and mitigations.

#### **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.

While the implementation of a single unitary model with three Area Assemblies is intended to improve coordination and reduce duplication, there is a risk that service reconfiguration could disrupt continuity of care to maternity-related provision. Service users with this protected characteristic may be disproportionately affected by changes to service structures, particularly where continuity of care or access to maternity and early years support is disrupted. This includes potential risks in areas such as health visiting, perinatal mental health, housing, and social care.

There is also a risk that workforce changes may impact pregnant staff or those either on or returning from maternity leave, especially in frontline health and care roles where women are overrepresented.

#### **Mitigating actions for Pregnancy and Maternity**

To ensure that changes to service structures do not cause potential negative impacts, a range of mitigating actions will be embedded into the design and delivery of the single unitary model which will aim to preserve continuity of care, protect access to maternity-related services, and ensure that pregnancy and maternity needs are recognised and addressed.

Importantly, KCC's preferred model of a single unitary authority supported by three Area Assemblies provides a coherent framework for managing maternity-related service needs. Unlike multi-unitary options, which may fragment provision and reduce strategic oversight, the single authority model supports integrated planning and delivery across health, early years, and social care services. This is particularly important for maintaining joined-up support during and after pregnancy.

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.

#### **Responsible Officer for mitigating actions for Pregnancy and Maternity**

To be determined

#### **27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships**

##### **Are there negative impacts for Marriage and Civil Partnerships**

No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval

##### **Negative impacts for Marriage and Civil Partnerships**

Not Completed

##### **Mitigating actions for Marriage and Civil Partnerships**

Not Completed

##### **Responsible Officer for Marriage and Civil Partnerships**

Not Completed

#### **28. Negative impacts and Mitigating actions for Carer's responsibilities**

##### **Are there negative impacts for Carer's responsibilities**

Yes - Add details of the negative impacts and mitigations.

##### **Negative impacts for Carer's responsibilities**

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.

There is a risk that changes to service structures may disproportionately impact unpaid carers, particularly if access to flexible, localised support is affected. Disruption to services such as respite care, carers' assessments, or crisis support could increase stress and reduce carers' ability to sustain their role.

Carers' needs may also be underrepresented in strategic planning if data on caring responsibilities is not consistently captured or considered. This may particularly affect hidden or informal carers, who often have limited visibility in service design and may face barriers to engagement during periods of organisational change.

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.

##### **Mitigating actions for Carer's responsibilities**

To ensure that changes to service structures do not disproportionately impact individuals with caring responsibilities, a range of mitigating actions will be embedded into the design and delivery of the single unitary model. These actions aim to preserve access to carer services, improve visibility of unpaid carers in strategic planning, and support carers through organisational change.

KCC's preferred model of a single unitary authority supported by three Area Assemblies offers a coherent framework for managing carer-related service needs. This structure supports integrated planning and delivery across adult social care, health, and community services, helping to avoid fragmentation that could affect carers' ability to access timely and coordinated support.

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.

<b>Responsible Officer for Carer's responsibilities</b>
To be determined