

ITEM 4 - APPENDIX 2

1. Who is completing the EqlA¹ and why is it being done?

Title of service / proposal / project / strategy / procurement you are assessing²	Adult Social Care Workforce Strategy
Names of those involved in completing the EqlA	Mark Gwynne
Head of Service or Business Manager	Kulbir Lalli
Team/Department	Workforce Development & Partnerships / Integrated Accommodation Commissioning
Lead officer contact details	Mark Gwynne
Focus of EqlA – what are you assessing?³	<p>Project Name : Adult Social Care Workforce Development Strategy 2018 – 21</p> <p>The strategy sets out our key workforce ambitions, explains the challenges, and is underpinned by a 3 year Implementation Plan that details the activity that will undertake to achieve the goals set out within this strategy. We will do this in partnership with care providers – and where it adds value in collaboration with our partners in the NHS - outlining the scale of the challenge in terms of recruitment , retention and sustained (and measurable) growth underpinned by raising quality and focussing on aspirational working.</p> <p>Through the strategy we will provide a diverse range of training courses and qualifications to adult social care organisations across Hertfordshire to upskill the workforce, and support them to meet national standards of care and best practice.</p> <p>Project Partners:</p> <ul style="list-style-type: none"> • Herts County Council Adult Social Care Workforce Development and Partnerships Team • Hertfordshire Care Providers Association (HCPA) • Hertfordshire Community Foundation Training & Development Team

(HCF Training & Development)

- East & North Herts Clinical Commissioning Group – Quality team
- Herts Valleys Clinical Commissioning Group – Quality team

Rationale:

Hertfordshire County Council Adult Care Services, Hertfordshire Care Provider Association and HCF Training & Development have been working together in partnership for over 10 years supporting Adult Social Care Providers / Voluntary sector providers to meet national regulated standards of care or best practice. Collectively, our aim has always been to provide adult social care providers with a clear pathway for developing their staff, an aim that we have been able to achieve by working collaboratively and developing best practice models together with a view to raising quality of care provision across Hertfordshire. There are few counties who can evidence such a strong partnership and it is one that, through continuing commitment and partnership will continue to strengthen and thrive over the years to come. As social care is an ever changing environment, the communication that we have with our providers is essential to ensure we are representing their interests at national, regional and local government levels. Hertfordshire Care Providers Association and HCF Training & Development are key partners in this endeavour providing the council with information gathered directly from a large cross section (over 500 providers) of the Adult Social Care sector to improve the development of services for Hertfordshire citizens requiring care and support. This level of engagement is as a result of Hertfordshire Care Providers Association's and HCF Training & Development team's credibility within the sector and produces a more accurate picture of workforce issues that support the local authority in guiding its strategies around its commissioned and non-commissioned adult social care services.

We know that recruitment in Hertfordshire – across both social care and health – is really challenging – with average employment levels of 96% within Hertfordshire, there is an extremely constricted labour market, in which the care sector is having to compete aggressively against other sectors such as retail and catering. We also know that a lack of affordable housing often means that living and working in Hertfordshire is not possible for large parts of the adult social care workforce. Access to housing is therefore a key priority area.

The strategy is aligned to the Health Education England document ‘**Facing the Facts, Shaping the Future**’ and the **LEP (Local Enterprise Partnership) Hertfordshire Skills Strategy**. It is aimed specifically at the **Adult Social Care workforce in Hertfordshire**:

What the project is:

The strategy has **TWO** overarching Ambitions:

- Raising quality
- Valuing the workforce

Raising Quality

We will attract people with the right attributes such as compassion and empathy and who care about what they do. We will support these people by encouraging providers to offer exciting opportunities which are flexible and attractive to potential job seekers and individuals who previously had not considered a career in care. These ambitions will be underpinned by Values Based Recruitment, Great Leadership and Organisational Ethos.

The aspiration will be to ensure we have enabling and personalised services through the promotion of workforce development initiatives which will focus on the delivery of quality care and improving standards.

We will create an education based ‘**passport**’ **approach** that is universally accepted by providers as a mark of quality and by individuals as a professional standard through the proposed Care **Professional Standards Academy**.

The Care Professional Standards Academy is a new innovative concept for Hertfordshire, at its core will be a **passport system** for proving **quality monitored training, development and qualifications**. Benefits will include:

- i) Enabling staff moving across the sector to be trained to a consistent level of quality by kite-marked learning professionals
- ii) Building Professional Standards into the Academy, individuals will be more attracted into caring roles because they will see clear career pathways **supporting the recruitment crisis**.

- iii) Working with partners such schools, colleges and the university to guide individuals through their learning journey. This will include apprenticeships of all types up to and including Nurse Associate Higher Apprenticeships, it will also

<p>Stakeholders</p>	<p>focus on work placements and pathways</p> <ul style="list-style-type: none"> iv) Cost savings will be made supporting providers to recruit quality staff and make significant savings on retraining v) Professionalising the workforce – making people proud to work in care vi) Providing staff with greater confidence to manage more complex clients vii) Accessing and aligning available funding streams <p>The Academy will take individuals who have the right values and attitudes and develop them into the skilled workforce Hertfordshire residents deserve. In addition to recruiting the right people, it is important that providers are given the skills to meet best practice recruitment standards.</p> <p>We will do this by:</p> <ul style="list-style-type: none"> i) Ensuring all potential recruits have access to information on social care and are made aware of the varied care learning pathways and career development opportunities that exist in Hertfordshire ii) Promoting The Hertfordshire Good Care Campaign that reflects the needs of the sector iii) Promoting opportunities for work related experiences. iv) Building into the workforce development offer, programmes focused on Values Based Recruitment, Great Leadership and Organisational Ethos v) Building on the Piloted Hertfordshire Good Care Recruitment Service and to link to any National Social Care Recruitment Services as they emerge, such as Skills for Care vi) Educating providers on how to recruit via facilitated peer learning initiatives <p>We aim to embed Connected Lives in all training and development programmes for providers – Hertfordshire’s strengths based framework that aims to enable people to live independently and be supported to connect with their communities. We want to make people’s lives better – by connecting them to people, services, technology, communities, networks, and other people.</p> <p>Impact/Results for SME/Micro employers:</p> <p>Adult Social Care providers will: -</p> <ul style="list-style-type: none"> • Have an impartial view of their service and will identify training gaps and have more robust training management systems in place.
----------------------------	--

- Have a well trained workforce. Staff teams will be more committed and provide better quality care as their knowledge, competence and confidence increases as a result of the training.
- Retention rates will increase
- Significant reduction in the use of Agency staff post training owing to better retention.
- Have reviewed succession planning
- Have staff who can mentor other employees when relevant
- Have subject Champions
- Have staff who can deliver and tailor training for the organisation
- Be more committed to workforce development as the benefits become more apparent
- Potential to improve Care Quality Commission ratings and Hertfordshire County Council Adult Care Services/Clinical Commissioning Group monitoring scores
- Improved reputation leading to business growth
- Provide higher quality care services
- Reduction in Serious Concerns/Safeguarding issues related to the business
-

Impact/Results for Learners:

Staff that engage with training will: -

- Feel more confident in their job role
- Feel more confident to communicate with other health and social care professionals
- Have potentially improved their wellbeing
- Feel part of a valued workforce
- Have increased skills and knowledge
- Be more committed to the job role and the sector
- Will be motivated to develop further
- Have had information and advice to develop their career further
- Provide high quality social care in a person-centred way
- Improved basic skills
- Have the training recorded on their Hertfordshire Care Professional Standards Passport
- Have the potential to increase their earning power

- Be able to support the vulnerable adults that they work with to make healthier life choices

Impact/Results for Hertfordshire Adult Social Care Partners and Professionals

Hertfordshire County Council Adult Care Services, Clinical Commissioning Groups, Sustainability and Transformation Partnerships, NHS colleagues etc. will :

- Have a range of private, voluntary and independent adult social care organisations who are providing good quality health and care services.
- Have a range of statutory services with well trained staff teams
- Have a wide range of adult social care businesses available who are stable and able to grow
- Have confidence in staffing teams to provide health and social care and know who and when to contact other health/social care professionals for assistance
- Monitoring and Inspections may see a reduction in the use of Agency staff who may not have been trained to required level
- See a reduction in unnecessary hospital admissions which could provide cost-savings
- See a reduction in unnecessary ambulance call-outs which could provide cost-savings
- See a reduction in hospital re-admissions if staff are better trained to care for residents with complexities of care needs.
- See improved monitoring and inspection scores which could provide cost-savings in terms of re-inspections when standards are low.

Impact/Results for Individuals who use Adult Social Care Services in Hertfordshire

Service Users will: -

- Receive quality services tailored to their personal requirements and needs
- Experience fewer falls
- Have competent adult care services with trained staffing teams that can care well for the frail
- Have the care and support they require to remain independent for as long as possible
- Have improved specialist care and support from staff who are knowledgeable, confident and competent. E.g. Dementia, Nutrition, Falls, End of Life, Wound Care
- Have a range of thriving adult care services to allow choice
- Have a range of adult care services that can provide care in a timely manner
- Use care services that can support individuals to make healthier choices

Impact/Results for Hertfordshire Citizens:

Hertfordshire residents will:

- Have good quality adult health and social care providers in their locality should they require care for themselves or relatives
- Stay independent for longer
- Benefit from the increased economic activity that a growing adult social care market could contribute to the Hertfordshire economy.

Adult Social Care providers and their employees / volunteers will become learners on the project- HCC, private, voluntary and independent.
Hertfordshire citizens who have care and support needs will benefit from a higher skilled social care workforce.
Public sector in Hertfordshire – in terms of improved standards of care and communications from a higher skilled workforce
Hertfordshire citizens that do not require care and support – in terms of a range of adult care services available locally with a trained competent workforce
Age; disability; race; religion or belief; carers

--	--

2. List of data sources used for this EqlA *(include relevant national/local data, research, monitoring information, service user feedback, complaints, audits, consultations, EqlAs from other projects or other local authorities, etc.)*

A range of useful local data on our communities can be found on [Herts Insight](#) and on the [Equalities Hub](#)

Title and brief description (of data, research or engagement – include hyperlinks if available)	Date	Gaps in data Consider any gaps you need to address and add any relevant actions to the action plan in Section 4.
Skills for Care National Minimum Data Set for Social Care – dataset that provides national, regional and county information on the adult social care sector. Various reports available providing data on the size and structure of the workforce, retention rates and issues relating to the sector https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/The-size-and-structure-of-the-adult-social-care-sector-and-workforce-in-England.aspx https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Regional-reports/Eastern/Eastern.aspx https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/Local-authority-area-summary-reports/Eastern/Hertfordshire-Summary.pdf v	August 2017 - February 2018	There is very limited data relating to gender reassignment in terms of workforce or individuals requiring care and support.

HCPA – Learning Needs Assessment – an annual survey of HCPA members to establish essential and desirable training needs	September 2017	
2011 Census data – utilised to inform the need for basic skills	2011	
A range of strategies to inform the direction and drivers for the adult social care workforce :- Hertfordshire Adult Social Care Workforce Strategy Hertfordshire Skills Strategy Hertfordshire Health & Wellbeing Strategy Hertfordshire Corporate Plan The Strategic Economic Plan (Hertfordshire) Regional – ADASS Improvement Programme (East of England) The UK Industrial Strategy		
Hertfordshire Market Position Statements – produced by Hertfordshire County Council, East & North Herts CCG and Herts Valley CCG – give an overview of the market for specific areas within the care sector	2016	
Herts Insight Diversity Profile – identifies the population of Hertfordshire http://atlas.hertslis.org/profiles/profile?profileId=319&geoTypeId=16&geoids=E10000015#	Census 2011 - 2001	
JSNA – Ageing Well – give information and data about the population in Hertfordshire in relation to ageing https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents.aspx?searchInput=&page=1&resultsPerPage=10&view=card&categoryfilters=0/1/22/285/286/852/856	2014	

3. Analysis and assessment: review of information, impact analysis and mitigating actions

Protected characteristic group	<p>What do you know⁴? What do people tell you⁵?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁶?</p> <ul style="list-style-type: none"> - Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template here</i></p>	<p>What can you do⁷?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
Age ⁸	<p>The UK has an ageing population. Statistics show that Hertfordshire is following a similar trend. Skills for Care predict an increase of 31% nationally in the number of jobs in the adult social care sector to meet the growing demand; this percentage rises to 36% in the East of England. To meet this demand and align the adult social care workforce to national and local strategies there is a requirement to increase the number of individuals working in the adult social care sector and upskilling these individuals to improve staff retention and the quality of care provided to Hertfordshire residents. Although HCC monitoring</p>	<p><i>The strategy will have a positive impact on service users and the public. It aims to increase the skills, competence and knowledge of the adult social care workforce, including leaders and proprietors. This will translate into providing a care service that will retain staff to provide quality care services.</i></p> <p><i>The Strategy will seek to engage learners from 18 years upwards and targets have been set specifically to engage participants aged 50+. This is to drive employment for individuals within this age group. The positive impact of this will be that care staff will represent a wide range of ages and this will ensure that people receiving their service will do so from a diverse age range of staff.</i></p>	<p>Individuals applying to join training via this project will need to meet the eligibility requirements of the funders which relates to the eligibility to work in the UK and the relevance of training to the job role.</p> <p>Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise.</p> <p>Ensure that training materials are inclusive for all learners</p> <p>The Strategy has specific targets to engage individuals in the 50+ group. However it also seeks to promote care careers and engage younger people to enrich the care sector workforce.</p> <p>All training Providers used will already have had training in equality, diversity and inclusion</p>

Protected characteristic group	<p>What do you know⁴? What do people tell you⁵?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁶?</p> <p>- Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i></p> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template <u>here</u></i></p>	<p>What can you do⁷?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
	<p>reports indicate a rise in the standard of care there are still further improvements to be made. Feedback to providers from service users, staff, families and carers often indicates deficiencies in staffing levels and training in specific areas. As people live longer often their care needs become more complex and the sector need to be trained in a wider range of subjects and skills to meet this need.</p> <p>Individuals aged 50+ are a priority group for the Department of Work and Pensions as there are a growing number of individuals who are unemployed in this group.</p>		<p>that include all protected characteristic groups.</p>
Disability⁹	<p>85% of the population of Hertfordshire that have a long term illness or disability</p>	<p>Individuals with a disability who require care and support will gain from this strategy in terms of increase in quality</p>	<p>Skills for Care are providing materials and information to encourage adult social care providers to consider employing individuals</p>

Protected characteristic group	<p>What do you know⁴? What do people tell you⁵?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁶?</p> <p>- Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i></p> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template <u>here</u></i></p>	<p>What can you do⁷?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
	<p>indicate that this does not impact on their activity. A further 8% have a long term illness that impacts on activity a little and 6% where their health impacts on activity a lot. Adult social care will offer support in varying degrees to these individuals depending on need.</p> <p>In terms of employment within the care sector some roles could be unsuitable for individuals with a disability due to the nature of the role. This depends on the nature of the persons disability. There is some negativity within the care sector regarding employing individuals with a disability due to perceptions and pressures that currently exist within the sector regarding high turnover rates and</p>	<p>of care services via better trained, competent and knowledgeable care staff. The Strategy aims to increase the number of individuals wishing to work in the sector which will also improve the range and choice of care available.</p> <p>In terms of employment into the sector there is some negativity around employing individuals with disabilities.</p>	<p>with a disability. HCPA will build on this work in Hertfordshire via their recruitment portal Herts Good Care.</p> <p>Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise.</p> <p>Ensure that training materials are inclusive for all minority group learners</p> <p>All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.</p>

Protected characteristic group	<p>What do you know⁴? What do people tell you⁵?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁶?</p> <p>- Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i></p> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template <u>here</u></i></p>	<p>What can you do⁷?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
	retaining staff whilst continuing to provide a service.		
Gender reassignment¹⁰	<p>There is very limited data available for this group of individuals in Herts.</p> <p>Individuals with this protected characteristic may receive care and support if required.</p> <p>Individuals with this protected characteristic may wish to seek work in the care sector or be working in the sector</p>	Improved care and support available as a result of training offered via the project.	<p>Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise.</p> <p>Ensure that training materials are inclusive for all minority group learners</p> <p>All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.</p>
Pregnancy and maternity¹¹	The majority of the adult social care workforce in Hertfordshire is female – 82% with an average age of 43. 68% are aged between 24 and 55.	<p>The Strategy will support learners to complete learning wherever possible.</p> <p>Care staff who are pregnant may need to change their duties in line with a relevant risk assessment. This could result in service users having different care staff supporting them during</p>	<p>All adult social care providers will have relevant procedures and policies for pregnant staff and will have maternity leave processes to provide cover.</p> <p>Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project.</p>

Protected characteristic group	<p>What do you know⁴? What do people tell you⁵?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁶?</p> <p>- Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i></p> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template <u>here</u></i></p>	<p>What can you do⁷?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
		pregnancy and maternity leave.	<p>This will allow the project to be adapted should any inequalities arise.</p> <p>Ensure that training materials are inclusive for all minority group learners</p> <p>All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.</p>
Race¹²	<p>77% of the adult social care workforce in Herts are British, 9% are from within the EU and 13% from outside the EU. 77% of the workforces in Herts are of White ethnicity and 23% are Black, Asian or Minority Ethnic Groups. This aligns to the Herts population where around 86% are of white ethnicity (80% British).</p> <p>It is important within the care sector that care and support</p>	<p>The workforce aligns broadly to the demographic of Hertfordshire residents in terms of race and ethnicity. This should allow service users to be supported by individuals that understand or have similar cultural backgrounds.</p> <p>Through the Strategy's implementation plan provides access to basic skills in the form of English, Maths and Digital Skills via Apprenticeship opportunities</p> <p>A positive impact will be a skilled,</p>	<p>Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise.</p> <p>Ensure that training materials are inclusive for all minority group learners</p> <p>Signpost any applicants or learners to English for Speakers of Other Languages (ESOL) training if relevant.</p> <p>All training Providers used will already have</p>

Protected characteristic group	<p>What do you know⁴? What do people tell you⁵?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁶?</p> <p>- Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i></p> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template <u>here</u></i></p>	<p>What can you do⁷?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
	<p>is given in a way that respects an individual's race, ethnicity and culture. This ensures a person-centred approach and can achieve higher levels of engagement between care providers and services users, friends and family.</p> <p>Language and culture can be a barrier in terms of care giving.</p>	<p>competent adult social care workforce that will have increased basic skills.</p> <p>The care sector induction is part of this project and will train more individuals to be aware of different religions, belief and culture.</p>	<p>had training in equality, diversity and inclusion that include all protected characteristic groups.</p>
Religion or belief ¹³	<p>The majority of Herts residents are Christian (58%) with 27% stating that they have no religious beliefs. Observing an individual's religious beliefs when providing an individual with care and support is hugely important.</p> <p>An awareness of religions and beliefs is part of the induction for adult social care</p>	<p>The care sector induction is part of this Strategy's implementation plan and will train more individuals to be aware of different religions, belief and culture. This will have a positive impact when providing care and support, but will also benefit the community in which these individuals live.</p> <p>Participants may more readily engage with further training opportunities where they know they are treated with fairness and respect</p>	<p>The Strategy will allow sharing of best practice across partnerships involved.</p> <p>All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.</p>

Protected characteristic group	<p>What do you know⁴? What do people tell you⁵?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁶?</p> <p>- Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i></p> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template <u>here</u></i></p>	<p>What can you do⁷?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
	staff.		
Sex/Gender¹⁴	<p>The majority of the adult social care workforce in Hertfordshire is female – 82% with an average age of 43. 68% are aged between 24 and 55.</p> <p>51% of the adult social care workforce in Hertfordshire work full time hours with 41% working part-time, 8% have no fixed hours. 31% of the workforce work on zero-hours contracts. The adult social care sector offers a flexible working pattern. Care and support are required 24 hours a day, seven days a week, 52 weeks of the year. This allows workers to establish a range of shift patterns and this can fit with other caring</p>	<p>The Strategy will deliver training to all to improve the quality of care.</p> <p>The Strategy aims to upskill adult social care workers to increase retention of the workforce. A stable workforce will allow service users choice between male or female workers if relevant.</p> <p>Flexible working hours and shift patterns may be a barrier to learners with caring responsibilities accessing training during the normal working day.</p> <p>The adult social care workforce demographic is likely to result in a higher number of female workers accessing the project than male workers.</p>	<p>Courses will be run across various times/days/locations and also in the evenings or the weekends if demand exists.</p> <p>The training offer includes 'train the trainer' options to allow organisations to train in-house and offer a range of training sessions to suit their workforce.</p> <p>All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.</p> <p>Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise.</p>

Protected characteristic group	<p>What do you know⁴? What do people tell you⁵?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁶?</p> <p>- Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i></p> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template <u>here</u></i></p>	<p>What can you do⁷?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
	<p>responsibilities that an individual may have.</p> <p>Female service users are likely to express a preference for a female care worker particularly if personal care is involved. This can cause issues for care providers who provide support at an individual's home particularly with the present high staff turnover that care providers are experiencing. Male service users are less likely to express a preference; however similar issues are experienced when a male worker is required.</p>		
<p>Sexual orientation¹⁵</p>	<p>Any individual may require care and support regardless of their sexual orientation.</p> <p>Any individual may work in</p>	<p>The care sector induction is part of this Strategy's implementation plan and will train more individuals to be aware of equality and diversity. This will have a positive impact when providing care</p>	<p>All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.</p>

Protected characteristic group	<p>What do you know⁴? What do people tell you⁵?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁶?</p> <p>- Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i></p> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template <u>here</u></i></p>	<p>What can you do⁷?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
	<p>the adult social care sector regardless of their sexual orientation.</p>	<p>and support, but will also benefit the community in which these individuals live.</p> <p>Participants may more readily engage with further training opportunities where they know they are treated with fairness and respect</p>	<p>Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise.</p>
<p>Marriage and civil partnership¹⁶</p>	<p>60% of Herts residents are married, co-habiting or in a civil partnership.</p> <p>Adult social care is provided to any individual who requires care and support regardless of their living arrangements.</p>	<p>The Strategy aims to upskill the adult social care workforce which will benefit any service users, carers families and friends as quality improves.</p>	<p>All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.</p> <p>Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise.</p>

Protected characteristic group	<p>What do you know⁴? What do people tell you⁵?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁶?</p> <p>- Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i></p> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template here</i></p>	<p>What can you do⁷?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
Carers¹⁷	<p>9% of Herts residents are providing unpaid care to a family member or friend. The adult social care sector can provide vital respite opportunities for unpaid carers.</p>	<p>This Strategy aims to upskill the adult social care workforce. Higher quality care will improve health and wellbeing for the service user and this will have a positive impact for carers as well.</p> <p>A more stable workforce will have a positive impact for carers as care providers will be able to ensure that there is continuity in the care staff provided.</p> <p>If carers are confident in the care that is being provided they will be more likely to take opportunities of respite and with a more stable care sector these opportunities may increase.</p>	<p>Carers are utilised in training if possible to raise awareness within the care sector of issues for unpaid carers</p>
<p>Other relevant groups¹⁸</p> <p>Consider if there is a potential impact (positive or negative) on areas such as health and wellbeing, crime and disorder, Armed Forces</p>	<p>Health & wellbeing</p>	<p>This Strategy aims to have a positive effect on health and wellbeing:-</p> <ul style="list-style-type: none"> • Learners accessing training will have improved confidence levels • Learners will feel more valued in the workplace • Learners will have improved awareness of a range of issues 	

Protected characteristic group	<p>What do you know⁴? What do people tell you⁵?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁶?</p> <p>- Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i></p> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template <u>here</u></i></p>	<p>What can you do⁷?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
community.		<p>that will improve their knowledge of equality and diversity of their community</p> <ul style="list-style-type: none"> • Learners will have improved basic skills • Service users will have improved quality care and support • Learners will be able to support service users more specifically and improve health and wellbeing 	

Opportunity to advance equality of opportunity and/or foster good relations¹⁹

Care staff that as part of the project undertake the Care Certificate induction training will have specific awareness training on equality, diversity and inclusion. Other training topics also include building awareness around these areas for both care staff and project staff. Learners will be more aware and this knowledge will be transposed into their lives and communities.

Partners within the project will sign up to the project equality, diversity and inclusion policy and action plan. This will support all partners to improve and share examples of good practice in this area.

Conclusion of your analysis and assessment - select one of the outcomes below²⁰ and summarise why you have selected i, ii, iii or iv; what you think the **most important** impacts are; and the key actions you will take.

OUTCOME AND NEXT STEPS	SUMMARY
i. No equality impacts identified	<i>There are no equality impacts identified. The Strategy aims to upskill and maintain the adult social care workforce which will have a positive impact not only on the care sector but also the wider community. Service users will benefit from improved quality of care leading to improved health and wellbeing. Care staff will be more knowledgeable, competent and confident within their job roles which will support the care sector to improve staff turnover and progress staff, which in turn will ensure care staff stay in employment and continue to progress their careers. As equality, diversity and inclusion is a vital component of providing good quality person-centred care, the project will raise awareness of equality, diversity and inclusion to all learners which they will utilise within their job roles and this will transpose into their lives and communities.</i>
ii. Minimal equality impacts identified <ul style="list-style-type: none">- Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate)- Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality- No major change required to proposal	

<p>iii. Potential equality impacts identified</p> <ul style="list-style-type: none"> - Take 'mitigating action' to change the original policy/proposal, remove barriers or better advance equality - Set out clear actions in the action plan in section 4. 	
<p>iv. Major equality impacts identified</p> <ul style="list-style-type: none"> - The adverse effects are not justified, cannot be mitigated or show unlawful discrimination - You must stop and remove the policy [you should consult with Legal Services] - Ensure decision makers understand the equality impact 	
<p>YOU SHOULD INCLUDE THE SUMMARY ANALYSIS ABOVE IN THE 'Equalities Implications' SECTION OF ANY REPORT(S) THAT GO TO DEPT. MANAGEMENT BOARDS / MEMBER PANELS / CABINET, AS WELL AS APPENDING A COPY OF THE EqIA</p>	

4. Prioritised Action Plan²¹

Impact identified and group(s) affected	Action planned Include actions relating to: • mitigation measures • getting further research • getting further data/consultation	Expected outcome	Measure of success	Lead officer and timeframe
NB: These actions must now be transferred to service or business plans and monitored/reviewed to ensure they achieve the outcomes identified.				
All – project meeting the needs of all groups				
All – meeting needs and allowing access	Monitor profiles of participants and equality strands to ensure awareness of minority group learners and adapt project delivery if relevant.	Delivery of all training is inclusive and equal	Positive feedback Completion rates of minority group learners aligned with all other learners	Mark Gwynne Apr 2018 - Dec 2021
All – supporting learning	Training materials inclusive for all learner groups	Delivery of all training is inclusive and equal	Positive feedback Completion rates of minority group learners aligned with all other learners	Mark Gwynne Apr 2018 - Dec 2021
All – meeting needs and allowing access	All Training Providers used will have had full training to raise awareness of equality, diversity and inclusion	All aspects of the project are inclusive and promote equality and diversity	Positive feedback Completion rates of minority group learners aligned with all other learners	Mark Gwynne Apr 2018 - Dec 2021
RACE – language barrier	Signpost to English for Speakers of Other Languages courses	Improved language skills	Learners with language barriers accessing all training including basic skills	Mark Gwynne Apr 2018 - Dec 2021
Sex/Gender/Carers – access to learning for carers	Training to be run at various locations across the County and during evenings and/or weekends if required	Improved engagement with carers	Completion rates of carers aligned with all other learners. Attendance from this	Mark Gwynne Apr 2018 - Dec 2021

			group on training programmes high	
--	--	--	--------------------------------------	--

This EqlA has been signed off by:

Lead Equality Impact Assessment officer:

Date:

Head of Service or Business Manager:

Date:

Review date:

Please now send the completed EqlA to equalities@hertfordshire.gov.uk

**Please also ensure that the EqlA is referenced in and included as an appendix to reports to Management Boards
Cabinet Panels and Cabinet so that decision makers can consider equality impacts before making decisions.**

Guidance end-notes

¹ **Who completes the EqlA:** The person who is making the decision or advising the decision-maker about a policy. It is better to do this as a team, with people involved who understand the implementation of the policy.

² **Title of EqlA:** This should clearly explain what service / policy / strategy / change you are assessing.

³ **Focus of EqlA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please use plain English and write any acronyms in full first time. Also explain if there is a particular focus to your equality analysis:

- What are the main aims or purpose of the policy, practice, service or function? How does it fit with other services?
- What outcomes do you want to achieve, why and for whom? e.g. what do you want to provide, what will change/improve?
- Which aspects are most important to equality and should be the focus of your attention?
- You should state all teams/organisations involved in implementing, carrying out or delivering the policy, practice or service
- What are the **reason(s)** for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

⁴ **Data & Information:** Your EqlA needs to be informed by data. You should consider the following:

- What data relevant to the impact on protected groups is available? (is there an existing EqlA?, local service data, national data, community data, similar proposal in another local authority).
- What further evidence is needed and how can you get it? (e.g. further research or engagement with the affected groups).
- What do you know from service/local data about needs, access and outcomes? Focus on each characteristic in turn.
- What might any local demographic changes or trends mean for the service or function? Also consider national data if appropriate
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any group(s)?
- Is the service having a positive or negative effect on particular people or groups in the community?

⁵ **What have people told you about the service, function, area?**

- Use service user feedback, complaints, audits, and/or the results of specific consultation/engagement
- Are there patterns or differences in what people from different groups tell you?
- Remember, you must engage/consult appropriately and in an inclusive way with those likely to be affected to fulfil the equality duty.
- You can read HCC's [Consultation](#) and [Engagement](#) toolkits for full advice on this
- For practical tips and advice on consulting with people from protected groups, see this [‘How-to’ guide](#)

⁶ **Impact:** Your EqlA must consider fully and properly **actual and potential impacts** against each protected characteristic:

- The equality duty does not stop changes, but means we must fully consider and address the anticipated impacts on people.
- Be accurate and transparent, but also realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific where you can so decision-makers have a concrete sense of potential effects.
- Questions to ask when assessing whether and how the proposals impact on service users, staff and the wider community:
 - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
 - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
 - Does the project relate to an area with known inequalities (where national evidence or previous research is available)?
 - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
 - If there is negative differential impact, how can you minimise that while taking into account your overall aims?

-
- Do the effects amount to unlawful discrimination? If so the plan **must** be modified.
 - Does it relate to an area where equality objectives have been set by HCC in our [Equality Strategy](#)?

⁷ **Consider actions relating to the following:**

- That specifically address the impacts you've identified and show how they will remove, reduce or avoid any negative impacts
- Explain clearly what any mitigating measures are, and the extent to which you think they will reduce / remove the adverse effect
- Will you need to communicate or provide services in different ways for different groups in order to create a "level playing field"?
- State how you can maximise any positive impacts or advance equality of opportunity.
- If you do not have sufficient equality information, state how you can fill the gaps.

⁸ **Age:** People of all ages, but consider in particular children and young people, older people and carers, looked after children and young people leaving care. Also consider working age people.

⁹ **Disability:** When looking at disability, consideration should be given to people with different types of impairments: physical (including mobility), learning, aural or sensory (including hearing and vision impairment), visible and non-visible impairment. Consideration should also be given to: people with HIV, people with mental health needs and people with drug and alcohol problems. People with conditions such as diabetes and cancer and some other health conditions also have protection under the Equality Act 2010.

¹⁰ **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does **not** need to be under medical supervision to be protected. Consider transgender people, transsexual people and transvestites.

¹¹ **Pregnancy and Maternity:** When looking at pregnancy and maternity, give consideration to pregnant women, breastfeeding mothers, part-time workers, women with caring responsibilities, women who are lone parents and parents on low incomes, women on maternity leave and Keeping in Touch days.

¹² **Race/Ethnicity:** Apart from the common ethnic groups, consideration should also be given to Gypsy, Roma and Irish Travellers communities, people of other nationalities outside Britain who reside here, refugees and asylum seekers and speakers of other languages.

¹³ **Religion and Belief:** Religion includes any religion with a clear structure and belief system. As a minimum you should consider the most common religious groups (Christian, Muslim, Hindu, Jews, Sikh, Buddhist) and people with no religion or philosophical belief(s).

¹⁴ **Sex/Gender:** Consider girls and women, boys and men, married people, civil partners, part-time workers, carers (both of children with disabilities and older cares), parents (mothers and fathers), in particular lone parents and parents on low incomes.

¹⁵ **Sexual Orientation:** The Act protects bisexual, heterosexual, gay and lesbian people.

¹⁶ **Marriage and Civil Partnership:** consider married people and civil partners – e.g. do same sex couple in a civil partnership have the same rights and benefits as married people?

¹⁷ **Carers:** From April 2015, carers (people who provide unpaid care to a friend or relative) have been entitled to an assessment of their own needs in the same way as those they care for. Although not a 'protected characteristic' HCC Diversity Board has agreed that the impact of proposals on carers should also be considered.

¹⁸ **Other relevant groups:** You should consider the impact on our service users in other related areas, such as health and wellbeing, crime and disorder (e.g. people experiencing domestic abuse), community relations and socio-economic status (e.g. homelessness or low incomes). If the proposal is likely to have an impact on service users in these areas, HCC Public Health and the County Community Safety Unit may be able to help. Also consider whether your policy or decision will impact current or former Armed Forces personnel living and working in Hertfordshire. The Council is committed to the Hertfordshire Community Covenant, a commitment from public and private organisations in the county to support the active and retired Armed Forces community.

¹⁹ **Equality of opportunity and good relations:** summarise anything that will have a potential positive impact over and above the work of your project – e.g. engaging with the community may help raise awareness and community understanding of the needs of certain groups.

²⁰ **Conclusion**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Also explain what positive impacts will result from the actions and how you can make the most of these.
- Make it clear if a change is needed to the proposal itself. Is further engagement, research or monitoring needed?
- Make it clear if, as a result of the analysis, the policy/proposal should be stopped.

²¹ **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.