General Equality Impact Assessment (EIA) Form

Support:

An EIA toolkit, workshop content, and guidance for completing an Equality Impact Assessment (EIA) form are available on the EIA page of the EDI Internal Hub. Please read these before completing this form.

For enquiries and further support if the toolkit and guidance do not answer your questions, contact the Equality, Diversity, and Inclusion (EDI) team by emailing Equalities@Brighton-Hove.gov.uk. If your request is urgent, please mention this in the subject line of your email so we can support as required.

Processing Time:

- EIAs can take up to 10 business days to approve after a completed EIA of a good standard is submitted to the EDI Team. This is not considering unknown and unplanned impacts of capacity, resource constraints, and work pressures on the EDI team at the time your EIA is submitted.
- If your request is urgent, we can explore support exceptionally on request.
- We encourage improved planning and thinking around EIAs to avoid urgent turnarounds as these make EIAs riskier, limiting, and blind spots may remain unaddressed for the 'activity' you are assessing.

Process:

- Once fully completed, submit your EIA to the Equalities team by emailing the Equalities inbox and copying in your Head of Service, Business Improvement Manager (if one exists in your directorate), any other relevant service colleagues to enable EIA communication, tracking and saving.
- Your EIA will be reviewed, discussed, and then approved by the assigned EDI Officer and after seeking additional approval as appropriate for your EIA.
- Only approved EIAs are to be attached to Committee reports. Unapproved EIAs are invalid.

1. Assessment details

Throughout this form, 'activity' is used to refer to many different types of proposals being assessed.

Read the EIA toolkit for more information.

Name of activity or proposal being assessed:	Day Options for Adults with Learning Disabilities. Closure and Re-provision of Wellington House Day Options and transfer of support to commissioned external providers
Directorate:	Homes and Adult Social Care, Commissioning and Partnerships
Service:	Day Options Wellington House
Team:	Learning Disability Adult Provider service
Is this a new or existing activity?	New. The proposal has been agreed for Formal Consultation. A 12-week formal consultation ended 7th July
Are there related EIAs that could help inform this EIA? Yes or No (If	Should Cabinet decide to support the recommendation to close the Wellington House Day Options service, then the

yes, please use this to inform this assessment)	council would undertake a full and formal consultation with the staff including an Equalities Impact Assessment to ensure all the impacts on the staff team are fully considered.

2. Contributors to the assessment (Name and Job title)

Responsible Lead Officer:	Kim Foster Operational Manager, Adult Learning Disability Provider Services
Accountable Manager:	Steve Hook Director, Adult Social Care
Additional stakeholders collaborating or contributing to this assessment:	Parents and Carers including Shared Lives carers, Wellington House Day Options staff, Speak Out Advocacy service, Learning Disability Partnership Board, Speak Out Link Group, Specialist Community Learning Disability Service, Sussex Partnership NHS Trust Specialist Clinicians, and Community organisations: The Carers Centre for Brighton and Hove, Parent Carers' Council (PaCC) and Amaze, Children's Occupational Therapy Team, UNISON, Grace Eyre, Hillside school Head of Governors and The Rocket Artists.

3. About the activity

Briefly describe the purpose of the activity being assessed:

Wellington House Day Options is a Day Centre for adults with learning disabilities in the Elm Grove area of Brighton & Hove and is open Monday to Friday, it is closed weekends and is open 51 weeks of the year. It used to be exclusively used to provide day services for Adults with Learning Disabilities and Autism. Currently 21 adults with learning disabilities receive support from this service across the week, 8 of the attendees have high needs, including complex needs, Autism, communication needs, sensory processing differences, behaviours that challenge, emotional wellbeing needs, mental health needs, epilepsy, and sight loss. Others attending have Moderate needs.

Four individuals also use Wellington House as a drop in option with their staff on some days of the week.

Staff are trained in positive behavioural support and receive training in autism awareness and using appropriate communication and support strategies. The service has an Autism accreditation from the National Autistic Society awarded 2020 based upon support approach and environment.

The service provides support for autistic individuals and positive behavioural support needs. It is not commissioned to support individuals whose needs include complex health or mobility requirements.

Purpose
Wellington House provides a centre base for people with learning disabilities that offers social activities and skills learning as well as valuable respite for family carers.
The building base provides a secure and accessible environment for those whose needs cannot be fully met in community-based facilities.

The service is highly valued by those who attend the service. Families, carers and staff are concerned about the potential impact of the proposal to close. They believe closure would have substantial negative impacts on wellbeing, stability, and inclusion for people with learning disabilities and their families, while questioning whether alternative provision has sufficient capacity or specialist expertise to meet people's needs.

Due to the structure of the building and the current level of attendees the service is able to offer some discrete spaces for those people who struggle to share communal space, which in turn allows for a variety of activities to be provided at the same time.

In 2019, after the decision to create a whole life pathway by integrating the Children with Disabilities Team with the Adult Community Learning Disability Team, the building was divided into two parts to accommodate both the Day Service and the newly formed Specialist Community Disability Service.
The building now accommodates over a hundred staff and has sufficient space to continue to provide centre-based activities through the Day Options Day Service and access to clinic space and accessible meeting rooms for assessment and treatment services provided by Specialist Community Disability Service (SCDS).

There is also a council provided Short Breaks service called Cherish that uses the building as an office base for the manager to organise community based social activities and outings for children and young people with learning disabilities and/or autism. This service employs a full-time manager and uses volunteers to deliver the service. Those supported by Cherish are picked up from home to engage in community-based activities.
The service is highly valued by those that use it and has a long-standing place in the community.

At the Full Budget Council meeting held on 26th February, the Council made a preliminary decision in relation to its budget proposals. Part of this indicative resourcing decision included a proposal to close the Wellington House Day Options Service for Adults with Learning Disabilities and Autism, with day support to be re-provided through external commissioned provision. A copy of the relevant Council report can be found at: (Appendix 1) of the report Brighton & Hove City Council - Choose agenda document pack - Council 26 February 2026 on page 52.

This budget proposal was developed as part of the Council's budget-setting process and is intended to contribute towards achieving the required financial savings to achieve a balanced budget whilst the council continues to meet its statutory duties and the assessed needs of service users. No decision could be made on the proposal until a full consultation was undertaken with those potentially affected.

A consultation ran between 14th April and 7th July 2026, and the outcome of the consultation is set out in the report.

- **Proposal -** to close Wellington House Day Centre and re-provide day services for the 21 people who currently attend.
- Re-provide support through the independent sector learning disability day services market in the city.
- Each person currently attending Wellington House would receive a day service from another provider in the city.
- Matching would consider individual needs and preferences, including friendship groups.
- The move ahead on re-commissioning provision will only happen when the council is satisfied that every one of the 21 people who currently attend Wellington House can have their day opportunity needs met locally still with at least the same quality of care.
- Consultation also invited suggestions for alternative options – these must be viable and consider the council's financial pressures and need for efficiencies.
- Aim: ensure people continue to receive a high-quality, responsive day service that meets individual needs (and supports parents/carers).
- If the day centre closes, it is also proposed that:

  The Speciality Community Disability Service (SCDS) team and the Manager of the Cherish service will be decanted to offices elsewhere.

  The property will be released as a capital receipt to the council.
- Over recent years, particularly since the Covid pandemic, attendance at the day centre has declined, with most adults with learning disabilities receiving their day support via the city's vibrant independent sector day options market. This has significantly increased the unit costs of running the day service which currently stand on average at £244 per day per person.
- Due to falling attendance, reduced referrals and the high unit costs of running the service, Wellington House is no longer operating as an efficient, flexible, modern-day service to meet the needs of adults with learning disabilities in the city and now retains only a 14% market share of the day services market for the adult learning disability community. Brighton & Hove City Council is facing significant financial challenges, with Adult Social Care services having to deliver just over £10.1M of savings in 2026/27. As a council we must balance the needs of our community against the limited resources we have and must ensure that the services we deliver are as cost efficient as possible.
- The building is no longer considered fit for purpose as a contemporary day opportunities facility. A substantial Victorian building, it was not designed to support the range and complexity of needs seen today and would require significant investment to adapt it to modern standards. The ageing infrastructure also requires increasing levels of maintenance, reducing the flexibility and efficiency of service delivery and limiting the building's capacity to meet future requirements.

- Estimated saving (if closure proceeds): £400,000 per annum was the initial estimation. Following Consultation and engagement with the external market the estimated saving through recommissioning of day support within the city inclusive of travel costs is £336,563 per annum.
- These savings will not impact on the quality of the alternative provision that will be commissioned to meet the assessed needs of the people currently supported at Wellington House Day options service.
- There are six other providers of learning disability day services for adults in the city which support 134 adults with learning disabilities of the total 155 adults with learning disabilities that receive day service support in the city – about 86% of the market share. Their costs range from around £60 per day for someone with low needs to £199 per day for those with complex needs. Of the 21 people who attend Wellington House 8 have complex needs, the other people who attend have moderate needs.
- The individuals currently using this service have all received a statutory review of their individual needs under the Care Act 2014, and alternative services to meet those needs will be commissioned through the independent sector market.

What are the desired outcomes of the activity?

- To close Day Options Wellington House through a carefully managed transition and closure process and purchase suitably qualified and experienced providers to ensure that all Wellington House Service Users will receive an equivalent support and care which meets their needs elsewhere.
- It has been established that there would be minimal impact on the Cherish service. The Manager of the service would need to be decanted to an alternative base. They would be able to continue to manage the community-based service from an alternative office base.

Rationale

- As a local authority our unit costs are higher compared to areas that use more external provision. The increased unit costs of Wellington House Day Options have an impact on the overall cost of our Learning Disability provision in the city.
- We know that financial sustainability is a challenge shared by other local authorities across the country, and we are committed to managing it responsibly. That's why we regularly review our in-house services to make sure they align with our strategic priorities and deliver support in the most cost-effective way.
- These reviews help us plan, so we can continue supporting a growing number of people with learning disabilities who need care in our city.
- Over recent years, particularly since the Covid pandemic, attendance at the Wellington House Day Centre has declined, some individuals did not return to the service due to their individual circumstances or health needs and referrals have declined to 4 in 2024 and 3 in 2025. These referrals did not translate to placement as the referral was agreed but not taken forwards by the referee due to alternative available arrangements being taken forwards.

- The building is no longer considered fit for purpose as a contemporary day opportunities facility. A substantial Victorian building, it was not designed to support the range and complexity of needs seen today and would require significant investment to adapt it to modern standards. The ageing infrastructure also requires increasing levels of maintenance, reducing the flexibility and efficiency of service delivery and limiting the building's capacity to meet future requirements.

- Most adults with learning disabilities are currently receiving their day support via the city's vibrant independent sector day options market. This has significantly increased the unit costs of running the day service which currently stand on average at £244 per day per person.

- There are six independent sector providers of learning disability day services for adults in the city which support 134 adults with learning disabilities of the total 155 adults with learning disabilities that receive day service support – about 86% of the market share. Their costs range from around £60 per day for someone with low needs to £199 per day for those with complex needs. Of the 21 people who attend Wellington House around 8 have complex needs, the other people who attend have Moderate needs. 4 people also attend drop ins at Wellington House supported by staff from home.

- Due to falling attendance, reduced demand and the high unit costs of running the service, Wellington House is no longer operating as an efficient, flexible, modern, day service to meet the needs of adults with learning disabilities in the city and now retains only a 14% market share of the day services market for the adult learning disability community. Brighton & Hove City Council is facing significant financial challenges, with Adult Social Care services having to deliver just over £10.1 million of savings in 2026/27. As a council we must balance the needs of our community against the limited resources we have and must ensure that the services we deliver are as cost efficient as possible, while meeting people's needs.

- A review of the day opportunity needs of 16- and 17-year-olds supported by the Specialist Community Disability Service (SCDS) has identified an overall projected reduction in demand for day opportunity provision across the city for this cohort as they transition to adult services.

- Based on current projections, only two young people across this cohort are likely to require a new formal Day Opportunity placement, these two young people's needs can be successfully met in the independent sector as they are requiring community-based support for young people.

- Externally provided day opportunities continue to play a vital role in meeting the needs of adults with learning disabilities in the city and their families. They provide meaningful activities and skills teaching to enhance people's independence and help to provide much needed respite for those living at home with families or in shared lives placements. This enables people to remain living at home and reduces the need for more expensive full-time supported living or residential care placements.

- There are a range of different day opportunity services that provide a great range of activities across different venues and locations in the city. Some spaces have been specifically sourced by providers for their own use, and some spaces utilise community-based settings such as libraries and cafes.

- Data confirms that we continue to commission new day opportunity placements for adults with learning disabilities every year. Following a reduction in activity during the Covid-19 period, the demand has increased, particularly over the last two years. Most placements continue to be for young adults aged 25-34 with increasing number of placements also being commissioned in the 19-24 age range and above 34 years of age. We will need a flexible responsive cost-effective day opportunity market going forward to be able to respond to this need.

- A recommission of Day Opportunities has recently been undertaken by the Adult Social Care Commissioning team. This process was agreed at Cabinet on 13th February 2025 as part of the annual procurement forward plan (and unrelated to the subsequent proposal to close Wellington House). The reason for this was to update the contracts and service specifications and to increase the day opportunity provision in the city to meet need. This was across 3 areas of commissioning including:
  - Adults with learning disabilities and who may also be autistic, and those with high care and support needs.
  - Adults who are neurodivergent and who may also be autistic, and those with high care and support needs
  - Adults with acquired brain injuries (ABI)

- The outcome of the first stage of the recommission is that 5 existing suppliers were awarded contracts to deliver support for adults with learning disabilities, with the addition of 3 new providers. A second round of applications is currently being evaluated, with 7 applications.

Reprovision
Following individual reviews and provider engagement activity, a clear reprovision pathway has been identified for all 21 people currently receiving support.

For the majority of individuals (16 people), support would be reprovisioned through existing day opportunity providers that have available capacity within the local market. Engagement with providers has confirmed that there is sufficient capacity to meet these individuals' assessed needs, enabling continuity of support through established services.

A further 2 individuals have been identified as requiring support through a newly commissioned specialist service for people with high care and support needs. This service is being developed by an existing provider and, in addition to meeting the needs of these individuals if required, it is expected to increase capacity across the city for other people who require more specialist day opportunity provision.

For 2 more individuals, reprovision into day opportunities is not required due to changes in their assessed needs.

The remaining 1 individual has expressed a preference to receive an increased Direct Payment allocation rather than access a commissioned day opportunity service. Subject to the necessary arrangements being put in place, this would enable them to organise support in a way that best meets their personal circumstances and preferences.

- Wellington House provides transport for 8 individuals. The exact cost of replacing this is unknown, £25 per journey has been included, which is the cost that some of the external providers charge.

- The paragraph below provides details of the current annual cost of the Wellington House service, the cost if people receive services from alternative providers and the anticipated savings per annum.

The current annual cost of operating the Wellington House service is £862,110 (assuming 3% uplift for 2027/28). If the support for the individuals currently supported by the service is reprovisioned to alternative providers, the estimated annual cost of this external provision would be £525,547. Based on these figures, the reprovision proposals are expected to deliver a significant reduction in annual expenditure, with anticipated full-year savings of £336,563.

Which key groups of people do you think are likely to be affected by the activity?

The individuals who are likely to be affected by this activity are those currently supported by Wellington House Day Options who are adults with learning disabilities, some of whom are also autistic, and their families and circles of support.

The number of individuals affected within the Wellington House Day Options service is 21 placements and 4 drop in attendees.

Staff working at Wellington House will also be affected by the proposal. Should Cabinet decide to support the recommendation to close the service, the Council would undertake a full and formal consultation with the staff including an Equalities Impact Assessment to ensure all the impacts on the staff team are fully considered. This will include the Manager of Cherish community based service who is based in the building.

If the decision is made to close the service, this will have an impact on the Specialist Community Disability Service (SCDS) staff who are also based in the building. A separate EIA will be in place to look at the impact of this on SCDS staff.

This EIA however is addressing the impact on the people using these services and their family carers.

This EIA also considers the potential impact on young adults in the city whose needs could be met within the current Day Options provision as they transition to adult services in the next two years.

4. Consultation and engagement

What consultations or engagement activities have already happened that you can use to inform this assessment?

- For example, relevant stakeholders, groups, people from within the council and externally consulted and engaged on this assessment. **If no consultation** has been done or it is not enough or in process – state this and describe your plans to address any gaps.

Consultation and Engagement Timetable:

14th April 2026
In-person formal consultation launched with families and carers at Wellington House Day Centre
Attendees: 16 family members and carers, Director of Adult Social Care, Commissioner of Adult Learning Disability Day Opportunity services.

1st April to 30th April 2026
Individual reviews undertaken as part of consultation/engagement.
Participants: All people supported at Wellington House, social workers, key workers, managers, family members, and carers.

Friendships and relationships have been captured within individual reviews and commissioners and social work managers are aware of the groupings that would like to stay together with any new proposed reprovision.

14th April to 7th July 2026
Market engagement with independent day service providers
Participants: Adult Learning Disability Day Opportunity Commissioner, Independent sector day opportunity providers

30th April 2026
Presentation to the Learning Disability Partnership Board
Attendees: Learning Disability Partnership Board Members, Director ASC, Commissioner, Operational Manager Adult Learning Disability Provider Services

1st April 2026
Service user and staff engagement visit

- An overview of the service, including who attends and the support provided
- Councillor Alexander had a tour of the service and observed two sessions in progress.
- She also met with a small group of staff, giving her the opportunity to ask questions about the service.
- Councillor Alexander was also shown a video produced by the Out and About Art Group, which documented a collaboration with a local artist to create a mobile and showcased the development of the project.

Attendees: Councillor Mitchie Alexander, Director of Adult Social Care, Learning Disability Day Opportunity Commissioner, Operational Manager and Manager of the service, Staff members, People using the service.

7th May 2026
Speak Out advocacy discussions with people supported at Wellington House
Participants: Speak Out Advocacy, staff, managers, representative group of people supported by the service.

- Following discussions with families, carers, social workers, clinicians and Speak Out Advocacy, a proportionate approach has been adopted regarding communication with individuals currently attending Wellington House. Concerns were raised that discussing proposals before any formal decision has been made could create significant anxiety and uncertainty, particularly for some autistic adults and people with limited capacity to understand the decision-making process.
- Should the proposal proceed, information would be provided in accessible and personalised formats, including Easy Read materials, visual communication tools, Makaton, and social stories where appropriate. Independent advocacy support would also be available to support individuals through any transition process

19th May 2026
Parent Carers' Council (PaCC) and Amaze online engagement session (held in the evening to improve accessibility)

Attendance:10 family members and carers. Director ASC, Commissioner, Operational manager.

2nd June 2026
Parent Carers' Council (PaCC) and Amaze face-to-face engagement session
Attendees: 9 family members and carers, Director ASC, Commissioner, Operational manager., Councillor Mitchie Alexander

9th June 2026
Wellington House Parents and carers engagement session with Councillor Mitchie Alexander
Attendees: 13 family members and carers, Councillor Mitchie Alexander, Director ASC, Operational manager.

30thJune 2026
Additional Wellington House family and carers engagement session.
This session was arranged to ensure all families and carers had an opportunity to attend a follow up meeting with Councillor Alexander.
Attendees: 8 family members and carers, Councillor Mitchie Alexander, Operational manager.

30th June 2026
Independent sector day services engagement with parents and carers of people supported at Wellington House
Attendees: 8 family members and carers, representatives from 6 independent provider organisations

7th July 2026
Formal consultation closes. People were consulted on Your Voice surveys both online and in accessible paper form and through engagement activity face to face meetings with managers Councillor Mitchie Alexander and the Learning Disability Day Opportunity Commissioner.

Speak Out Advocacy service. Parent Carers' Council (PaCC), Amaze and The Learning Disability Partnership Board Speak Out Link Group were also involved in engagement activity.

14th April to 7th July 2026
Survey activity
Responses received:

- Family and carer survey (online and paper): 23 responses
- Stakeholder survey: 62 responses (online and paper).

Engagement Activity 1: Speak Out Engagement – Wellington House Service Users

Date: 7th May 2026
Participants: Service Users

This consultation has focused on a sensitive proposal affecting people supported at Wellington House. Throughout the process, extensive engagement has taken place with families, carers, staff, social workers, advocacy organisations, and representatives of the wider learning disability community to ensure that views and concerns are fully understood and reflected.

Following discussions with parents, carers, and social workers, it was agreed that people supported at the service would not be informed of the proposal at this stage. Families and carers raised concerns that discussing potential closure plans before any decision had been made and without the ability to provide clear reassurance about future arrangements, could cause

significant anxiety and distress, particularly for autistic individuals, It was therefore agreed that, if a formal decision is made, information would be shared at the appropriate time and in a way that is tailored to each individual's communication and support needs.

Speak Out were able to support engagement and completed a visit to the service to consult on what was important to attendees, things they enjoy and friendships. Speak Out were able to complete their report without referencing the potential closure plans.

Key findings:

Feedback from service users was overwhelmingly positive. Participants consistently described Wellington House as a place they enjoy attending, using phrases such as:

- "I love it."
- "It's fun."
- "It's good. I love it."
- "When I walk through the door, I feel happy."
- Most surveyed individuals selected positive emotional responses when asked about their experience of the service.
- Strong satisfaction with the service and positive emotional responses.
- Friendships and social connections are highly valued.
- Staff recognised as caring, knowledgeable and responsive.
- Meaningful activities and community participation are highly valued.
- Routine, familiarity and stability support wellbeing.

Summary: Service users expressed overwhelmingly positive views and highlighted the importance of relationships, routine, and specialist support.

Friendships and relationships have been captured within individual reviews and commissioners and social work managers are aware of the groupings that would like to stay together with any new proposed reprovision.

Any new provider would need to assure that they will provide valued meaningful activities and community participation through a scheduled week of activities devised to meet the needs and desires of the group supported.

Engagement Activity 2: Learning Disability Partnership Board

Date: 30th April 2026
Participants: Partnership Board Members

Key findings

- Discussion of financial rationale for proposal.
- Concerns regarding service continuity and future demand.
- Concerns regarding market capacity and complex needs provision.
- Need to be evidence regarding alternative provision.

Summary: Members emphasised the importance of ensuring future provision can meet current and future demand.

Engagement Activity 3: Parent Carers' Council (PaCC) and Amaze

Date: 19th May and 2nd June 2026
Participants: Parent Carers' Council (PaCC) Members and Stakeholders

Key findings

- Financial savings versus service quality.
- Capacity and suitability of alternative provision.
- Future demand for services.
- Impact on individuals and families.
- Trust, transparency, and consultation integrity.

Summary: Parent Carers' Council (PaCC) and Amaze requested robust evidence that alternative provision can safely replicate current outcomes.

Engagement Activity 4: Learning Disability Partnership Board Link Group - focused discussions

Date: 8th June 2026
Participants: People with lived experience

Key findings

- Strong opposition to closure.
- Concerns regarding loss of community and belonging.
- Impact on wellbeing and independence.
- Need for accessible communication and advocacy.

Summary: The response from Speak Out Link Group Peer Advocates demonstrates strong concern about the loss of a valued community resource, uncertainty about the suitability of alternative provision, and fears regarding the impact on wellbeing, social inclusion, and support networks. Respondents consistently emphasised themes of community, continuity, fairness, and protecting vulnerable people from further disadvantages.

Engagement Activity 5: Family and Carer Engagement Meeting

Date: 9th June 2026
Participants: Families and Carers

Key findings:

- Continuity of care and transition planning.
- Provider quality and capability.
- Support for people with complex needs.
- Market capacity and value for money.
- Alternative options to closure.

Summary: Families and carers sought reassurance regarding quality, safety, and continuity.

Engagement Activity 6: Provider Engagement Event

Date: 30th June 2026
Participants: Providers, Families and Carers

Key findings

- Providers outline service models and capacity.
- Families met providers and discussed support options.
- Some service visits arranged on request of carers

Summary:

- The Provider engagement meeting on 30th June provided an event for families and carers to meet and discuss the "potential" day opportunity provision options with the independent day service providers in the city, that are referenced as part of the formal consultation document. To ensure that everyone is fully informed about the Provider Market and what is available, to support engagement with the formal consultation.
- On the day Providers were able to discuss their current capacity and ability to expand their capacity to meet proposed demand. They were also able to discuss usual practice of working to capacity, and not operating with vacancies, as it would not be financially viable for them to employ staff and run with vacancies. Leaflets with written information on each service were available to share with attendees.

Engagement Activity 7: Family and Carer meeting with Councillor Mitchie Alexander

Date: 30th June 2026
Participants: Families and Carers

Summary: Why Wellington House is being considered for closure and whether alternative savings are available. Impact on long-term service users, many attending for decades. Concerns about trust, previous promises, and consultation transparency. Loss of choice, specialist provision, and suitable alternatives. Potential false economy due to increase in respite and residential care costs. Calls to improve and modernise the service rather than close it.

During the formal 12-week Your Voice consultation from 14th April to 7th July two surveys were shared: one for families and carers and one for other stakeholders

A detailed, summary record of Your Voice Consultation was captured in appendices 9 and 10 of the Council report.

Families and carers survey.

The Survey was provided in both online and paper format for families and carers and in online and paper format for stakeholders where they were requested or required as a reasonable adjustment.

Responses:

Family and Carers Survey Response rates:

Surveys submitted both paper and online 23

Stake holder Survey Response rates:

Surveys submitted both paper and online 56

Stakeholder survey Responses:

Responses came from a range of stakeholder organisations linked to adult social care, health, carers, advocacy, and the voluntary sector. The organisations named most often were SCDS / or other related services. Other respondents represented carers, families, staff, and community

organisations: The Carers Centre for Brighton and Hove, PaCC and Amaze, Children's OT Team, UNISON, Grace Eyre, Hillside school and The Rocket Artists

Review of Day opportunity needs of young people transitioning to adult services:

A review of the day opportunity needs of 16- and 17-year-old young people currently supported by the Specialist Community Disability Service (SCDS) has identified an overall projected reduction in demand for day opportunity provision across the city for this cohort, who already have established support arrangements in place, therefore they will not require a building-based Day opportunity placement as they reach adulthood. 2 people that will require Day opportunities will need community-based provision for young adults.

The Day opportunity needs of 16- to 17-year-olds currently supported by the Specialist Community Disability Service who may require a Continuing Health Care (CHC) Checklist at Adulthood due to complex health and mobility was also analysed at the request of Parent Carers' Council (PaCC) and Amaze parents.

In terms of meeting day opportunity needs for this group, 4 of these young people are already receipt of the required day opportunity provision. The day opportunity needs of 2 of these young people will need to be met within complex day care provision should the ICB wish to commission the same.

These figures were checked with the Surrey and Sussex Integrated care Board (ICB). There was no available ICB data specific to Brighton and Hove for all age groups at this time.

Commissioning: External provision, Day Opportunity Provider Engagement:

The council is working with six main providers of day opportunities for adults with learning difficulties in the city.
These Providers support people with varied needs, some of whom support people with complex needs. BHCC has also undertaken recommissioning with current providers and have attracted three new providers to the city.

Current Independent Sector Adult Learning Disability Day opportunity providers:
Externally provided day opportunities play a vital role in meeting the needs of adults with learning disabilities in the city and their families. They provide meaningful activities and skills teaching to enhance people's independence and help to provide much needed respite for those living at home with families or in shared lives placements. This enables people to remain living at home and reduces the need for more expensive full-time supported living or residential care placements.

There are a range of different day opportunity services that provide a great range of activities across different venues and locations in the city. Some spaces have been specifically sourced by providers for their own use and some spaces utilise community-based settings such as libraries and cafes.

Data confirms that we continue to commission new day opportunity placements for adults with learning disabilities every year. Following a reduction in activity during the Covid-19 period, the demand has increased, particularly over the last two years. Most placements continue to be for young adults aged 25-34 with increasing number of placements also being commissioned in the 19-24 age range and above 34 years of age. We will need a flexible responsive cost-effective day opportunity market going forward to be able to respond to this need.

A recommission of Day Opportunities has recently been undertaken by the Adult Social care Commissioning team. This process was agreed at Cabinet on 13th February 2025 as part of the annual procurement forward plan. The reason for this was to update the contracts and service specifications and to increase the day opportunity provision in the city to meet need. This was across 3 areas of commissioning including:

- Adults with learning disabilities and who may also be autistic, and those high care and support needs.
- Adults who are neurodivergent and who may also be autistic, and those with high care and support needs
- Adults with acquired brain injuries (ABI)

The outcome of the first stage of the recommission is that 5 existing suppliers were awarded contracts to deliver support for adults with learning disabilities, with the addition of 3 new providers. A second round of applications is currently being evaluated, with 7 applications.

Engagement and consultation
Engagement and consultation feedback has been reviewed collectively to identify common themes across responses from people supported by Wellington House, families, carers, staff, providers, advocates and wider stakeholders. This approach enables the EIA to reflect the breadth and depth of feedback received, while avoiding repetition across individual engagement activities.

A detailed summary record of the consultation and engagement feedback, including responses from families, carers, staff, advocates, Speak Out link Group, providers and wider stakeholders, was captured in the Appendices 4,5,6,7,8 9 and 10 to the Council report.

The feedback shows that Wellington House is highly valued as a familiar, specialist and trusted service. Common themes included the importance of skilled and consistent staff, predictable routines, meaningful activities, concerns about the impact of change on Service Users, including increased anxiety and disruption to routines, concerns about whether alternative providers can meet individual needs, the importance of friendships, peer relationships and social connection, need for reassurance for families and unpaid carers, as the service provides essential respite for them, and need for their involvement in decision-making. Respondents also raised significant concerns about uncertainty about the suitability of alternative provision, provider capacity, quality and staff skills, potential impact on families, unpaid carers and wider circles of support, transport arrangements and the need for careful transition planning and post-transition monitoring. These themes have directly informed the mitigation measures and action plan within this EIA. In particular, they have shaped the focus on person-centred transition planning, provider assurance, accessible communication, advocacy, maintaining social connections where possible, supporting carers and monitoring the impact of any move after transition.

As part of the consultation process all stakeholders and those who participated in the consultation process were invited to suggest alternative options for the day service at Wellington House. These would need to consider the financial challenges the council has to address in terms of efficiencies.

Below is a summary of the proposals put forwards as part of the consultation:

The alternatives broadly fall into six strategic options:

1. Keep and invest in Wellington House.
2. Use Wellington House differently through expansion, specialisation or shared use.
3. Transfer operation to another provider while retaining the building.
4. Develop a hybrid model combining Wellington House and community-based provision.
5. Relocate the service intact rather than disperse it.
6. Retain a smaller specialist council-run provision while redesigning wider support arrangements.

These themes capture virtually all proposals raised through consultation while removing duplication and highlighting the strategic choices available.

The alternatives proposals shared within the Consultation are not assessed as viable and would not address the financial challenges the council has to address in terms of efficiencies.

Wellington House Day Opportunities Service: Council response to consultation feedback:

Maintaining friendships, relationships and support networks

- The importance of friendships, relationships and established support networks was a consistent theme throughout the consultation process. Information regarding significant friendships and social connections has been captured through individual Care Act reviews. Commissioners and social work managers are aware of individuals who have expressed a preference to remain together should alternative provision be required. This information will inform any future transition planning.
- Should the proposal proceed, any alternative provider would be required to demonstrate how it will maintain and support social inclusion and community participation. Providers would also be expected to deliver meaningful, person-centred activities that reflect the interests, aspirations, and support needs of those attending the service.

Transition arrangements and individual support

- No final decision has been made regarding the future of Wellington House. Should Cabinet approve the proposal, a comprehensive and person-centred transition process would be implemented for each individual currently attending the service. This process would involve families, carers, social workers, health professionals, and providers to ensure that individual needs and preferences are fully considered.
- Transition planning would include consideration of friendship groups, communication needs, health requirements, and personal outcomes. Where appropriate, capacity assessments and best-interest decision-making processes would be undertaken in accordance with the Mental Capacity Act 2005. Independent advocacy support would be available where indicated. A six-week placement review would be undertaken, followed by an annual review or sooner if required to meet a change in needs. Carer assessments would be reviewed as part of the review process.

Alternative Day Opportunity provision

- The proposal would involve reprovisioning support through independent sector day opportunity providers operating within the city. Currently, approximately 86% of day opportunities for adults with learning disabilities are provided through the independent sector. Should the proposal proceed, all individuals currently attending Wellington House would continue to receive equitable Day opportunity provision.

- Any alternative provision would be required to demonstrate that it can meet the assessed needs of individuals currently attending Wellington House, including those with complex support requirements, communication needs, behavioural needs, and health conditions.
- Updated contract specification requirements and contract reviews would provide additional ongoing monitoring and assurance.

Current and future demand

- There have been declining referrals to Wellington House in 2024 and 2025.

- A review of the day opportunity needs of 16- and 17-year-olds supported by the Specialist Community Disability Service has identified an overall projected reduction in demand for day opportunity provision across the city for this cohort. Across both cohorts (36 young people) there were 2 projected Day Opportunity placements required these needs can be met within community-based provision for young adults.

- Most day opportunity placements in the city continue to be for young adults aged 25-34 with increasing number of placements also being commissioned in the 19-24 age range and above 34 years of age. We will need a flexible responsive cost-effective day opportunity market going forward to be able to respond to this need. Due to the increased unit costs and the Wellington house is no longer a viable option.

Provider engagement and market capacity

- The Council continues to monitor current and future demand as part of its wider commissioning and market development responsibilities.
- As part of the review process, Commissioners have engaged with Day opportunity providers currently operating within the city. Discussions have focused on current occupancy levels, capacity, capability, and the potential to expand provision should additional demand arise. Providers have advised that services generally operate at or close to capacity and typically expand provision in response to increased demand rather than maintaining vacant capacity.
- Further Market engagement has confirmed sufficient capacity to meet these individuals' assessed needs, through current capacity for 16 individuals and creation of additional capacity for 2 individuals with an existing provider newly commissioned to support specialist high care needs for people in the city. This work forms part of the council's wider commissioning and market sufficiency responsibilities. 2 individuals will no longer require building-based day opportunities due to a change in need and a further 1 Individual has expressed a preference to arrange support through a higher Direct Payment rather than attend a commissioned day opportunity service.

Consultation process

- Families, carers, and stakeholders were informed that savings are required across Adult Social Care services and that Wellington House was identified for review due to cost and falling demand considerations. Officers emphasised throughout the consultation that no final decision has been made and that all consultation responses, survey feedback, and stakeholder representations will be considered before Cabinet reaches a decision.
- Staff have had the opportunity to engage with Managers, Councillor Mitchie Alexander and have also been provided with opportunities to participate in the consultation process through online and paper-based feedback mechanisms.

- Should the Wellington House service be agreed to proceed to closure a Staff Consultation would inform next steps for staff members. SCDS staff and the Cherish manager would also require a Staff Consultation process.

Equality, Wellbeing and Human Rights Considerations

- The Council recognises that any significant service change may have implications for individuals attending Wellington House and their families and carers. A range of mitigation measures have therefore been identified to support potential impacts. These include person-centred transition planning, accessible communication, advocacy support, social work involvement and ongoing engagement with families and carers.
- Most people attending Wellington House are adults aged between their 40s and 60s. Any future provider would therefore be expected to demonstrate the skills and experience necessary to support adults with learning disabilities who may also be experiencing age-related health conditions, increasing frailty, or changing support needs.
- Alternative providers would be required to demonstrate their ability to support and meet needs relating to:
    - Learning disability
    - Autism
    - Communication needs
    - Sensory needs
    - Behavioural support needs
    - Physical disability, mobility, or sensory loss
    - Mental health and emotional wellbeing
    - Epilepsy and other health needs
    - Age-related or changing needs
    - Requirements arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs
    - Sex, gender identity, gender reassignment, and sexual orientation
    - Menopause, perimenopause, and related support needs
    - Cumulative and intersectional needs
    - It will be ensured that expectations from the provider are reflected in people's care and support plans, service specifications, quality assurance arrangements, and contract monitoring.

These requirements would be reflected through contractual arrangements, service specifications, quality monitoring processes, and equality monitoring requirements.

Communication and Advocacy

- Following discussions with families, carers, social workers, clinicians and Speak Out Advocacy, a proportionate approach has been adopted regarding communication with individuals currently attending Wellington House. Concerns were raised that discussing proposals before any formal decision has been made could create significant anxiety and uncertainty, particularly for some autistic adults and people with limited capacity to understand the decision-making process.
- Should the proposal proceed, information would be provided in accessible and personalised formats, including Easy Read materials, visual communication tools, Makaton, and social stories where appropriate. Independent advocacy support would also be available to support individuals through any transition process.

Human Rights

- Any future service provision would be commissioned through the Council's approved provider arrangements and would be subject to quality assurance and contract monitoring processes. Care Act reviews, person-centred support planning and ongoing professional oversight would ensure that individuals' rights, wellbeing, and preferences remain central to decision-making and service delivery.

Conclusion.

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- Should the proposal be agreed to proceed, alternative provision will provide continuity of support and demonstrate the skills, experience and capacity required to meet the diverse needs of individuals currently attending Wellington House. Individualised transition plans would be implemented to minimise disruption and promote positive outcomes for individuals and their families. A six-week placement review would ensure that each person is provided with best support to enable a positive transition. This would be followed by an annual review. Carers assessments would be reviewed as part of the ongoing review process. Ongoing quality assurance and contract monitoring would provide assurance of good quality provision.
- The Council recognises that any significant service change will have implications for individuals attending Wellington House and their families and carers. A range of mitigation measures have therefore been identified to support potential impacts

  The council would ensure that the findings and Actions required within this Equalities Impact Assessment are adhered to with the intention of providing the required support throughout the transition process with a 6-week review and annual review of the new placement and updated Carers review during this process.

5. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this activity? Consider all possible intersections.

(State Yes, No, Not Applicable as appropriate)

Age	**YES**
Disability and inclusive adjustments, coverage under equality act and not	**YES**
Ethnicity, 'Race,' ethnic heritage (including Gypsy, Roma, Travellers)	**YES**
Religion, Belief, Spirituality, Faith, or Atheism	**NO**
Sex	**YES**
Gender (including non-binary and Intersex people)	**NO**
Gender Reassignment	**NO**
Sexual Orientation	**NO**
Marriage and Civil Partnership	**NO**
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	**NO**
Armed Forces Personnel, their families, and Veterans	**NO**
Expatriates, Migrants, Asylum Seekers, and Refugees	**NO**

Carers	**YES**
Looked after children, Care Leavers, Care and fostering experienced people	**Not applicable**
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	**Not applicable**
Socio-economic Disadvantage	**YES**
Homelessness and associated risk and vulnerability	**Not applicable**
Human Rights	**YES**
Transition planning: Young people transitioning to adult provision in the next two years	**YES**

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy, numeracy and /or digital barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this activity?

The internal Council social care case management recording system “Eclipse” includes areas to add information on pronouns, sexual orientation, religion, gender, sex at birth but this is not recorded for the individuals attending Wellington House. This would be captured within Care and support plans. Each person has received an updated social care assessment review to inform the consultation and give good up to date information on current needs as part of the process for proposed recommissioning.

What are the arrangements you and your service have for monitoring, and reviewing the impact of this activity?

We are communicating with families and carers to ensure that the impact on individuals is discussed and best interest decisions are made where required in compliance with the Mental Capacity Act 2005, about how and when to inform people of different stages of the process which could cause increased anxiety, particularly for autistic individuals, at a stage where no final decision has been made and reassurance would be limited. It has been agreed that people will only be informed of the proposal if needed once a formal decision is reached. Information would then be shared in a way that is tailored to individual communication and support needs and at the right time for each person.

We understand that change may be difficult for families and carers of those supported at Wellington House. The service is highly valued by those who attend the service. Families' carers and staff are concerned about the potential impact of the proposal to close. They believe closure would have substantial negative impacts on wellbeing, stability, and inclusion for people with

learning disabilities and their families, while questioning whether alternative provision has sufficient capacity or specialist expertise to meet need. We will ensure that any proposed change is addressed in a way and at a pace that ensures best support to all those impacted. Social workers will support careful decision making and transitions and the needs of those supported and their families and carers will be addressed through the agreed outcomes of Care Act reviews for individuals and Carers.

We are working with Speak Out Advocacy service.

Mental capacity assessments and Best interests decisions will be made in line with the law and individual need.

Where indicated, Individual Advocacy referrals will be made. This needs to be at the right time, should the proposal be agreed to proceed. Currently it is not possible for Advocates to have the required discussions with individuals due to the risk of increased anxiety as raised above.

Families, carers, managers, and staff know individuals well and will ensure that people are supported in the best way for them. Close monitoring of communication and patterns in behaviour will support awareness of the impact of this activity on individuals. Where required people are supported by SCDS Clinicians Psychiatry and Psychology teams who have a good understanding of the individuals needs and can help to monitor and advise on any changes in presentation throughout the process and ongoing.

All Family carers have been offered a Carers assessment to discuss with a social worker their own current needs and the impact of their caring role. These discussions also considered any impact that a change in Day provision may have and how best to mitigate the potential impacts. Families and carers have good contact with managers of the service and SCDS and will be able to inform and request support should there may be impacts at home.

If the proposal proceeds, impact will be monitored before, during and after transition to ensure that people are safe, settled and receiving provision that meets their assessed needs. Monitoring should include feedback from the person, their family carers, circles of support, advocates where involved, social workers, providers and relevant health professionals and ensure required adjustments to the persons Care and support plan and risk assessments.

To ensure people are safe, settled and receiving equivalent, suitable support after any move, a social worker to ensure 6-week placement review and annual review.

Earlier review should take place if concerns are raised. Where the new provision may not be meeting the person's needs, this will include urgent review of the Care and support plan and risk assessment, provider adjustments, additional support or alternative provision.

New provider to monitor attendance, wellbeing, behaviour, engagement, incidents, safeguarding concerns, complaints, carer stress, and social connection. To ensure that social work team are kept updated of any concerns. Commissioning contracts team to review provider performance through contract monitoring and equality monitoring. Reporting themes and emerging issues to the relevant governance group and where concerns are identified, remedial actions will be agreed recorded and reviewed.

6. Impacts

Advisory Note:

- **Impact:**
  - Assessing disproportionate impact means understanding potential negative impact (that may cause direct or indirect discrimination) and then assessing the relevance (that is: the

potential effect of your activity on people with protected characteristics) and proportionality (that is: how strong the effect is).
    - These impacts should be identified in the EIA and then re-visited regularly as you review the EIA every 12 to 18 months as applicable to the duration of your activity.
- **SMART Actions mean**: Actions that are (SMART = Specific, Measurable, Achievable, Realistic, T = Time-bound)
- **Cumulative Assessment:** If there is impact on all groups equally, complete **only** the cumulative assessment section.
- **Data analysis and Insights:**
    - In each protected characteristic or group, in answer to the question 'If "YES," what are the positive and negative disproportionate impacts?' describe what you have learnt from your data analysis about disproportionate impacts, stating relevant insights and data sources.
    - Find and use contextual and wide ranges of data analysis (including community feedback) to describe what the disproportionate positive and negative impacts are on different, and intersecting populations impacted by your activity, especially considering for Health inequalities, review guidance and inter-related impacts, and the impact of various identities.
    - For example: If you are doing road works or closures in a particular street or ward – look at a variety of data and do so from various protected characteristic lenses. Understand and analyse what that means for your project and its impact on different types of people, residents, family types and so on. State your understanding of impact in both effect of impact and strength of that effect on those impacted.
- **Data Sources:**
    - **Consider a wide range (including but not limited to):**
        - Population and population groups
            - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
        - Census and local intelligence data
        - Service specific data
        - Community consultations
        - Insights from customer feedback including complaints and survey results
        - Lived experiences and qualitative data
        - Joint Strategic Needs Assessment (JSNA) data
        - Health Inequalities data
        - Good practice research
        - National data and reports relevant to the service
        - Workforce, leaver, and recruitment data, surveys, insights
        - Feedback from internal 'staff as residents' consultations
        - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
        - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.
- Learn more about the Equality Act 2010 and about our Public Sector Equality Duty.

Wellington House currently supports a relatively small number of people (21 people attending the service and 3 people accessing drop-in support). Due to the size of the group and the need to avoid identifying individuals, detailed equality monitoring information is not presented for all protected characteristics.

As information about some protected characteristics, including religion or belief, sexual orientation, gender identity, gender reassignment and marriage and civil partnership, is not routinely collected. This assessment therefore draws on Care Act reviews, consultation responses, advocacy feedback, professional knowledge of individuals, service records and engagement with families, carers, staff, providers and stakeholders

6.1 Age

Does your analysis indicate a disproportionate impact relating to any particular Age group? For example: older people, people who may be housebound, those under 16, young adults, with other intersections.	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

15 people currently attending Wellington House are adults with learning disabilities in their 40s, 50s and 60s with the largest proportion of people in their 40s and 50s, many of whom have attended the service for a long time and have developed long-standing relationships their peers and support staff.

Some conclusions regarding the age profile of Wellington House Service Users can be drawn in terms of the in-house provision having been in existence for a long time and fewer new placements in recent years. This means there will be fewer young people in the service. The lower numbers of individuals at the higher age could be attributed to the lower mortality rate for adults with learning disabilities across the general population and/or increasing health and mobility needs of individuals results in them having to be supported in a more specialist service. Feedback from consultation and engagement with families, carers, stakeholders and advocacy organisations consistently highlighted concerns about the impact of major change on people who have attended the service for many years. Respondents described Wellington House as a stable environment which supports routine, predictability, friendships and social connection. Families expressed concern that older adults may find change particularly distressing and may experience increased anxiety, reduced wellbeing and loss of confidence if required to move to unfamiliar provision.

As 15 people currently using Wellington House are in mid to later adulthood (40+ years) and some may also be experiencing age-related health conditions, which may change their support needs alongside learning disabilities and autism. This means they may experience a disproportionate impact from changes to long standing support arrangements. Consultation responses suggested that disruption to established routines and relationships could affect people's emotional wellbeing, behaviour, participation and ability to engage in activities.

The review of younger people transitioning into adulthood identified a projected reduction in demand for day opportunities. Only two people within this cohort will require Day opportunities and their needs can be met in community-based provision for younger adults.

To mitigate potential impacts, all individuals have received Care Act reviews, and any transition planning would include consideration of age-related needs (including perimenopause and menopause), health requirements, routines, communication needs, personal outcomes and friendship groups. Alternative providers would be required to demonstrate their ability to support adults with learning disabilities who may also be experiencing age-related health conditions, frailty or changing support requirements.

Each person will have an individual transition plan agreed with people supported (where they may have capacity to be involved), their families, carers and circles of support, which aim to minimise disruption to their wellbeing, routines, relationships and family life as much as possible.

The plans will consider people's routines, support and communication needs, known triggers, preferred activities, friendships and support strategies, impact of any move to an alternative provider on family and carer routines, transport arrangements, work or caring responsibilities and the practical support needed throughout the transition process.

Where appropriate, familiarisation visits, phased introductions and involvement from current staff, families, carers and advocates will be used to reduce disruption.

Friendships, routines and social connection of people supported will be protected as much as possible,

Post-transition monitoring 6-week placement review would seek to identify any deterioration in wellbeing or increased support needs at an early stage. An annual review will also be arranged.

6.2 Disability:

Does your analysis indicate a disproportionate impact relating to Disability, considering our anticipatory duty?	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

All individuals currently attending Wellington House have a learning disability.

The service currently supports people who are autistic, have communication needs, sensory processing differences, behavioural support needs, emotional wellbeing needs, mental health needs, epilepsy and sight loss.

Of the 21 people who attend Wellington House around 8 people have complex needs, the other people who attend have moderate needs. 4 additional people also attend drop ins at Wellington house supported by staff from home.

As all individuals currently attending Wellington House have a learning disability, the proposed closure has the potential to impact all current Service Users through changes to established routines, relationships, support arrangements and service environments, with people with most complex needs being disproportionately affected, also in terms of finding a suitable, tailored alternative provision.

The consultation evidence also suggests that some groups of disabled people may experience a greater level of impact than others. In particular, people with the highest support needs, autistic people, people with complex communication needs, people with sensory processing differences, people who require positive behavioural support and people whose wellbeing is closely linked to predictable routines and trusted relationships may be disproportionately affected by Wellington House closure and transition process.
For these groups, identifying and implementing suitable alternative provision may be more complex and may require highly individualised planning. If transitions are not carefully managed, there is an increased risk of anxiety, distress, dysregulation, reduced participation, social isolation, deterioration in wellbeing, or an increase in assessed support needs.
Consultation responses also highlighted that people with limited verbal communication or reduced ability to self-advocate may experience additional barriers in expressing their views, understanding changes and influencing decisions about future support arrangements. This may increase the risk that their preferences and needs are not fully reflected unless appropriate advocacy, communication support and person-centred planning are provided.

Throughout the consultation process families, carers, staff, advocacy organisations and stakeholders consistently described Wellington House as a safe, specialist and highly valued service. Respondents highlighted the importance of specialist staff knowledge, autism-informed practice, positive behavioural support, communication support, sensory-friendly environments, quiet spaces and established relationships.

Concerns were repeatedly raised that alternative providers may not be able to replicate the specialist support currently provided.
Families described their fears that disruption to established routines, relationships and support arrangements can lead to deterioration of wellbeing of Service Users, their increased anxiety, distress or even self-injurious behaviour, aggression, poor sleep, if familiar staff, routines and environments are lost.

Advocacy feedback demonstrated that people attending Wellington House place significant importance on friendships, feeling happy, having trusted relationships with staff, and taking part in meaningful activities. Consultation responses also highlighted that individuals who have limited verbal communication, may find it difficult to self-advocate or may lack capacity to understand complex organisational changes.

Several responses expressed concern that disruption could disproportionately affect autistic people, people with sensory sensitivities, people with communication needs and people who rely heavily on structure and predictability.

A range of mitigations have been identified.

- All individuals have received updated Care Act reviews. Any transition would involve detailed person-centred planning with families, carers, advocates, social workers, clinicians and providers.
- Mental Capacity Act assessments and best-interest processes would be undertaken where required. Independent advocacy would be available.
- Alternative providers would be required to demonstrate their ability to meet needs relating to learning disability, autism, communication needs, sensory needs, behavioural support needs, physical disability, mobility needs, sensory loss, mental health and emotional wellbeing, epilepsy and other health needs, age-related or changing needs, requirements arising from individuals' cultural, ethnic and faith or belief identities (including dietary needs), sex, gender identity, gender reassignment, sexual orientation, menopause and perimenopause, and cumulative or intersectional needs.
- Social workers will ensure that expectations from the provider are reflected in people's care and support plans and risk assessments. Service specifications, quality assurance arrangements, and contract monitoring will provide assurance of the quality of the day provision.
- No proposed placement will be made until a best interest decision has been made (where applicable) that includes the provider, the person's family /carer or where appropriate and other relevant professionals before any individual transition begins.
- All communications and information will be provided in accessible formats and through individuals preferred accessible communication methods, including Easy Read, visual information, Makaton, objects of reference and social stories would be used where appropriate.
- All communications, information and meetings with families and carers will also be accessible, including, but not limited to, an option of telephone, letter and e-mail communications in variety of accessible formats and face-to-face meetings to fit around family life and caring/work responsibilities. Families will have an opportunity to

communicate their inclusive requirements and any support required to be able to fully participate in the process, including support due to digital exclusion.

- Transition planning meetings will be arranged at suitable accessible locations, and visits to any proposed new service will be organised by a social worker in partnership with the person, their family and carers, with inclusive adjustments provided where required.
- Each person will have an individual transition plan agreed with people supported (where they may have capacity to be involved), their families, carers and circles of support, which aim to minimise disruption to their wellbeing, routines, relationships and family life as much as possible. The plans will include consideration of the impact of any move to an alternative provider on family and carer routines, transport arrangements, work or caring responsibilities and the practical support needed throughout the transition process.
- Transition will include familiarisation visits and phased introductions.
- Individual Advocacy is available for 1:1 support where it is indicated.
- Personalised support is available for each individual from highly experienced staff supported by the SCDS social work team and Learning disability specific clinicians Psychiatry and Psychology where this is needed.
- Significant friendships and long-term relationships which developed over many years, preferred peer groups, and social connections as gathered through Care Act reviews and staff knowledge, are mapped to maintain peoples' social networks and sense of belonging as much as possible.
- Friendships and relationships were captured within individual reviews and commissioners and social work managers are aware of the groupings that would like to stay together with any new proposed reprovision.
- Providers will be required to show how they will support social inclusion, meaningful relationships, and community participation and to ensure new weekly activity plans continue to reflect the person's interests, preferred routines, and social needs.
- People at higher risk of isolation or distress if separated from known peers are identified.
- Ensure that families and unpaid carers are supported before, during and after transition, to reduce the risk of carer stress, family disruption and breakdown of existing caring arrangements.
- Carers' assessments/reviews to be revisited by a social worker during transition, at 6-week placement review and annual review
- Post-transition monitoring would include review of wellbeing, attendance, safeguarding concerns, engagement, behaviour, maintaining friendships, social participation and family feedback.

What inclusive adjustments are you making for diverse disabled people impacted? For example: those who are housebound due to disability or disabling circumstances, D/deaf, deafened, hard of hearing, blind, neurodivergent people, those with non-visible disabilities, and with access requirements that may not identify as disabled or meet the legal definition of disability, and have various intersections (Black and disabled, LGBTQIA+ and disabled).

- Whilst the needs of the individuals attending these services vary, it has been agreed with Families and carers, Social workers, Professionals and Speak Out Advocacy service that informing service users of the proposal whilst a decision has not been made is not in their interest, due to limited capacity to understand the concept, which could cause increased anxiety, particularly for autistic individuals, at a stage where no final decision has been made. At this stage options for reassurance would be limited whilst the timescale is long, a Council decision has not been made and therefore no concrete alternative is in place for individuals.

- We are working with Speak Out Advocacy service who have spent time with people who attend Wellington House Day Options and sensitively asked questions about what is important to them and their friendship groups. Following this, Speak Out have written a report on their perspective of the service provision and what is important to those who attend and advised on the best approach to engage with service users on the proposed closure of Wellington House. This is in line with the decision agreed with Parents and Carers, social workers, and professionals about the best interest approach.

- Individual Advocacy is available for 1:1 support where it is indicated.

- Personalised support is available for each individual from highly experienced staff supported by the SCDS social work team and Learning disability specific clinicians Psychiatry and Psychology where this is needed.

- Any transition to a new service provision will be carefully managed through a transition agreed with families and professionals.

- Communication will be tailored in an accessible format to individual needs and complies with the principles of the Mental Capacity Act, including Easy Read documents, pictures, objects of reference and Makaton to maximise individuals understanding.

- Social stories will support a carefully tailored transition to include getting to know new staff within the current environment before spending time in the new environment with current Day Options staff and a phased progression to the new environment and staff.

- Where indicated, individual advocacy referrals will be made. This needs to be at the right time, should the proposal be agreed to proceed. This process will involve: An assessment of capacity, an assessment on the impact on individuals' wellbeing and best interest.

- All individuals have received a Care Act review carried out by the Specialist Community Disability Service to ensure their care and support needs are up to date.

- We have ensured that Families and Carers who may not wish to provide an online survey response have been supported to access paper formats of the survey, and this has been fed into the data set by the BHCC communications team.

- All communications and information about proposed changes and transition will be provided in accessible formats and through individuals preferred accessible communication methods, including Easy Read, visual information, Makaton, objects of reference and social stories would be used where appropriate.

- All communications, information and meetings with families and carers will also be accessible, including, but not limited to, an option of telephone, letter and e-mail communications in variety of accessible formats and face-to-face meetings to fit around family life and caring/work responsibilities. Families will have an opportunity to communicate their inclusive requirements and any support required to be able to fully participate in the process, including support due to digital exclusion.

- Transition planning meetings will be arranged at suitable accessible locations, and visits to any proposed new service will be organised by a social worker in partnership with the person, their family and carers, with inclusive adjustments provided where required.

6.3 Ethnicity, 'Race,' ethnic heritage (including Gypsy, Roma, Travellers):

Does your analysis indicate a disproportionate impact relating to ethnicity?	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Most individuals affected are White British.
This indicates a disproportionate impact upon those who are White British/White origin
This data is not broken down as the number of individuals involved is so small this could render them identifiable.

There was limited consultation feedback specifically relating to ethnicity. One stakeholder theme highlighted the importance of cultural sensitivity, accessibility and communication that recognises individual needs.

Mitigations relating to this are:

- Whilst most individuals are White British, the successful provider will need to evidence how they will provide culturally sensitive support to people from different ethnic backgrounds, including those from Black and Racially Minoritised background, to ensure that needs arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs, are met.
- Requirements around this will be included in the process of recommissioning for alternative services.
- We ensure that we support those for whom English is a second language. Managers will offer translation services. Currently this is not required by families and carers of people who attend the service. However, Easy Read, pictorials and social stories are offered to service users who do not speak English as their first language.
- Completion of key performance indicators and equalities monitoring data will be a requirement of the contract to be completed by the successful provider.
- All individuals have received a Care Act review carried out by the Specialist Community Disability Service to ensure their care and support needs arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs, are up to date.

6.4 Religion, Belief, Spirituality, Faith, or Atheism:

Does your analysis indicate a disproportionate impact relating to Religion, Belief, Spirituality, Faith, or Atheism?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

This information is not recorded on the case management system Eclipse consistently and, due to the small number of people affected, no further analysis is available.

Families, carers, managers, and staff know individuals well and ensure that all people's needs arising from their faith, belief or cultural identities, including dietary needs, are identified through assessment, care planning or transition planning. Any future provider would be required to demonstrate how it will meet needs arising from individuals' faith, belief or cultural identities, including dietary needs to ensure that those needs are met. No consultation feedback was received specifically relating to religion, belief, spirituality, faith or atheism.

6.5 Sex:

Does your analysis indicate a disproportionate impact relating to Sex	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The proportion of males to females are broadly similar and so both are affected equally across both services. This risk is mitigated by the Provider having to ensure they provide support that meets the needs of both male and female individuals. Alternative providers would be required to demonstrate their ability to meet needs relating to people's sex, including age-related or changing needs (such as for example menopause and perimenopause support). It is recognised that some of the individuals using this service may have developed important relationships with peers, and this information has been included in the Care Act reviews to ensure proper consideration is made as to how these relationships can be sustained if future contact is affected by these changes. Significant friendships and long-term relationships which developed over many years, preferred peer groups, and social connections as gathered through Care Act reviews and staff knowledge, are mapped to maintain peoples' social networks and sense of belonging as much as possible. Friendships and relationships were captured within individual reviews and commissioners and social work managers are aware of the groupings that would like to stay together with any new proposed reprovision. Providers will be required to show how they will support social inclusion, meaningful relationships, and community participation and to ensure new weekly activity plans continue to reflect the person's interests, preferred routines, and social needs.

6.6 Gender and Gender Reassignment:

Does your analysis indicate a disproportionate impact relating to Gender Identity **(including non-binary and intersex people)?**	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Does your analysis indicate a disproportionate impact relating to Gender Reassignment?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

This information is not recorded on the case management system Eclipse or by the service themselves.

Care and support plans would identify Gender and Gender Reassignment needs to ensure support. SCDS Clinicians would be able to offer training to staff, support for the individual and understanding of the individual needs.

There is no information from the current service to indicate this is an area that will affect the individuals supported disproportionally, in either positive or negative way.

There is, however, a correlation between Autistic adults identifying as Trans. A significant proportion of the individuals affected are Autistic, this could mean some individuals may not identify with the gender they were assigned at birth but may be unable to communicate this due to their mental capacity and communication needs. Therefore, this information is not yet known.

No consultation feedback was received specifically relating to gender identity and gender reassignment.

The new provider will need to be able to be sensitive to this and would be required to demonstrate their ability to meet needs relating to individuals' gender identity or gender reassignment. This will be outlined in the Care and support plans and the service specification.

The service specification for our approved providers includes a requirement to train staff in LGBTQ+ awareness.

6.7 Sexual Orientation:

Does your analysis indicate a disproportionate impact relating to Sexual Orientation?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

This information is not recorded on the case management system Eclipse.

Where this is known the information would be captured within Care and support plans to ensure relevant support and understanding of need.

There is no information from the current service to indicate this is an area that will affect the individuals supported disproportionally, in either positive or negative way.

As identified above, however, a higher proportion of autistic adults do not identify as heterosexual.

No consultation feedback was received specifically relating to gender identity and gender reassignment.

The new provider will need to be able to be sensitive to this and would be required to demonstrate their ability to meet needs relating to individuals' sexual orientation. This will be outlined in care and support plans and the service specification. The service specification for our approved providers includes a requirement to train staff in LGBTQ+ awareness.

6.8 Marriage and Civil Partnership:

Does your analysis indicate a disproportionate impact relating to Marriage and Civil Partnership?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

This is not recorded on Eclipse or by the service themselves. None of the individuals supported are married or in a civil partnership.

6.9 Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum):

Does your analysis indicate a disproportionate impact relating to Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)?	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

No data is recorded on maternity, paternity, adoption, infertility on the case management system or by the service themselves. There is no information from the current service to indicate these areas affect the individuals supported and as such would not have a disproportionate impact, either positive or negative. The data shows that there are a similar proportion of female to male Service Users, with several women of menopause or peri-menopause age range who may therefore be disproportionality impacted. There is also a correlation between autism and premenstrual dysphoric disorder (PMDD). To mitigate this, alternative providers would be required to demonstrate their ability to meet people's needs relating to menopause and perimenopause support, including needs specific to autistic adults. This will be outlined in Care and support plans and the service specification.

6.10 Armed Forces Personnel, their families, and Veterans:

Does your analysis indicate a disproportionate impact relating to Armed Forces Members and Veterans?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

6.11 Expatriates, Migrants, Asylum Seekers, and Refugees:

Does your analysis indicate a disproportionate impact relating to Expatriates, Migrants, Asylum seekers, Refugees, those New to the UK, and UK visa or assigned legal status? (Especially considering for age, ethnicity, language, and various intersections)	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The successful provider will need to evidence how they will provide culturally sensitive support to people to ensure that needs arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs, are met. Requirements around this will be included in the process of recommissioning for alternative services. We ensure that we support those for whom English is a second language. Managers will offer translation services. Currently to our knowledge, this is not required by families and carers of people who attend the service. However, Easy Read, pictorials and social stories are offered to service users who do not speak English as their first language. Completion of key performance indicators and equalities monitoring data will be a requirement of the contract to be completed by the successful provider. All individuals have received a Care Act review carried out by the Specialist Community Disability Service to ensure their care and support needs arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs, are up to date.

6.12 Carers:

Does your analysis indicate a disproportionate impact relating to Carers (Especially considering for age, ethnicity, language, and various intersections).	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Wellington House Day Options provide activities for the individuals with learning disabilities, some who are autistic, and valuable respite for family carers. There are a small, but significant number of family carers who could be impacted by this change. It is important that these caring arrangements are not destabilised by this change, The feedback from consultation and engagement showed that the Wellington House closure has a potential to disproportionately affect carers through increased caring demands, emotional

strain and practical pressures if alternative provision does not meet Service Users' assessed needs or if they experience distress during transition. The impact may be greater for older carers, lone parents, carers supporting multiple relatives and carers experiencing their own health challenges.

Survey responses described Wellington House as providing essential respite for carers, enabling them to attend appointments, run errands, spend time with family and friends, and in some cases work or consider returning to work. Consultation feedback also indicated that some carers have wider caring responsibilities, including caring for older relatives or other disabled family members.

Carers consistently described Wellington House as an essential source of respite and reassurance. Families reported confidence that their relatives are safe, supported and engaged while attending the service. Survey responses identified carers' concerns regarding loss of routine, anxiety and distress for the person cared for, suitability of alternative provision, staff skills, friendship groups, transport arrangements, impact on employment and loss of respite opportunities. Carers expressed concern that changes could lead to increased caring responsibilities, deterioration in their own wellbeing, family stress, sleep disruption and risks to the sustainability of caring arrangements.

We understand that change may be difficult. The service is highly valued by those who attend the service. Feedback demonstrated that families' carers and staff are concerned about the potential impact of the proposal to close. They believe closure would have substantial negative impacts on wellbeing, stability, and inclusion for people with learning disabilities and their families, while questioning whether alternative provision has sufficient capacity or specialist expertise to meet need.

A potential positive impact of day options provider change is that alternative day activity provision may be closer to the family home and thereby reduce travel time for the individual. Travel arrangements will be discussed at the time of placement.

Mitigations include offering carers' assessments or reviews, involving carers in transition planning, providing regular communication and named points of contact, ensuring carers can participate in provider matching discussions, offering advocacy where required and providing escalation routes if concerns emerge. Social workers will review the impact on caring arrangements and consider the support needed to maintain carer wellbeing and prevent breakdown of existing care arrangements.

Other mitigations:

- As part of the Care Act review of the individual's needs, family carers have been offered a Carers Assessment to ensure that carers will be appropriately supported.
- We will ensure that any proposed change is addressed in a way and at a pace that ensures best support to all those impacted. Social workers will support careful decision making and transitions and the needs of those supported and their families and carers will be addressed through the agreed outcomes of Care Act reviews for individuals and carers.
- Any transition would involve detailed person-centred planning with families, carers, as well as advocates, social workers, clinicians and providers. Each person will have an individual transition plan agreed with people supported (where they may have capacity to be involved), their families, carers and circles of support, which aim to minimise disruption to their wellbeing, routines, relationships and family life as much as possible. The plans will include consideration of the impact of any move to an alternative provider on family

and carer routines, transport arrangements, work or caring responsibilities and the practical support needed throughout the transition process.

- All communications, information and meetings with families and carers will also be accessible, including, but not limited to, an option of telephone, letter and e-mail communications in variety of accessible formats and face-to-face meetings to fit around family life and caring/work responsibilities. Families will have an opportunity to communicate their inclusive requirements and any support required to be able to fully participate in the process, including support due to digital exclusion.
- Transition planning meetings will be arranged at suitable accessible locations, and visits to any proposed new service will be organised by a social worker in partnership with the person, their family and carers, with inclusive adjustments provided where required.
- Significant friendships and long-term relationships which developed over many years, preferred peer groups, and social connections as gathered through Care Act reviews and staff knowledge, are mapped to maintain peoples' social networks and sense of belonging as much as possible to minimise the risk of distress and disruption to family life.
- We will ensure that families and unpaid carers are supported before, during and after transition, to reduce the risk of carer stress, family disruption and breakdown of existing caring arrangements.
- All carers to be offered an assessment or review and impact on carers to be recorded in transition planning. Carers' assessments/reviews to be revisited by a social worker during transition and within 6-week placement review and annual review.
- Post-transition monitoring would include review of wellbeing, attendance, safeguarding concerns, engagement, behaviour, maintaining friendships, social participation and family feedback.

6.13 Looked after children, Care Leavers, Care and fostering experienced people:

Does your analysis indicate a disproportionate impact relating to Looked after children, Care Leavers, Care and fostering experienced children and adults (Especially considering for age, ethnicity, language, and various intersections). **Also consider our Corporate Parenting Responsibility in connection to your activity.**	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

6.14 Homelessness:

Does your analysis indicate a disproportionate impact relating to people experiencing homelessness, and associated risk and vulnerability? (Especially considering for age, veteran, ethnicity, language, and various intersections)	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

6.15 Domestic and/or Sexual Abuse and Violence Survivors, people in vulnerable situations:

Does your analysis indicate a disproportionate impact relating to Domestic Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

6.16 Socio-economic Disadvantage:

Does your analysis indicate a disproportionate impact relating to Socio-economic Disadvantage? (Especially considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections)	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

All the individuals attending this service by nature of the level of their learning disability are in receipt of disability benefits. There should be no change to their level of Service Users' income because of any Day opportunity reprovision. Consultation feedback indicated that the proposal may have indirect socio-economic impacts for some families and carers. Respondents highlighted concerns about the impact on their ability to work or manage other caring responsibilities (for example caring for their parents or disabled family members), travel and transport difficulties and concerns about costs. Families described Wellington House as providing essential respite which enables them to attend appointments, undertake caring responsibilities and, in some cases, remain in or consider returning to work. Although no direct impact on Service Users' income or benefits or transport costs has been identified, the consultation evidence suggests that changes to day provision could have indirect socio-economic impacts for some carers and families. Any travel arrangements and transport cost agreements currently in place will continue, to ensure travel needs are met within new provision. Alternatives to the current travel plans will be agreed with people supported and their families where required. Mitigations include offering carers' assessments or reviews, involving carers in transition planning, providing regular communication and named points of contact, ensuring carers can

participate in provider matching discussions, offering advocacy where required and providing escalation routes if concerns emerge. Social workers will review the impact on caring arrangements and consider the support needed to maintain carer wellbeing and prevent breakdown of existing care arrangements.

6.17 Human Rights:

Will your activity have a disproportionate impact relating to Human Rights?	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

As the proposal is aiming to achieve a seamless transition to a new provider with minimal impact to the individuals supported and their families and carers, it is not anticipated that the proposed change will have a disproportionate impact, either positive or negative, in this area.

As with all change of service, there are risks associated with this that could affect individuals' human rights. The mitigations around this are:

- Alternative provision will be procured through the council's framework of approved providers to ensure that any new provision complies with the council's quality framework.
- All individuals have a service Care and support plan that outlines data in this area relating to individual's needs.
- All individuals have had a Care Act review carried out by the Specialist Community Disability Service to ensure their care and support needs are up to date. A six-week placement review will be in place along with an annual review of placement and need.

6.18 Cumulative, multiple intersectional, and complex impacts (including on additional relevant groups):

What cumulative or complex impacts might the activity have on people who are members of multiple Minoritised groups?

- For example: people belonging to the Gypsy, Roma, and/or Traveller community who are also disabled, LGBTQIA+, older disabled trans and non-binary people, older Black and Racially Minoritised disabled people of faith, young autistic people.
- Also consider wider disadvantaged and intersecting experiences that create exclusion and systemic barriers:
    - People being housebound due to disabilities or disabling circumstances
    - Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
    - People experiencing homelessness
    - People on a low income and people living in the most deprived areas
    - People facing literacy, numeracy, and/or digital barriers
    - Lone parents
    - People with experience of or living with addiction and/ or a substance use disorder (SUD)
    - Sex workers
    - Ex-offenders and people with unrelated convictions
    - People who have experienced female genital mutilation (FGM)

- People who have experienced human trafficking or modern slavery

The proposed closure and re-provision of Wellington House Day Options have a potential to create cumulative and intersectional impacts for people who experience multiple forms of disadvantage or additional support needs.
All people currently attending Wellington House have a learning disability and some individuals are also autistic, have communication needs, sensory differences, mental health needs, complex health needs, epilepsy or are physically disabled.
The consultation consistently highlighted concerns about the impact of changes to familiar staff, routines, environments and relationships. For people experiencing several of support and communication needs and for those who are members of multiple minoritised groups, the impact of change may be greater.
Feedback from families, carers, advocates and stakeholders identified concerns about anxiety, distress, disruption to routines, loss of social connections and difficulties adjusting to unfamiliar environments, particularly for autistic people and those with communication, sensory or behavioural support needs.

Cumulative impacts may also affect family carers. Consultation responses highlighted that some carers rely on Wellington House to provide respite, to enable them to manage other caring responsibilities, attend appointments or maintain employment. As a result, any difficulties experienced during transition could have a wider impact on family wellbeing, caring arrangements, mental health and the ability to sustain caring responsibilities.
Mitigations include person-centred Care Act reviews, provider matching processes, individual transition plans, accessible communication, advocacy support, consideration of friendship groups and social connections, carers' assessments, family involvement in planning, post-transition monitoring and review, and requirements for providers to demonstrate their ability to meet a broad range of assessed needs, including those arising from multiple and intersecting characteristics.

7. Action planning

What SMART actions will be taken to address the disproportionate and cumulative impacts you have identified?

- Summarise relevant SMART actions from your data insights and disproportionate impacts below for this assessment, listing appropriate activities per action as bullets. (This will help your Business Manager or Fair and Inclusive Action Plan (FIAP) Service representative to add these to the Directorate FIAP, discuss success measures and timelines with you, and monitor this EIA's progress as part of quarterly and regular internal and external auditing and monitoring)

The actions below have been informed by the comprehensive consultation and engagement undertaken with people supported by Wellington House, families, carers, staff, providers, advocates and wider stakeholders, ensuring that the concerns, experiences and priorities shared through the process are reflected in the proposed mitigations.

SMART ACTION 1
Ensure that alternative day services providers can evidence that they can meet assessed needs of each person who currently receives Day Options support at Wellington House.
The purpose is to ensure that no person moves to alternative provision unless the council is satisfied that the provider can meet their assessed needs, including requirements arising from individuals' cultural, ethnic and faith identities and their protected characteristics.

Activities:

- Require providers to complete an individual matching and compatibility assessment for each proposed placement.
- Require providers to evidence how they will meet needs relating to:
    - Learning disability
    - Autism
    - Communication needs
    - Sensory needs
    - Behavioural support needs
    - Physical disability, mobility, or sensory loss
    - Mental health and emotional wellbeing
    - Epilepsy and other health needs
    - Age-related or changing needs
    - Requirements arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs
    - Sex, gender identity, gender reassignment, and sexual orientation
    - Menopause, perimenopause, and related support needs
    - Cumulative and intersectional needs
- Ensure that expectations from the provider are reflected in people's care and support plans, service specifications, quality assurance arrangements, and contract monitoring.

No proposed placement will be made until a placement has been offered that can evidence that it can meet the needs of the individual. Best interest decisions that include the provider, the person's family/carer and, where appropriate, other relevant professionals, will support this process, led by a placing social worker before any individual transition begins.

The requirement of any new provider to meet these areas is a condition of the Approved Provider framework, key performance indicators, and equalities monitoring (as appropriate).

It will be ensured that expectations from the provider are reflected in people's care and support plans, service specifications, quality assurance arrangements, and contract monitoring.

Ongoing quality monitoring will be undertaken through contract reviews.

Success measure: All 21 people have an agreed provider matching assessment and updated support plan before moving.

All 4 people currently using the Wellington House service as a drop in option with their own staff will be supported to find an alternative activity/building base.
All communications and information will be provided in accessible formats and through individual's preferred accessible communication methods, including Easy Read, visual information, Makaton, objects of reference and social stories would be used where appropriate. All communications, information and meetings with families and carers will also be accessible, including, but not limited to, an option of telephone, letter and e-mail communications in variety of accessible formats and face-to-face meetings to fit around family life and caring/work responsibilities. Families will have an opportunity to communicate their inclusive requirements and any support required to be able to fully participate in the process, including support due to digital exclusion.

SMART ACTION 2

Each person will have an individual transition plan agreed with people supported (where they may have capacity to be involved), their families, carers and circles of support, which aim to minimise disruption to their wellbeing, routines, relationships and family life as much as possible. The plans will include consideration of the impact of any move to an alternative provider on

family and carer routines, transport arrangements, work or caring responsibilities and the practical support needed throughout the transition process.
Transition planning meetings will be arranged at suitable accessible locations, and visits to any proposed new service will be organised by a social worker in partnership with the person, their family and carers, with inclusive adjustments provided where required.
Transition planning meetings will be organised within Wellington House.

Purpose: To minimise disruption, anxiety, and distress, and ensure each person is supported to move in a way that meets their needs, including communication and emotional support needs.

Activities:

- Any travel arrangements in place now will continue to ensure travel needs are met within new provision. Alternatives to the current travel plans will be agreed with people supported and their families where required.
- Transition planning will be person-centred and informed by each individual's communication needs, sensory needs, health needs, routines, preferred activities, transport arrangements, staffing requirements, known triggers and any other factors that are important to their wellbeing and successful transition.
- Information, communication and transition support will be provided in accessible and personalised formats, including Easy Read, visual materials, objects of reference, Makaton, social stories and other communication tools or reasonable adjustments identified through the person's Care Act review and transition plan.
- Arrange familiarisation visits and phased introductions.
- New staff will be supported to get to know and observe the person within the familiar environment with known staff support.
- Familiarisation will progress to visits to the new provision with new staff and known staff from Wellington House or family member if this is agreed as the most supportive introduction to a new environment.
- Clear handover of Care and support plans/Risk assessment and Guidance's will be undertaken prior to the transition visits beginning.
- Each individual’s circle of support will monitor for any change or increase in need that may require input from behavioural support team, psychology, or clinicians to support transition.
- Transition planning will consider the impact of any move to alternative provision on the person’s established weekly routine, transport arrangements, family routines, unpaid caring arrangements, work commitments, and other responsibilities.

Measure: Every person has a completed transition plan, devised with their circle of support where appropriate, before any move takes place.

SMART ACTION 3

Protect friendships, routines and social connection of people supported as much as possible, recognising that Wellington House provides social belonging and peer relationships, not only structured activities.

Activities:

- Map significant friendships, long-term relationships which developed over many years, preferred peer groups, and social connections as gathered through Care Act reviews and staff knowledge, to maintain peoples’ social networks and sense of belonging as much as possible.
- Friendships and relationships were captured within individual reviews and commissioners and social work managers are aware of the groupings that would like to stay together with any new proposed reprovision.

- Consider whether people can move to alternative day service providers with friends or familiar peers where this is important to wellbeing.
- Require providers to show how they will support social inclusion, meaningful relationships, and community participation.
- Ensure new weekly activity plans continue to reflect the person's interests, preferred routines, and social needs.
- Identify people at higher risk of isolation or distress if separated from known peers.
- Monitor whether people are maintaining friendships and social participation after transition.
- Friendship and social connection mapping completed before placement matching; reviewed after transition by Allocated social workers, Commissioners and provider leads.

Success measure: Social connection needs are recorded in each person's transition plan and reviewed post-transition at 6 weekly placement review.

SMART ACTION 4

Support families and unpaid carers before, during and after transition

Purpose: To reduce the risk of carer stress, family disruption, and breakdown of existing caring arrangements.

Activities:

- Offer all family and unpaid carers a carers' assessment or review.
- Discuss the impact of any change in day provision on the carer's wellbeing, employment, other caring responsibilities, and ability to continue caring.
- Provide regular updates and a named contact for families and carers.
- Offer face-to-face meetings where requested.
- Ensure families and carers are involved in provider matching and transition planning where appropriate.
- Provide clear escalation routes if the person experiences distress, if the placement is not working, or if pressures at home increase.
- Carers' assessments/reviews revisited by a social worker during transition and at 6-week placement review.

Success measure: All carers have been offered an assessment or review, and carer impact is recorded in transition planning.

SMART ACTION 5

Social worker to ensure 6-week placement review to ensure that any transition issues are addressed.

Purpose: To ensure people are safe, settled and receiving equivalent, suitable support after any move.

Activities:

- Gather feedback from the person, family/carer, advocate, provider, social worker, and relevant clinicians.
- New provider to monitor attendance, wellbeing, behaviour, engagement, incidents, safeguarding concerns, complaints, carer stress, and social connection. To ensure that social work team are kept updated of any concerns.
- Commissioning team to review provider performance through contract monitoring and equality monitoring.
- Report themes and emerging issues to the relevant governance group.
- Families, carers, managers, and staff know individuals well and will ensure that people are supported in the best way for them. Close monitoring of communication and patterns in behaviour will support awareness of the impact of this activity on individuals.

- Where required people are supported by SCDS Social workers, Clinicians, Psychiatry and Psychology teams who have a good understanding of the individuals needs and can help to monitor and advise on any changes in presentation throughout the process

Success measure: Reviews completed within 6 weeks and annually, with remedial action implemented and recorded where concerns are identified.

SMART ACTION 6

Young people aged 16-17yrs transitioning to adult services.

The review of younger people transitioning into adulthood identified a projected reduction in demand for Day opportunities.

These projections suggest that future demand for the current profile of Wellington House will continue to decline.

Activities:

- Commissioning team to continue to work closely with Children's services to identify the needs of young people coming through transitions.
- Commissioning team to provide clearer information about transition forecasting, likely demand from young people leaving education, and how future need is being factored into day service planning.
- Commissioning and Children's services to work closely with Integrated Care Board (ICB) to plan for required provision for young people with complex Health and mobility needs.

Which action plans will the identified actions be transferred to?

- For example: Team or Service Plan, Local Implementation Plan, a project plan related to this EIA, FIAP (Fair and Inclusive Action Plan) – mandatory noting of the EIA on the Directorate EIA Tracker to enable monitoring of all equalities related actions identified in this EIA. This is done as part of FIAP performance reporting and auditing. Speak to your Directorate's Business Improvement Manager (if one exists for your Directorate) or to the Head of Service/ lead who enters actions and performance updates on FIAP and seek support from your Directorate's EDI Business Partner.

Some of the identified actions will inform the commissioning of individual Care Act reviews, and data collection gaps will be fed into service plans for action.

8. Outcome of your assessment

What decision have you reached upon completing this Equality Impact Assessment? (Mark 'X' for any ONE option below)

Stop or pause the activity due to unmitigable disproportionate impacts because the evidence shows bias towards one or more groups.	
Adapt or change the activity to eliminate or mitigate disproportionate impacts and/or bias.	
Proceed with the activity as currently planned – no disproportionate impacts have been identified, or impacts will be mitigated by specified SMART actions.	
Proceed with caution – disproportionate impacts have been identified but having considered all available options there are no other or proportionate ways to achieve the aim of the activity (for example, in extreme cases or where positive action is taken). Therefore, you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.	**X**

If your decision is to "Proceed with caution," please provide a reasoning for this:

The council recognises that the proposed closure and reprovision of Wellington House is likely to have a disproportionate impact on some of the people currently supported by the service, all of whom are adults with learning disabilities, particularly those with the most complex support needs, including autistic people, those with significant communication, sensory, behavioural, emotional wellbeing or health needs.

Consultation feedback highlighted the importance of established relationships, specialist support, predictable routines and a familiar environment, and identified potential risks including anxiety, distress, disruption to routine, reduced wellbeing and increased pressure on families and carers. However, having considered all available options, the proposal is being considered in the context of significant financial pressures, the need to ensure services remain sustainable and cost effective, reduced attendance, current and projected reductions in demand, and the requirement to deliver savings across Adult Social Care. The council would therefore proceed with caution, subject to robust mitigations including person-centred transition planning, provider assurance, protection of social relationships, carer support, contractual requirements relating to equality and inclusion, and ongoing quality and contract monitoring to ensure alternative provision is suitable, meets assessed needs and supports positive outcomes for those affected.

Summarise your overall equality impact assessment recommendations to include in any committee papers to help guide and support councillor decision-making:

The proposal to close and re-provide Wellington House Day Options is being considered in the context of significant financial pressures within Adult Social Care and the council's need to ensure that services are sustainable, cost effective and able to meet current and future demand. Wellington House has been identified for review due to the current cost of delivery, reduced attendance, projected fall in demand over the next two years and the wider requirement to deliver savings across Adult Social Care.

Consultation feedback shows that Wellington House is highly valued as a familiar, trusted and specialist environment. People supported, families, carers, staff and stakeholders have highlighted the importance of skilled and consistent staff, established relationships, friendship groups, meaningful activities, predictable routines, safe spaces and the confidence families have that people are understood and well supported.
The Council recognises that the proposed closure has therefore a potential to cause anxiety, distress, disruption to routine, loss of familiar relationships, disruption to friendship groups and increased pressure on families and carers

Disproportionate impacts of the proposed closure have been identified, including significant impact on the people currently supported by Wellington House, all of whom are adults with learning disabilities, some of whom are also autistic and/or have complex communication, sensory, behavioural, emotional wellbeing or health needs, as well as on their families and unpaid carers, particularly where Wellington House provides an important source of routine, respite and stability.
Whilst all current Wellington House attendees are disabled people who will be affected by the proposed closure and reprovision, the impacts are likely to be experienced unevenly across the cohort. People with the most complex support needs, autistic people, those with significant communication or sensory needs, and those who depend on specialist staff knowledge, highly structured routines and bespoke support arrangements are likely to experience the greatest risk of disproportionate negative impact. These individuals may require more intensive assessment, planning and transition support to ensure suitable alternative provision is identified and that outcomes relating to wellbeing, inclusion, safety and participation are maintained.

Those impacts will be mitigated by robust provider assurance, person-centred transition planning, carer support, protection of social relationships and structured post-transition monitoring.
Having considered the impacts identified through this EIA and the consultation feedback received, the council would **proceed with caution** if a decision is made to close the Wellington House service, and only subject to robust mitigations and ongoing monitoring set out in this assessment, recognising significant impacts on the people currently supported within the Day Options service who are adults with learning disabilities, some of whom are also autistic and their family carers, as well as those who may have transitioned to Wellington House in the next two years.

These mitigations are intended to ensure that every person currently attending Wellington House receives alternative day opportunity support that is equivalent in quality and suitability, meets their assessed needs, and is planned in a person-centred way with the person, their family, carers, advocates and circles of support where appropriate.

Alternative providers would be required to demonstrate their ability to support and meet needs relating to:

- Learning disability
- Autism
- Communication needs
- Sensory needs
- Behavioural support needs
- Physical disability, mobility, or sensory loss
- Mental health and emotional wellbeing
- Epilepsy and other health needs
- Age-related or changing needs
- Requirements arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs
- Sex, gender identity, gender reassignment, and sexual orientation
- Menopause, perimenopause, and related support needs
- Cumulative and intersectional needs
- Continue to uphold individuals' human rights
- Understand the potential cumulative, multiple intersectional, and complex impacts on the individuals that the change could affect as a disadvantaged minority group

The requirement of any new provider to meet these areas is a condition of the Approved Provider framework, key performance indicators, and equalities monitoring (as appropriate).
It will be ensured that expectations from the provider are reflected in people's care and support plans, service specifications, quality assurance arrangements, and contract monitoring.
Ongoing quality monitoring will be undertaken through contract reviews.

9. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:

10. Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:** DD-MMM-YY
Responsible Lead Officer:	Kim Foster	19-08-26
Accountable Manager:	Steve Hook	19-08-2026

Notes, relevant information, and requests (if any) from Responsible Lead Officer and Accountable Manager submitting this assessment:

EDI Review, Actions, and Approval:

Equality Impact Assessment sign-off

EDI Officer to cross-check against aims of the equality duty, public sector duty, and our civic responsibilities the activity considers and refer to relevant internal checklists and guidance prior to recommending sign-off.

Once the EDI Officer has considered the equalities impact to provide approval for by those submitting the EIA, they will get the EIA signed off and sent to the requester copying the Head of Service, Business Improvement Manager, Equalities inbox, any other service colleagues as appropriate to enable EIA tracking, accountability, and saving for publishing. Budget and Staffing EIAs secure approval via different templates.

Signatory:	**Name:**	**Date:** DD-MMM-YY
EDI Business Partner:	Zofia Danin	19-Aug-26
EDI Manager:		

Notes and recommendations from EDI Business Partner reviewing this assessment:

Notes and recommendations (if any) from EDI Manager reviewing this assessment:
