Westmorland & Furness Council

Future of Grisedale Croft – Formal Consultation

Adult Social Care

Version 1

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Contents

What are you equality impact assessing?

Formal consultation on the future of Grisedale Croft considers five options: do nothing, refurbish, rebuild, close or provide alternative provision locally. The EIA assesses potential equality impacts of each option on residents, families, and carers

2.3 What are the objectives of the work you are impact assessing?

The objective of this work is to undertake a formal consultation to ensure that any future decision is informed by the views of residents, families, staff, and stakeholders.

The consultation seeks to gather feedback to support transparent and evidence-based decision-making, while ensuring that equality impacts are fully considered and mitigated where possible.

2.4 Is there any other contextual information about this work that is useful for us to know?

This consultation relates to the options for the future of a residential home, Grisedale Croft, in Alston which include potential closure.

This work is being undertaken against a backdrop of significant workforce and financial pressures. There are also rising operational costs and the need to ensure resources are used sustainably while maintaining high-quality care. In addition, the home is functionally obsolete, limiting its ability to meet modern care standards, accessibility requirements, and increasingly complex needs, which collectively necessitates a review of future service provision.

Further Equality Impact Assessments (EIAs) will be undertaken as well as a separate, dedicated EIA to assess the impact on staff.

All EIAs will be treated as live documents and will be continually reviewed and updated throughout the consultation process, ensuring that feedback from residents, families, staff, and other stakeholders is fully captured and informs the ongoing assessment of equality impacts and decision-making.

Who have you consulted with to be able to complete this Equality Impact Assessment?

3.1 This EIA has been informed by engagement with residents, families and carers, and staff through meetings and ongoing consultation activity. It has also drawn on input from service managers and professionals with knowledge of residents' needs, alongside available service data and early consultation feedback.

3.2 Please explain more about who you have consulted with regarding this work

Consultation has included residents, families and carers, and staff through meetings, surveys and direct engagement. Wider community members have been invited to respond via the formal consultation process. Engagement methods have been designed to be accessible, with support provided where needed to enable participation from people with disabilities or additional needs.

3.3 What were the outcomes of your consultation?

The consultation is open and closes on Wednesday 19th August. Feedback from residents, families, staff and the community will be analysed after closure to inform a decision. The EIA will be updated regularly.

3.4 Are you planning to do any further consultation? If so, who with, and what about?

Consultation is ongoing. Consultation will include feedback from residents, families, carers, staff, wider community members and organisations.

What relevant information, evidence, data and research have you used to build up a picture of the likely impacts of this work on the protected and additional characteristics?

Evidence has been drawn from local service data on residents (including age, disability and care needs), workforce data, and rurality/access considerations. This is supported by consultation feedback from residents, families and staff (where available). National research and guidance on the impact of care home closure, relocation and service change on older and disabled people has also been considered, alongside demographic data and local population profiles.

4.2 What does the data/information outline?

Data shows the home is functionally obsolete and has significant workforce and financial pressures. All residents have eligible care needs under the Care Act 2014. Alternative provision exists in the local area, and legal duties require protecting older and disabled residents through a fair and inclusive consultation.

4.3 Do you think there is any information missing? Could you seek further information to make a more informed decision on the potential impact of this work on different characteristics?

Some information is missing as this is an early-stage of the consultation. Resident assessments, accessibility needs, staff impacts and stakeholder views are not yet gathered; these will be collected during the formal consultation to understand impacts fully before any decision is taken

Do you think any of the protected and additional characteristics are likely to be impacted negatively as a result of this work?

Age

7.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Age)

Yes

7.2 What do you think the potential negative impacts on this characteristic could be? (Age)

Residents

There is potential for negative impact in relation to age. For a “do nothing” option, there may be ongoing risks that the current environment and model of care do not fully meet the needs of an ageing population, particularly where frailty, mobility, or cognitive needs increase over time. For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption to established routines, environments, and care relationships may be particularly challenging for older residents, especially those with dementia or other age-related conditions. This may increase the risk of anxiety, confusion, or distress during transitions, as well as difficulties adjusting to new or unfamiliar settings. Where alternative provision is considered locally, relocation may still be required, but the impact may be reduced where proximity to familiar communities, networks, and surroundings can be maintained.

Families / Carers

There is potential for negative impact in relation to age. For a “do nothing” option, families and carers—particularly older carers—may continue to have concerns about whether the environment remains suitable for increasingly complex needs associated with ageing. For refurbishment, rebuild, replacement or closure options, which will involve temporary or permanent relocation, disruption to established routines and any changes in location may be more difficult for older carers to manage, particularly where mobility, health, or accessibility are factors. Relocation may also result in increased travel or changes to visiting arrangements. Where alternative provision is developed locally, some impacts may be lessened through maintaining proximity, although adapting to new environments and arrangements may still present challenges, particularly for older carers.

7.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? (Age)

Residents

For a “do nothing” option, mitigation would be expected to include regular review of the suitability of the environment and care provision to ensure it continues to meet the changing needs associated with ageing, alongside maintaining consistent routines and care relationships.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include comprehensive, person-centred assessments and detailed transition planning that takes account of age-related needs such as frailty, mobility, and cognitive impairment. This may include minimising the number of moves, maintaining continuity of care and familiar staff where possible, and allowing sufficient time and support for individuals to adjust. Enhanced clinical, emotional, and practical support during transitions would be important, alongside clear and accessible communication.

Where alternative provision is developed locally, mitigation would be expected to include prioritising placements that maintain proximity to familiar communities and support networks, thereby reducing disorientation and supporting continuity.

Across all options, a consistent focus on stability, clear communication, involvement in decision-making, and maintaining routines and relationships would be key considerations in helping to reduce distress and support the wellbeing of older residents.

Families / Carers

For a “do nothing” option, mitigation would be expected to include ongoing engagement with families and carers, particularly older carers, to ensure their needs and concerns continue to be recognised, alongside maintaining accessible visiting arrangements.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include early and clear communication about changes, support with planning visits, and consideration of accessibility needs for older carers or those with health or mobility issues. Flexibility in visiting arrangements and support to maintain involvement in care would also be important.

Where alternative provision is developed locally, mitigation would be expected to include prioritising proximity to reduce travel demands and maintain regular contact, helping to limit disruption to established routines and relationships.

Across all options, recognising the needs of older carers, maintaining flexibility, and ensuring clear, timely communication would be key to reducing potential stress and supporting continued involvement in care.

Disability

8.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Disability)

Yes

8.2 What do you think the potential negative impacts on this characteristic could be? 8.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Disability)

Residents

There is potential for negative impact in relation to disability. For a “do nothing” option, there may be ongoing risks that the current environment does not fully meet the needs of individuals with physical, sensory, or cognitive impairments, including accessibility limitations or challenges in supporting increasingly complex needs.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption to familiar environments, routines, and care relationships may be particularly challenging for disabled residents. This may be especially significant for individuals with cognitive impairments such as dementia, autism, or learning disabilities, where familiarity and consistency are important. There is also a risk that temporary or new environments may not fully meet individual accessibility or support needs, which could affect independence, safety, and wellbeing.

Where alternative provision is considered locally, relocation will still be required, and individuals may need to adjust to new environments and staff (though some are likely to transfer), but impacts may be reduced where settings are better designed to meet accessibility requirements and where proximity to existing support networks can be maintained.

Families / Carers

There is potential for negative impact in relation to disability. For a “do nothing” option, any existing barriers relating to accessibility, communication, or engagement may remain unchanged for families and carers with disabilities.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, changes in environment or location may create additional challenges for carers with physical, sensory, or mental health conditions. This could include difficulties accessing new settings, navigating unfamiliar environments, or managing increased travel demands, potentially affecting their ability to remain involved in care.

Where alternative provision is developed locally, some of these impacts may be reduced through maintaining proximity and improved accessibility of new environments, although adapting to new settings and arrangements may still present challenges for some individuals with disabilities.

8.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening?

Residents

For a “do nothing” option, mitigation would be expected to include regular review of the environment to ensure it remains accessible and suitable for individuals with physical, sensory, or cognitive impairments, alongside maintaining reasonable adjustments and consistent support arrangements.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include comprehensive, person-centred assessments to identify individual accessibility and support needs. Detailed transition planning would be essential, including ensuring that any temporary or new environments meet accessibility standards and are appropriately adapted. This would be supported by efforts to minimise the number of moves, maintain continuity of care and familiar staff where possible, and provide enhanced support during transitions, particularly for individuals with cognitive impairments. Clear and accessible communication (e.g. easy read or visual formats) and supported introductions to new environments would be important to reduce anxiety and disorientation.

Where alternative provision is developed locally, mitigation would be expected to include prioritising environments that are purpose-designed or better suited to meet a wide range of needs, with improved accessibility and specialist support where required, alongside maintaining proximity to existing support networks.

Across all options, a consistent focus on reasonable adjustments, inclusive design, and personalised support would be key to reducing potential negative impacts.

Families / Carers

For a “do nothing” option, mitigation would be expected to include maintaining reasonable adjustments and accessible communication, alongside ongoing engagement to understand and respond to the needs of families and carers with disabilities.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include ensuring that any new or temporary environments remain accessible. This may include consideration of step-free access, parking, transport links, and clear wayfinding, as well as providing information in accessible formats. Flexibility in visiting arrangements and practical support to maintain involvement in care would also be important during transition periods.

Where alternative provision is developed locally, mitigation would be expected to include prioritising accessible locations and environments to help reduce travel and access barriers, and ensuring settings are inclusive and easy to navigate.

Across all options, clear communication, reasonable adjustments, and a personalised, inclusive approach would be key to supporting families and carers with disabilities and minimising potential impacts.

Gender Reassignment

9.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Gender Reassignment)

Yes.

9.2 What do you think the potential negative impacts on this characteristic could be? 9.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Gender Reassignment)

Residents

There is potential for negative impact in relation to gender reassignment, although this may be limited depending on the number of individuals concerned. For a “do nothing” option, any existing issues relating to inclusivity, privacy, or understanding of individual needs may remain unchanged.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption to established routines and relationships with trusted staff may affect individuals who rely on consistent, respectful understanding of their identity and preferences. Moving to new environments may create uncertainty about whether care will continue to be delivered in an inclusive manner, and whether dignity, privacy, and identity will be consistently respected. This may impact an individual’s sense of safety, confidence, and wellbeing.

Where alternative provision is developed locally, relocation will still occur, but impacts may be reduced where there is continuity of local networks, some staff and where settings demonstrate inclusive practice and awareness of gender identity needs.

Families / Carers

There is potential for negative impact in relation to gender reassignment. For a “do nothing” option, existing experiences—positive or negative—may continue.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, changes in staff and environments may create uncertainty about whether inclusive and respectful approaches will be consistently maintained. This may affect confidence in how individuals’ identities will be understood and supported within new settings.

Where alternative provision is developed locally, some impacts may be reduced through maintaining proximity and familiarity, although engagement with some new staff and services may still present uncertainty.

9.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? 9.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Gender Reassignment)

Residents

For a “do nothing” option, mitigation would be expected to include maintaining inclusive, person-centred care practices that respect gender identity, alongside ongoing review to ensure dignity, privacy, and individual preferences continue to be upheld.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include sensitive, person-centred transition planning that recognises the importance of identity, privacy, and continuity. This may include clearly recording and communicating individual preferences, ensuring that staff in any receiving environment are aware of and able to support gender identity needs, and maintaining continuity of care and relationships where possible. Supporting staff with appropriate equality, diversity, and inclusion training, particularly in relation to gender identity, would also be important. Clear and respectful communication throughout the process, along with providing reassurance and emotional support, would help reduce anxiety and promote a sense of safety.

Where alternative provision is developed locally, mitigation would be expected to include selecting settings that can demonstrate inclusive practice and an understanding of gender identity, alongside maintaining proximity to familiar networks, staff and support where possible.

Across all options, a consistent focus on dignity, privacy, inclusion, and person-centred care would be key to minimising potential negative impacts.

Families / Carers

For a “do nothing” option, mitigation would be expected to include maintaining inclusive engagement and ensuring families and carers feel respected and supported in relation to gender identity.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include clear, respectful communication and reassurance that inclusive practices will be maintained in any new environment. This may include ensuring staff awareness and training, and providing opportunities for families and carers to discuss needs and preferences. Supporting continuity and building trust in new settings would be important to maintain confidence in care.

Where alternative provision is developed locally, mitigation would be expected to include prioritising settings that demonstrate inclusive values and practices, alongside maintaining proximity and accessibility to support ongoing involvement.

Across all options, maintaining a culture of respect, inclusion, and open communication would be key to reducing potential impacts and supporting confidence in care provision.

Marriage and Civil Partnership

10.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Marriage and Civil Partnership)

Yes.

10.2 What do you think the potential negative impacts on this characteristic could be? 10.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Marriage and Civil Partnership)

Residents

There is potential for negative impact in relation to marriage and civil partnership. For a “do nothing” option, any existing limitations in supporting couples to maintain shared routines, privacy, or time together may continue.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption to established routines, environments, and relationships may affect couples' ability to spend time together or maintain existing patterns of contact. There is a risk that relocation may result in couples being separated or placed in different settings, or at increased distance from one another, which could impact emotional wellbeing, companionship, and sense of stability.

Where alternative provision is developed locally, relocation will still occur, but impacts may be reduced where couples can remain in close proximity or within the same setting, and where local connections can be maintained.

Families / Carers

There is potential for negative impact in relation to marriage and civil partnership. For a "do nothing" option, any existing challenges in maintaining contact or shared routines may remain unchanged.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption to visiting arrangements and potential changes in location may affect how spouses or partners are able to spend time together. Increased travel distances or unfamiliar environments may make maintaining regular contact more difficult, which could impact relationships and ongoing involvement in care.

Where alternative provision is developed locally, some impacts may be reduced through maintaining proximity, although adapting to new settings and arrangements may still present challenges.

10.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? 10.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Marriage and Civil Partnership)

Residents

For a "do nothing" option, mitigation would be expected to include maintaining opportunities for couples to spend time together, supporting shared routines, and respecting individual preferences for privacy and companionship, with ongoing review to ensure these needs continue to be met.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include careful, person-centred transition planning that takes account of relationships and the importance of maintaining them. This may include seeking to keep couples together in the same setting where possible, or in close proximity where this is not achievable. Planning would be expected to minimise disruption to contact, maintain routines where feasible, and ensure that receiving environments are able to support relationships appropriately. Clear communication and emotional support throughout the transition would also be important.

Where alternative provision is developed locally, mitigation would be expected to include prioritising placements that allow couples to remain together or nearby, and maintaining access to familiar communities and networks, helping to support continuity of relationships including some staff.

Across all options, a consistent focus on maintaining relationships, supporting choice and dignity, and recognising the importance of companionship would be key to reducing potential negative impacts.

Families / Carers

For a "do nothing" option, mitigation would be expected to include maintaining accessible and flexible visiting arrangements that support ongoing contact between spouses or partners, alongside clear communication.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include early and clear communication about changes, involvement of spouses or partners in planning, and consideration of travel, access, and visiting arrangements. Supporting flexibility in

visiting and maintaining regular contact during transition periods would be important, alongside recognising the emotional impact of disruption to established routines.

Where alternative provision is developed locally, mitigation would be expected to include prioritising proximity to reduce travel demands and support continued involvement, helping to maintain regular contact and relationships.

Across all options, clear communication, flexibility, and a focus on maintaining meaningful relationships would be key considerations in helping to minimise potential negative impacts.

Pregnancy and Maternity

11.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Pregnancy and Maternity)

Yes.

11.2 What do you think the potential negative impacts on this characteristic could be? (Pregnancy and Maternity)

Families / Carers

There is potential for negative impact in relation to pregnancy and maternity. For a “do nothing” option, any existing challenges—such as balancing caring responsibilities with pregnancy or caring for a newborn—may continue.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, increased travel distances, disruption to routines, and unfamiliar environments may create additional challenges. This may include physical demands related to travel, managing childcare responsibilities, or attending visits while pregnant or during the postnatal period. These factors may affect the ability to maintain regular contact and involvement in care.

Where alternative provision is developed locally, some impacts may be reduced through maintaining proximity and accessibility, although adapting to new environments and arrangements may still present challenges during pregnancy or early parenthood.

11.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? (Pregnancy and Maternity)

Families / Carers

For a “do nothing” option, mitigation would be expected to include maintaining flexibility in visiting and engagement, recognising the needs of those who are pregnant or have recently given birth.
For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include clear and timely communication, as well as flexibility in visiting arrangements to accommodate health needs, fatigue, and childcare responsibilities. Consideration may also be given to reducing unnecessary travel where possible and supporting continued involvement in care in ways that are manageable.

Where alternative provision is developed locally, mitigation would be expected to include maintaining proximity to reduce travel demands and support continued involvement, alongside ensuring accessible and supportive environments.

Across all options, taking a person-centred and flexible approach, alongside clear communication and recognition of individual circumstances, would be key to reducing potential stress and supporting wellbeing.

Race

12.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Race)
Yes

12.2 What do you think the potential negative impacts on this characteristic could be? (Race)

Residents

There is potential for negative impact in relation to race. For a “do nothing” option, any existing gaps in meeting cultural, linguistic, or religious needs may continue, including limitations in culturally appropriate care or communication.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption to established routines and relationships with familiar staff may affect continuity in culturally sensitive care. Moving to new environments may create uncertainty about whether cultural, dietary, language, or religious needs will be consistently understood and met. There is also a risk that new or temporary settings may have different levels of experience or capability in meeting diverse needs, which could impact residents’ sense of identity, comfort, and inclusion.

Where alternative provision is developed locally, relocation will still occur, but impacts may be reduced where there is continuity of local community links, access to culturally appropriate services, and settings that are better equipped to meet diverse needs.

Families / Carers

There is potential for negative impact in relation to race. For a “do nothing” option, any existing challenges relating to communication, cultural understanding, or inclusivity may remain unchanged.
For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, changes to staff and environments may affect how effectively cultural and language needs are recognised and responded to. This may create uncertainty or concern about whether new settings will provide the same level of understanding or responsiveness, potentially affecting confidence in care and ongoing engagement.

Where alternative provision is developed locally, some impacts may be reduced through maintaining proximity to community networks and support, although engagement with new environments and staff may still present challenges in ensuring cultural needs are consistently met**.**

12.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? (Race)

Residents

For a “do nothing” option, mitigation would be expected to include maintaining culturally appropriate, person-centred care, with ongoing review to ensure residents’ cultural, dietary, language, and religious needs continue to be understood and met. This may include access to interpretation and support services where required.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include comprehensive, person-centred assessments that clearly identify cultural, linguistic, and religious needs. These should be effectively communicated to any receiving service to support continuity of culturally sensitive care. Transition planning would be expected to ensure that temporary and new environments can meet these needs, including appropriate dietary provision, access to faith support, and culturally aware care practices. Staff awareness and training in equality, diversity, and inclusion would also be important to support consistent understanding and respectful care. Clear and accessible communication, including translation and interpretation where required, would help reduce uncertainty and support engagement.

Where alternative provision is developed locally, mitigation would be expected to include prioritising settings that can demonstrate cultural competence and the ability to meet diverse needs, alongside maintaining links to local communities, faith groups, and support networks.

Across all options, a consistent focus on inclusive practice, cultural awareness, accessible communication, and person-centred care would be key to minimising potential negative impacts.

Families / Carers

For a “do nothing” option, mitigation would be expected to include ongoing engagement to ensure cultural, language, and communication needs are recognised and supported, including access to interpretation where required.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include clear, timely, and accessible communication in appropriate formats and languages. This would help ensure families and carers are able to understand changes, remain involved in care, and have confidence that cultural needs are being recognised. Consideration would also be given to maintaining continuity in how cultural preferences and expectations are understood and respected within new or temporary settings. Staff awareness and inclusive practice would be key to supporting effective engagement.

Where alternative provision is developed locally, mitigation would be expected to include maintaining proximity to cultural and community networks, and selecting settings that demonstrate an ability to support diversity, helping to sustain confidence and engagement.

Across all options, clear communication, cultural awareness, and inclusive, person-centred engagement would be key considerations in reducing potential negative impacts.

Religion or Belief

13.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Religion or Belief)

Yes.

13.2 What do you think the potential negative impacts on this characteristic could be? 13.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Religion or Belief)

Residents

There is potential for negative impact in relation to religion or belief. For a “do nothing” option, any existing limitations in supporting religious or belief needs may continue, including access to worship, culturally appropriate care, or spiritual support.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption to established routines, environments, and relationships may affect residents’ ability to practise their religion or belief. This may include reduced access to appropriate spaces for worship, changes in dietary provision, or loss of continuity in spiritual support. Relocation to new or temporary settings may also create uncertainty about whether religious or belief needs will be consistently understood and respected, which could impact wellbeing, identity, and sense of comfort.

Where alternative provision is developed locally, relocation will still occur, but impacts may be reduced where residents are able to maintain links with local faith communities, places of worship, and existing support networks, and where receiving environments demonstrate an ability to meet religious and belief needs.

Families / Carers

There is potential for negative impact in relation to religion or belief. For a “do nothing” option, any existing concerns about how religious or belief needs are supported may remain unchanged.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption may affect families’ and carers’ ability to participate in or support religious practices, or to maintain established routines linked to faith or belief. Engagement with new environments and staff may also create uncertainty about whether religious or cultural needs will be consistently recognised and respected, potentially affecting confidence in care and ongoing involvement.

Where alternative provision is developed locally, some impacts may be reduced through maintaining proximity to local faith communities and support networks, although adapting to new settings and relationships may still present challenges.

13.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? 13.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Religion or Belief)

Residents

For a “do nothing” option, mitigation would be expected to include maintaining existing arrangements that support residents to practise their religion or belief, with regular review to ensure needs such as dietary requirements, access to worship, and spiritual support continue to be met.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include comprehensive, person-centred assessment and clear documentation of individual religious and belief needs. These should be communicated effectively to any temporary or receiving service to support continuity. Transition planning would include maintaining access to appropriate food, spaces for prayer or reflection, and, where possible, continuity of spiritual or faith-based support. Staff awareness and training in religious and cultural sensitivity would be important to support consistent and respectful care. Clear, accessible communication throughout the process would help reduce uncertainty and support engagement.

Where alternative provision is developed locally, mitigation would be expected to include prioritising settings that are able to meet a range of religious and belief needs and that maintain links with local faith communities, places of worship, and spiritual support networks.

Across all options, maintaining a person-centred approach, with sensitivity to religious and cultural needs, clear communication, and inclusive practice, would be key to minimising potential negative impacts.

Families / Carers

For a “do nothing” option, mitigation would be expected to include maintaining current arrangements that enable families and carers to support or participate in religious or cultural practices, alongside ongoing communication.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include clear, timely, and accessible communication, ensuring families and carers understand how religious and belief needs will continue to be met. Opportunities should be provided for them to share information about preferences and practices, and to remain involved where appropriate. Ensuring that new or temporary settings acknowledge and respect these needs would be important in maintaining confidence in care.

Where alternative provision is developed locally, mitigation would be expected to include maintaining proximity to faith communities and ensuring settings are able to support religious practices, helping families and carers remain engaged and reassured.

Across all options, clear communication, respectful engagement, and a continued focus on inclusive and culturally sensitive practice would be key to reducing potential impacts.

Sex

14.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Sex)

Yes

14.2 What do you think the potential negative impacts on this characteristic could be? (Sex)

Residents

There is potential for negative impact in relation to sex. For a “do nothing” option, any existing differences in how needs are experienced or met between men and women may continue, including aspects such as privacy, dignity, or personal care preferences.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption to established routines, care environments, and relationships with staff may affect how consistently gender-sensitive care is delivered. Moving to new or unfamiliar settings may create uncertainty about whether individual preferences in relation to personal care, dignity, or gender-specific support will be understood and respected, which could impact comfort and wellbeing.

Where alternative provision is developed locally, relocation will still occur, but impacts may be reduced where environments are designed to better support privacy, dignity, and individual choice, and where continuity of care approaches is maintained.

Families / Carers

There is potential for negative impact in relation to sex. For a “do nothing” option, any existing differences in experience or engagement may remain unchanged.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption and changes to staff, environments, and visiting arrangements may affect how individuals are able to engage with services, particularly where preferences or expectations relating to gender are important. There may also be uncertainty about how well new settings will recognise and respond to gender-specific needs, which could affect confidence in care and ongoing involvement.

Where alternative provision is developed locally, some impacts may be reduced through maintaining proximity and continuity, although adapting to new settings and arrangements may still present challenges.

14.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? (Sex)

Residents

For a “do nothing” option, mitigation would be expected to include maintaining person-centred care that recognises and respects individual preferences relating to dignity, privacy, and gender-sensitive support, alongside regular review to ensure these needs continue to be met.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include comprehensive, person-centred assessments that clearly identify preferences relating to personal care, privacy, and gender-sensitive support. These should be communicated effectively to any temporary or receiving service to ensure continuity. Transition planning would include maintaining dignity and privacy, minimising disruption to established care arrangements, and supporting continuity of staff where possible. Staff awareness and training in delivering gender-sensitive care would also be important. Clear and respectful communication and additional support during transitions would help reduce anxiety and promote wellbeing.

Where alternative provision is developed locally, mitigation would be expected to include prioritising environments that support privacy, dignity, and individual choice, alongside maintaining continuity of care approaches and familiarity where possible.

Across all options, a consistent focus on dignity, respect, personalised care, and inclusive practice would be key to minimising potential negative impacts.

Families / Carers

For a “do nothing” option, mitigation would be expected to include maintaining inclusive and respectful engagement, recognising different needs, preferences, and expectations.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include clear, timely communication and involvement in planning, ensuring families and carers feel confident that gender-related preferences and needs will continue to be recognised and respected. Supporting continuity and building confidence in new environments would be important, alongside maintaining flexibility in arrangements to support ongoing involvement in care.

Where alternative provision is developed locally, mitigation would be expected to include maintaining proximity and accessibility, and ensuring that new settings demonstrate inclusive and respectful practice, helping to support confidence and continued engagement.

Across all options, clear communication, respect, and a person-centred approach would be key considerations in reducing potential impacts.

Sexual Orientation

15.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Sexual Orientation)

Yes

15.2 What do you think the potential negative impacts on this characteristic could be? (Sexual Orientation)

Residents

There is potential for negative impact in relation to sexual orientation. For a “do nothing” option, any existing concerns about inclusivity or confidence in expressing identity may remain unchanged.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption to familiar environments and relationships with trusted staff may affect how comfortable individuals feel in expressing their sexual orientation. Moving to new settings may create uncertainty about whether environments will be inclusive and respectful, and whether staff will consistently recognise and support individual identity. This may impact feelings of safety, dignity, and overall wellbeing.

Where alternative provision is developed locally, relocation will still occur, but impacts may be reduced where there is continuity of local networks and where new settings demonstrate inclusive practice and awareness of diverse sexual orientations.

Families / Carers

There is potential for negative impact in relation to sexual orientation. For a “do nothing” option, existing experiences—positive or negative—may continue.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, changes to environments and staff may create uncertainty about whether inclusive and respectful practices will be consistently maintained. This may affect confidence in how individuals’ identities are recognised and supported, and could impact willingness to engage fully with services.

Where alternative provision is developed locally, some impacts may be reduced through maintaining proximity and familiarity, although adapting to new environments and relationships may still present challenges.

15.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? (Sexual Orientation)

Residents

For a “do nothing” option, mitigation would be expected to include maintaining inclusive, person-centred care that enables individuals to feel safe and respected in expressing their sexual orientation, alongside regular review of how this is experienced.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include comprehensive, person-centred assessments that clearly capture individual identity, preferences, and support needs. These should be communicated effectively to any temporary or receiving service to ensure continuity of inclusive care. Transition planning would include maintaining dignity, privacy, and respect, as well as supporting continuity of relationships with trusted staff where possible. Staff training and awareness in equality, diversity, and inclusion—particularly relating to sexual orientation—would be important to ensure consistent, respectful practice. Clear, sensitive communication and emotional support during transitions would also help reduce anxiety and promote a sense of safety.

Where alternative provision is developed locally, mitigation would be expected to include prioritising settings that demonstrate inclusive values and practices, alongside maintaining connections to familiar communities and support networks where possible.

Across all options, a consistent focus on dignity, respect, inclusion, and person-centred care would be key to minimising potential negative impacts.

Families / Carers

For a “do nothing” option, mitigation would be expected to include maintaining inclusive and respectful engagement, ensuring families and carers feel acknowledged and supported regardless of sexual orientation.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include clear, respectful communication and reassurance that inclusive practices will continue in any new setting. This may include ensuring staff awareness and training, and providing opportunities for families and carers to share preferences and raise any concerns. Supporting continuity and building trust in new environments would be important to maintain confidence in care and encourage ongoing involvement.

Where alternative provision is developed locally, mitigation would be expected to include prioritising settings that demonstrate inclusive and respectful practice, alongside maintaining proximity and accessibility to support continued engagement.

Across all options, maintaining a culture of inclusion, respect, and open communication would be key to reducing potential impacts and supporting confidence in care provision.

Armed Forces Families

16.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Armed Forces Families)

Yes.

16.2 What do you think the potential negative impacts on this characteristic could be? (Armed Forces Families)

Residents

There is potential for negative impact in relation to Armed Forces families, although this may affect a smaller number of individuals. For a “do nothing” option, any existing needs linked to Armed Forces backgrounds—such as maintaining connections to military communities or accessing specialist support—may remain unchanged.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption to familiar environments, routines, and support networks may affect individuals with Armed Forces connections. Relocation may result in loss of proximity to established Armed Forces communities, charities, or support services, which could impact a sense of identity, belonging, and wellbeing. Moving to new settings may also create uncertainty about whether staff will be aware of or responsive to the specific experiences and needs associated with Armed Forces backgrounds.

Where alternative provision is developed locally, relocation will still occur, but impacts may be reduced where individuals are able to maintain links with local Armed Forces networks and where settings demonstrate awareness of these needs.

Families / Carers

There is potential for negative impact in relation to Armed Forces families. For a “do nothing” option, any existing challenges in accessing or maintaining links to Armed Forces support networks may continue.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, changes in location and environment may affect the ability of families and carers to maintain connections with established Armed Forces communities and support services. Increased travel or unfamiliar settings may also disrupt existing support arrangements, which can be particularly important for those with service-related circumstances or mobility. This may impact confidence, access to support, and ongoing involvement in care.

Where alternative provision is developed locally, some impacts may be reduced through maintaining proximity to local Armed Forces networks and services, although adapting to new environments and arrangements may still present challenges.

16.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? (Armed Forces Families)

Residents

For a “do nothing” option, mitigation would be expected to include maintaining awareness of any Armed Forces-related needs, including supporting continued access to relevant services, charities, or community links where appropriate, alongside regular review to ensure these needs continue to be recognised.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include person-centred assessment that identifies any connections to Armed Forces communities and support needs arising from service history. This information should be clearly communicated to any temporary or receiving service to support continuity. Transition planning would include maintaining links to relevant networks, charities, and support services where possible, and supporting staff awareness of Armed Forces issues to ensure understanding and sensitivity. Clear communication and additional support during transitions would help reduce disruption and maintain a sense of identity and belonging.

Where alternative provision is developed locally, mitigation would be expected to include prioritising settings that enable continued access to local Armed Forces networks, services, and community support, helping to maintain continuity and reduce disruption.

Across all options, maintaining awareness, supporting continuity of external networks, and ensuring a person-centred approach would be key to minimising potential negative impacts.

Families / Carers

For a “do nothing” option, mitigation would be expected to include maintaining awareness of Armed Forces-related needs and supporting continued access to relevant networks and support services.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include clear and timely communication about changes, alongside consideration of how families and carers can maintain links to Armed Forces support networks. Support may include signposting to services, recognising service-related circumstances, and ensuring staff are aware of and responsive to these needs. Maintaining opportunities for continued involvement in care and supporting confidence in new settings would also be important.

Where alternative provision is developed locally, mitigation would be expected to include maintaining proximity to Armed Forces communities and ensuring that new settings are aware of and able to support these needs, helping to sustain existing support arrangements.

Across all options, clear communication, awareness, and support to maintain connections with Armed Forces networks and services would be key considerations in reducing potential negative impacts.

People who are care experienced

17.1 Do you think there could be a potential negative impact to this characteristic based on this work? (People who are care experienced)

Yes

17.2 What do you think the potential negative impacts on this characteristic could be? (People who are care experienced)

Residents

There is potential for negative impact in relation to people who are care experienced. For a “do nothing” option, any existing sensitivities linked to previous experiences of care, including attachment, stability, or trust, may remain unchanged.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, disruption to familiar environments, routines, and relationships may be particularly challenging for individuals with care experience. Transitions may trigger emotional responses linked to past experiences of instability, loss of control, or multiple placements. Relocation to new settings may increase feelings of uncertainty, anxiety, or lack of belonging, particularly where continuity of relationships and routines cannot be maintained.

Where alternative provision is developed locally, relocation will still occur, but impacts may be reduced where there is greater continuity of local connections, familiarity, some staff and support networks, helping to maintain a sense of stability and belonging.

Families / Carers

There is potential for negative impact in relation to people who are care experienced. For a “do nothing” option, any existing concerns or sensitivities linked to past care experiences may continue.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, change and uncertainty may heighten concerns about stability, continuity, and the quality of care provided. Individuals may perceive relocation as another significant disruption, particularly where previous experiences have involved multiple transitions or challenges. This may affect confidence in services and willingness to engage with change.

Where alternative provision is developed locally, some impacts may be reduced through maintaining proximity and continuity of some staff support networks, although adapting to new environments and relationships may still present challenges.

17.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? (Care Leavers)

Residents

For a “do nothing” option, mitigation would be expected to include maintaining stable, consistent care environments and routines, with ongoing awareness of any past care experiences that may influence how individuals respond to their surroundings.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include trauma-informed, person-centred approaches to planning and delivery. This would involve recognising the potential impact of transitions on individuals with care experience and ensuring that they are involved in decisions wherever possible, supporting a sense of control and choice. Efforts would include maintaining continuity of care relationships and routines where feasible, minimising the number of moves, and providing additional emotional support before, during, and after transitions. Clear, consistent communication and reassurance throughout the process would be important to reduce anxiety and build trust. Where alternative provision is developed locally, mitigation would be expected to include prioritising continuity of local connections, familiar environments, some staff and existing support networks to help maintain a sense of stability and belonging.

Across all options, adopting a consistent, trauma-informed, and person-centred approach—focused on stability, continuity, communication, and emotional support—would be key to minimising potential negative impacts.

Families / Carers

For a “do nothing” option, mitigation would be expected to include maintaining open and consistent communication, recognising any sensitivities linked to past care experiences, and supporting confidence in existing arrangements.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include early and transparent communication, meaningful involvement in planning, and opportunities to raise concerns. Providing reassurance, maintaining consistency where possible, and ensuring that families and carers feel listened to and involved would be important in reducing anxiety and building trust. A trauma-informed approach would also support understanding of how past experiences may shape responses to change.

Where alternative provision is developed locally, mitigation would be expected to include maintaining proximity to familiar networks and services, helping to preserve continuity and reduce the impact of change.
Across all options, clear communication, involvement, consistency, and a sensitive, person-centred approach would be key to supporting confidence and minimising potential negative impacts.

Rurality

18.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Rurality)

Yes

18.2 What do you think the potential negative impacts on this characteristic could be? (Rurality)

Residents

There is potential for negative impact in relation to rurality. For a “do nothing” option, existing challenges associated with rural settings—such as limited access to services, amenities, and community opportunities—may continue, potentially contributing to isolation or reduced wellbeing.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, residents may be moved away from their local area and familiar rural communities. This may result in loss of connection to local networks, support systems, and places that are meaningful to them. Increased distance from their home community may also reduce opportunities for social interaction and community engagement, which could impact emotional wellbeing and sense of identity.

Where alternative provision is developed locally, relocation will still occur, but impacts may be reduced where residents are able to remain within or close to their local rural community, helping to maintain familiar connections, routines, and a sense of place.

Families / Carers

There is potential for negative impact in relation to rurality. For a “do nothing” option, existing challenges such as long travel distances, limited public transport, and restricted access to services may continue.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, these challenges may be increased. Families and carers may need to travel further or navigate unfamiliar routes and transport options, which may make maintaining regular contact more difficult. This could be particularly significant in rural areas where transport infrastructure is limited, potentially affecting ongoing involvement in care and relationships.

Where alternative provision is developed locally, some impacts may be reduced by maintaining proximity, although logistical challenges related to rural settings may still remain.

18.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? (Rurality)

Residents

For a “do nothing” option, mitigation would be expected to include maintaining and strengthening links with local communities, services, and activities, alongside regular review of how rural isolation or access to support may affect wellbeing.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include careful transition planning that takes account of the importance of rural connections and familiarity. This may include seeking to retain placement within or close to individuals’ home areas where possible, maintaining access to community networks, and supporting continuity of social, cultural, and environmental connections that are meaningful to residents. Additional support may be required to help individuals adjust to new environments and maintain a sense of belonging.

Where alternative provision is developed locally, mitigation would be expected to include prioritising settings within the same or nearby rural communities, supporting continuity of local connections, routines, and identity.

Across all options, maintaining strong links to community, supporting familiarity, and recognising the importance of place and connection in rural settings would be key to minimising potential negative impacts.

Families / Carers

For a “do nothing” option, mitigation would be expected to include recognising existing rural challenges, such as travel and access, and maintaining flexible approaches to support continued involvement in care.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include clear and timely communication about changes, alongside consideration of travel distances, transport availability, and accessibility. Supporting flexible visiting arrangements, including varied visiting times or alternative means of contact, would help families and carers maintain involvement. Consideration may also be given to practical support where travel becomes more challenging.

Where alternative provision is developed locally, mitigation would be expected to include prioritising locations that reduce travel distances and maintain access within familiar areas, helping to sustain regular contact and involvement.

Across all options, clear communication, flexibility, and recognition of rural access challenges would be key considerations in helping to reduce potential negative impacts and support ongoing engagement.

Socio-Economic Status

19.1 Do you think there could be a potential negative impact to this characteristic based on this work? (Socio-Economic Status)

Yes

19.2 What do you think the potential negative impacts on this characteristic could be? (Socio-Economic Status)

Residents

There is potential for negative impact in relation to socio-economic status. For a “do nothing” option, any existing financial inequalities or limitations in access to additional services or opportunities may continue, potentially affecting quality of life and access to activities or support.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, there may be financial implications associated with changes in provision, including differences in costs, access to services, or availability of local support networks. Relocation may also result in reduced access to familiar community resources or informal support, which may disproportionately affect individuals with fewer financial or social resources. These changes could impact wellbeing, independence, and access to meaningful activity.

Where alternative provision is developed locally, relocation will still occur, but impacts may be reduced where individuals can maintain access to familiar services, local support networks, and community resources, helping to limit disruption and financial strain.

Families / Carers

There is potential for negative impact in relation to socio-economic status. For a “do nothing” option, existing financial pressures—such as travel costs, time off work, or caring responsibilities—may continue.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, there may be additional or increased costs for families and carers. This could include increased travel expenses, longer journey times, and potential loss of income due to time spent supporting transitions or visiting. These impacts may be felt more significantly by those on lower incomes, potentially affecting their ability to maintain regular contact and involvement in care.

Where alternative provision is developed locally, some impacts may be reduced through maintaining proximity and access to local services, although some adjustment and associated costs may still arise.

19.3 What actions can be taken to mitigate against these negative impacts? I.e. how can we prevent the negative impacts from happening? (Socio-Economic Status)

Residents

For a “do nothing” option, mitigation would be expected to include ongoing review of affordability and access to services and activities, ensuring residents are supported to access financial advice, benefits, or additional support where needed.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include clear and transparent communication about any financial implications. Person-centred planning should consider affordability and access to services when identifying temporary or long-term arrangements. Support may include signposting to financial advice, ensuring access to funding or entitlements, and minimising any additional costs associated with transition wherever possible. Consideration would also be given to maintaining access to local, low-cost or free community resources where feasible.

Where alternative provision is developed locally, mitigation would be expected to include prioritising options that maintain access to existing local networks, services, and community resources, helping to reduce disruption and additional financial burden.

Across all options, a focus on affordability, access to support, and clear communication would be key to minimising potential negative impacts.

Families / Carers

For a “do nothing” option, mitigation would be expected to include recognising ongoing financial pressures, such as travel or time commitments, and maintaining flexible approaches to support continued involvement in care.

For refurbishment, rebuild, or closure options, which will involve temporary or permanent relocation, mitigation would be expected to include early and clear communication about changes to allow families and carers to plan accordingly. Consideration should be given to minimising additional costs where possible, including travel implications, and supporting flexible visiting arrangements. Signposting to available support, including financial or practical assistance, may also help to reduce the impact.

Where alternative provision is developed locally, mitigation would be expected to include prioritising locations that reduce travel distances and associated costs, helping families and carers to maintain regular contact without undue financial strain.

Across all options, clear communication, flexibility, and recognition of financial constraints would be key considerations in helping to reduce potential negative impacts.

As a result of this Equality Impact Assessment, what will you do next?

The EIA shows that there may be adverse impacts but the work to assess and mitigate individual, family and carer impacts will continue throughout the consultation process and this EIA will be updated periodically.

You outlined above that the EIA shows that there will be adverse impacts but the work must be completed regardless. Please can you explain that decision here:

The EIA identifies potential adverse impacts on several characteristics, but the consultation must proceed to gather the detailed evidence needed. Mitigation actions will be implemented and reviewed throughout to minimise risks.