



HERTFORDSHIRE: **DOING THINGS DIFFERENTLY**

LOCAL GOVERNMENT REORGANISATION IN HERTFORDSHIRE **EQUALITY IMPACT ASSESSMENT**





HERTFORDSHIRE:
DOING THINGS DIFFERENTLY

CONTENTS

EXECUTIVE SUMMARY	4
INTRODUCTION	5
SECTION 1: FOCUS OF THE EQIA	7
SECTION 2: DATA AND INFORMATION	10
SECTION 3: ANALYSIS AND ASSESSMENT	12
SECTION 4: ACTION PLANNING	14
PLANNED MITIGATIONS (BY PROTECTED CHARACTERISTICS)	16
AGE	16
CARE-EXPERIENCED	18
DISABILITY	19
GENDER REASSIGNMENT	20
PREGNANCY & MATERNITY	21
RACE	22
RELIGION OR BELIEF	24
SEX	25
GENDER IDENTITY & SEXUAL ORIENTATION	27
MARRIAGE & CIVIL PARTNERSHIPS	29
CARERS	31
OTHER RELEVANT GROUPS	33

EXECUTIVE SUMMARY

Local Government Reorganisation (LGR) in Hertfordshire represents a major transformation in the delivery and governance of public services across the county. Aimed at reducing duplication, improving coordination, and enhancing value for money, the reorganisation will affect residents, elected members, and staff across all 11 councils.

This Equality Impact Assessment (EqIA) provides an initial evaluation of the potential implications of LGR on protected and vulnerable groups, focusing on three key areas: access to services and employment, effectiveness of services and working conditions, and representation and engagement. It identifies a range of potential risks and opportunities that the 11 councils will need to take into account - particularly for disabled people, older adults, carers, ethnic minorities, care-experienced young people, and those facing socio-economic disadvantage.

The assessment highlights risks such as digital exclusion, loss of local engagement, disruption to support networks, and barriers to progression for underrepresented staff. It also outlines opportunities to embed equality, diversity, and inclusion into new governance structures, service models, and workforce practices.

Potential mitigation strategies include maintaining multi-channel service access, supporting digital inclusion, preserving workplace adjustments, and strengthening community and staff engagement. The EqIA also recommends inclusive consultation, co-production with affected groups, and ongoing monitoring of outcomes by protected characteristic.

The consideration of these equality implications will be a key focus for Hertfordshire's 11 councils as the implementation of the new unitary councils progresses. The principle of equality by design will be used to develop the new unitary councils' service offers to ensure that most vulnerable and underrepresented in our communities are not disadvantaged by this process. This EqIA will remain a live document, updated in response to feedback and evolving needs whilst also providing the foundation for more detailed consideration of specific areas of work as required.

INTRODUCTION

The proposed Local Government Reorganisation (LGR) represents a significant transformation in how local government services are delivered and governed in Hertfordshire. It is intended to reduce duplication, improve coordination, and deliver better value for money for both residents and the workforce. However, any change to public service delivery and local government structures has the potential to have the greatest impact on those most reliant on these services - many of whom are among the most vulnerable or underrepresented in our communities and on the workforce who deliver them.

In Hertfordshire, the most vulnerable or underrepresented in our communities includes disabled people, older adults, carers, women, people from certain ethnic minority backgrounds and care-experienced young people. Socio-economic disadvantage often compounds the inequalities experienced by these groups, increasing their reliance on local services and their risk of exclusion. The reorganisation will also directly affect elected members and council staff across all 11 councils, who may experience changes to their roles, working patterns, locations, and support structures.

This Equality Impact Assessment (EqIA) will focus on the following areas for both residents and staff:

1. Access to Services and Employment

The reorganisation may change how, where, and when services are delivered and how employment is structured. This could create new barriers or opportunities for inclusion, particularly for those who are digitally excluded, have mobility or communication needs, or face other structural disadvantages. The assessment will consider whether all residents can continue to access services equitably, and whether all staff can access fair employment, support, and progression. The county includes contrasting communities divided by rural and urban landscapes, which may place differing demands on any new structure. Factoring this in early could help mitigate potential pressures. Demographic characteristics and the presence—or absence—of existing infrastructure within communities are critical factors that can perpetuate inequality. For example, the rate of infrastructural development required in areas with younger families may differ significantly from that needed in communities with aging populations. Additionally, variables such as a community's proximity to London, the presence of major business enterprises, and the prevalence of commuter pressure points can influence patterns of growth, place increased demand on local resources, and potentially contribute to or exacerbate existing inequalities.

[Return to contents page](#)

2. Effectiveness of Services and Working Conditions

It is essential that services remain not only accessible but also effective for all, and that staff are able to work effectively and safely. The changes may affect the quality, responsiveness, and appropriateness of services for different groups, as well as the working conditions, wellbeing, and support available to staff. The assessment will explore whether the reorganisation risks reducing service effectiveness or staff wellbeing, particularly for those with specific needs or vulnerabilities.

3. Representation, Engagement, and Community/Workforce Cohesion

The proposal may influence how communities and staff engage with local government and participate in decision-making. There is a risk that some groups—particularly those already underrepresented—may feel less connected or have reduced influence. The assessment will consider how the new structures can strengthen engagement and ensure inclusive representation for both residents and staff, including through staff networks and community forums.

4. Mitigation and Opportunities

The reorganisation presents a critical opportunity to embed diversity and inclusion into new ways of working, both for service delivery and for the workforce. However, there is also a risk of unintended negative impacts if changes are not carefully assessed, communicated, and monitored. The assessment will identify opportunities to reduce inequality, promote fairness, and ensure that the voices of those with lived experience—whether as residents, service users, or staff—are heard and acted upon from the outset.

SECTION 1: FOCUS OF THE EQIA

WHAT ARE THE MAIN AIMS OR PURPOSE OF THE PROPOSAL?

The LGR proposal seeks to restructure how services are delivered across Hertfordshire, aiming to reduce duplication, improve coordination, and enhance value for money. Driven by financial pressures and the need for stronger strategic leadership, the reform intends to create a more streamlined and responsive system for both residents and staff. While several reorganisation models are being considered, this EqIA focuses on the overall potential equality impacts of LGR across the county, rather than assessing individual options.

WHAT OUTCOMES ARE YOU TRYING TO ACHIEVE, AND FOR WHOM?

The proposal seeks to ensure that:

- **All Hertfordshire residents** - especially those most reliant on public services e.g. disabled people, older adults, carers, those from certain ethnic minority groups and care-experienced young people - can access high-quality, effective, and inclusive services.
- **All staff** - including those with protected characteristics—experience fair, inclusive, and supportive working conditions, with opportunities for progression and wellbeing protected during and after the transition.
- **All Councillors** - are provided with timely, transparent information. This will support informed decision-making and enable them to act as trusted advocates for residents throughout the transition process.

Outcomes include:

- Equitable access to services and employment for all, regardless of background or circumstance.
- Effective and responsive services and internal processes to meet diverse needs.
- Enhanced community and workforce engagement, representation, and cohesion.
- Reduced inequalities and barriers to inclusion, especially for marginalised or seldom-heard groups.
- Equitable governance led by informed and inclusive leaders, underpinned by clear accountability for advancing equality of opportunity and experience across the councils and the county.

[Return to contents page](#)

WHAT ARE THE REASONS FOR THE PROPOSAL E.G. FINANCIAL, LEGAL, SERVICE IMPROVEMENT?

- **Financial:** Achieving efficiencies and better value for money by reducing duplication and streamlining service delivery and internal processes.
- **Service Improvement:** Improving coordination and consistency across services and teams, ensuring they remain fit for purpose and responsive to changing needs.
- **Legal/policy:** Aligning with national and local policy objectives for public sector reform and ensuring compliance with equality and inclusion duties for both residents and staff.

HOW DOES THIS PROPOSAL FIT WITH OTHER SERVICES OR STRATEGIES?

The LGR proposal sits within a broader landscape of transformation and reform across Hertfordshire, and may intersect with existing priorities such as digital innovation, community engagement, and efforts to advance equality, diversity, and inclusion (EDI). The reorganisation is intended to complement and strengthen these efforts by embedding equality considerations into new structures and ways of working—for both service users and staff.

WHICH TEAMS OR ORGANISATIONS ARE INVOLVED IN DELIVERING OR IMPLEMENTING IT?

The proposal is being delivered jointly by Hertfordshire County Council, the county's district and borough councils and the Office of the Police and Crime Commissioner. Implementation will require joint working across service areas, with input from equality leads, service managers, HR, and representatives from marginalised communities and staff groups.

WHICH ASPECTS ARE MOST IMPORTANT TO EQUALITY AND SHOULD BE THE FOCUS OF YOUR ATTENTION?

This EqlA outlines the headline equality impacts of LGR, which will require more detailed monitoring during transition and implementation. Key considerations include:

- **Access to services and employment:** Ensuring changes do not create new barriers for residents or staff, particularly those with mobility, communication, or digital access needs.
- **Service effectiveness and internal processes:** Maintaining quality and responsiveness for all groups and ensuring staff are equipped to deliver inclusive services.
- **Community and workforce representation:** Supporting diverse participation in decision-making and safeguarding the civic voice.

- **Risk mitigation and opportunity realisation:** Embedding equality, diversity, and inclusion into all aspects of new structures.
- **Elected member representation:** Assessing how changes to roles, boundaries, and governance may impact councillors from underrepresented groups.
- **Geographic and place-based equity:** Recognising the distinct needs of Hertfordshire's rural and urban communities to ensure fair access and representation.

These themes should guide future governance design to ensure inclusive outcomes for all residents and staff.



[Return to contents page](#)

SECTION 2: DATA AND INFORMATION

WHAT EXISTING DATA IS AVAILABLE ON ACCESS, OUTCOMES, OR SERVICE USE BY PROTECTED GROUPS?

Hertfordshire councils hold a range of equalities data, including demographic insights by geography and protected characteristic e.g., age, disability, ethnicity, sex, religion or belief, sexual orientation, socio-economic status, and caring responsibilities for both residents and staff.

- **Residents:**
Community-level data / Joint Strategic Needs Assessments (JSNA) / service-level datasets e.g., Adult Social Care, Children's Services, Housing. This includes information on service use and outcomes by protected group.
- **Staff:**
Workforce EDI data is collected on age, disability, ethnicity, sex, sexual orientation, religion or belief, and caring responsibilities. HR systems provide data on recruitment, retention, progression, and workplace adjustments.

It is acknowledged that EDI data from staff may be incomplete due to its voluntary nature. This presents a risk to comprehensive analysis. To mitigate this, anonymised surveys and staff network engagement will be used to supplement existing data and ensure diverse perspectives are captured.

ARE THERE GAPS IN DATA THAT NEED TO BE FILLED?

- Intersectional Data on Gender Reassignment
- Effect on services dependant on county structure chosen from 3 options

WHAT DOES LOCAL OR NATIONAL DATA SAY ABOUT NEEDS AND BARRIERS?

- **Residents:**
 - o Local data shows disabled people, older adults, and those on low incomes are more likely to face barriers to digital and physical access.
 - o National research e.g., Ofcom, Lloyds Bank Consumer Digital Index highlights that digital transformation can widen inequalities without targeted support.
 - o Language barriers, lack of accessible information, and limited transport options restrict access for some ethnic minority and rural communities.
- **Staff:**
 - o Older staff may be less likely to engage with digital HR systems or remote work.
 - o Disabled staff may face barriers with new digital systems or physical relocations; risk of losing workplace adjustments.

- o Ethnic minority staff may be concentrated in roles that are more vulnerable to change; there may be language barriers or reduced engagement in consultation processes.

WHAT FEEDBACK OR COMPLAINTS HAVE BEEN RECEIVED FROM SERVICE USERS AND STAFF?

- **Residents:**
 - o Concerns about accessibility of new service models, and risk of reduced local engagement.
 - o Issues raised about clarity and accessibility of communications regarding proposed changes.
 - o Marginalised groups value face-to-face and community-based services; concerns about centralisation or digital-only approaches.
- **Staff:**
 - o Feedback from staff networks highlights anxiety about job security, loss of workplace adjustments, and the need for clear communication during transition.
 - o Concerns about the accessibility of new HR systems and the risk of isolation for remote/hybrid workers.
 - o Staff value ongoing engagement and opportunities to shape changes.

Feedback from elected members, particularly those from underrepresented groups, should be captured to understand concerns around role changes, representation, and influence in new governance models.

WHAT ENGAGEMENT OR CONSULTATION HAS ALREADY TAKEN PLACE?

Residents

A county-wide engagement programme was delivered across all ten districts, combining in-person events, online sessions, and a public survey. These activities enabled residents to ask questions, share views, and understand the LGR proposals. Stakeholder feedback and insights inform Hertfordshire's final LGR submission to Government.

Staff

All 11 authorities have engaged staff through internal communications, surveys, Q&A sessions, and union collaboration. Efforts have focused on transparency, inclusion, and supporting staff through the transition. District-led and county-level engagement activities were coordinated to ensure balanced representation across the workforce.

This inclusive approach to engagement supports the EqIA by ensuring that both resident and staff voices are reflected in the development of future governance models.

[Return to contents page](#)

SECTION 3: ANALYSIS AND ASSESSMENT

WHO USES THE SERVICE NOW, AND WHO DOESN'T? WHY?

- **Residents:**

All residents use local government services in Hertfordshire, but reliance is highest among disabled people, older adults, carers, people from ethnic minority backgrounds, care-experienced young people, and those experiencing socio-economic disadvantage.

Some groups are less likely to access services due to, language barriers, limited transport, or lack of accessible information. Rural communities and those with limited digital skills may be particularly affected by changes to service delivery models.

- **Staff:**

The workforce is diverse, but some groups e.g., disabled staff, older staff, carers, ethnic minorities may be underrepresented in certain roles or grades, or face barriers to progression and inclusion.

Staff with limited digital skills, those in rural locations, or those with caring responsibilities may be less able to engage with new digital systems or remote/hybrid working models.

WHAT ARE THE POTENTIAL POSITIVE AND NEGATIVE IMPACTS OF THE PROPOSAL?

- **Potential Positive Impacts (Residents and Staff):**

- o Improved coordination and consistency of services and internal processes may benefit all, especially those who currently experience fragmented or duplicated provision.
- o Opportunities to embed equality, diversity, and inclusion into new structures, service models, and workforce practices.
- o Potential for more efficient use of resources, enabling targeted support for marginalised groups and staff development.

- **Potential Negative Impacts (Residents and Staff):**

- o Risk of increased barriers for those who are digitally excluded or have limited access to transport if services and HR processes become more centralised or digital-first.
- o Potential loss of local knowledge, representation, and informal support networks, which may reduce trust and engagement among underrepresented communities and staff groups.

- o Disruption to established community and staff networks, particularly for seldom-heard or marginalised groups.

COUNCILLORS:

- Positive: Opportunity to redesign governance structures that better reflect community diversity and improve strategic leadership.
- Negative: Risk of reduced representation, especially for councillors from minority backgrounds, if fewer roles are available or if ward boundaries dilute community voices.

WHICH PROTECTED GROUPS ARE MOST LIKELY TO BE AFFECTED?

- **Residents**

Disabled people, older adults, carers, people from ethnic minority backgrounds, care-experienced young people are most likely to be affected, as they're more reliant on local services and may face barriers to access.

Those experiencing socio-economic disadvantage may be disproportionately impacted by changes to eligibility, digital provision, or physical service locations.

- **Staff:**

Disabled staff, older staff, carers, ethnic minorities, and lower-paid staff may be most affected by changes to working patterns, digital systems, relocation, or redundancy risk.

ARE THERE DIFFERENCES IN OUTCOMES OR ACCESS FOR DIFFERENT GROUPS?

- **Residents**

Certain groups—such as disabled people, older adults, ethnic minorities, care-experienced young people, and those on low incomes—may face barriers to accessing services, particularly where language, transport, or digital exclusion are factors. Rural communities may also experience reduced access due to geographic isolation.

- **Staff**

Disabled and older staff may face challenges with new digital systems or relocations, while carers and those on lower pay bands could be disproportionately affected by changes to working patterns. Ethnic minorities staff may be concentrated in roles vulnerable to restructuring and may face barriers to engagement.

- **Councillors**

Reorganisation will impact councillor roles, responsibilities, and representation. Changes to governance structures and digital platforms may affect how councillors engage with communities. Inclusive consultation and transition planning are essential to safeguard democratic accountability and support diverse leadership.

[Return to contents page](#)

SECTION 4: ACTION PLANNING

WHAT ACTIONS COULD BE TAKEN TO MITIGATE NEGATIVE IMPACTS?

To ensure equitable access during and after LGR, it is important that services remain available through multiple channels—including telephone, face-to-face, and outreach—for those unable to use digital platforms. Digital inclusion is a key priority, and targeted support, training, and resources should be provided for groups at risk of exclusion, such as disabled people, older adults, and those on low incomes. The EqIA recognises that digital inclusion is not binary; technology can also be an enabler. Hybrid models—such as co-browsing support in customer service centres, chatbot functions, and tools for residents with hearing impairments or limited English proficiency—should be explored to enhance accessibility.

Accessible communication is another critical area. Auditing and adapting communications to meet accessibility standards—including plain English, ‘easy read’ formats, and compatibility with assistive technologies—will help ensure all residents can engage with services and information. Community engagement structures should also be maintained and strengthened to ensure that marginalised and seldom-heard groups can participate meaningfully in decision-making and service design. The engagement programme has prioritised input from under-represented groups, and future outreach should continue to centre these voices through co-production workshops and targeted engagement.

Monitoring service access, outcomes, and satisfaction by protected characteristic will be essential to identifying and addressing emerging disparities. Where possible, services should be co-produced with affected communities and those with lived experience of exclusion to inform ongoing improvements. The EqIA should be reviewed regularly and updated in response to new data, feedback, and service changes. All 11 authorities involved in Hertfordshire’s LGR have committed to maintaining accessible services for all residents, regardless of digital capability.

STAFF CONSIDERATIONS

Supporting staff through TUPE and restructuring will require clear communication, accessible HR guidance, and fair processes for all affected employees. Promoting good mental health and wellbeing—through Employee Assistance Programmes, wellbeing resources, and regular check-ins—will be especially important during transition periods.

Inclusive recruitment and progression should be maintained, with monitoring by protected characteristic to ensure transparency and fairness. Reasonable workplace adjustments should be retained wherever possible, and accessibility audits should be conducted for new systems and physical spaces. Disabled staff should be actively involved in planning and testing, and inclusive facilities—such as gender-neutral toilets and prayer rooms—should be considered, subject to feasibility and site constraints.

Flexible and remote working options should be offered, particularly for carers, disabled staff, and those facing transport barriers. Staff networks e.g., disability, LGBTQ+, carers, ethnic minorities should be supported and promoted to ensure ongoing engagement and feedback. Recognised trade unions should be actively involved in consultation and negotiation, with early engagement recommended to collaboratively address emerging issues.

All workforce-related mitigations outlined in this document are subject to feasibility assessments and resource availability. While these actions reflect best practice and shared ambitions across Hertfordshire councils, implementation will depend on operational constraints, funding, and legal frameworks. Equality, Diversity, and Inclusion is embedded across the programme—through governance, service design, workforce strategy, and engagement—to ensure inclusive outcomes throughout the LGR process.

[Return to contents page](#)

PLANNED MITIGATIONS (BY PROTECTED CHARACTERISTICS)

AGE

Hertfordshire is experiencing a demographic shift toward an ageing population, with a growing proportion of older residents and a stabilising or shrinking working-age population. These trends will increase demand for adult social care, healthcare, and age-friendly infrastructure, while reducing pressure on early years services. Gender differences are also evident, with older women disproportionately represented in both ageing and caregiving roles. Employment patterns show a resilient labour market overall, but disparities persist across age, gender, and geography. Middle-aged cohorts are highly economically active, while younger and older groups face greater barriers to participation. Some districts show elevated unemployment, particularly among younger men, highlighting the need for targeted support.

As LGR progresses, governance models should be responsive to these demographic pressures. This includes age- and gender-sensitive workforce planning, support for older workers and carers, and strategies to enable youth employment. EqlA processes should consider how structural changes may affect political representation and ensure inclusive participation across all age groups.

For further available data on this characteristic visit [Herts Insight: Source 1](#) | [Source 2](#) | [Source 3](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Risk of digital exclusion for older adults and low-income groups	Provide alternative access routes and digital inclusion support	Reduced digital access barriers	Digital access rates and feedback from excluded groups
Anxiety about job security and relocation	Transparent communication and redeployment support	Reduced staff anxiety and improved retention	Staff engagement and retention rates
Potential language barriers for ethnic minorities	Explore options for resident translation and interpretation services if feasible	Improved service accessibility	Usage rates of translated materials and feedback
Potential loss of workplace adjustments	Audit and retain necessary adjustments during transition	Maintained accessibility and inclusion	Adjustment retention rates and staff satisfaction
Potential loss of local engagement and concerns heard	Maintain community forums and outreach	Sustained local involvement	Participation rates in local engagement activities

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Loss of informal support networks due to centralisation	Maintain local engagement structures (e.g. community forums, staff networks)	Sustained community and staff cohesion	Participation rates in local forums and staff networks
Reduced trust and engagement among underrepresented groups	Co-produce with affected communities and staff; ensure representation in decision-making	Increased trust and inclusive engagement	Feedback from marginalised groups; engagement survey results
Intersectional impacts (e.g., disabled ethnic minorities)	Test feasibility of conducting intersectional analysis; tailor support and services to overlapping needs	More equitable outcomes for complex identity groups	Disaggregated outcome data; satisfaction by intersectional identity
Risk of unmet needs for marginalised groups, e.g: care-experienced / Not In Education, Employment or Training (NEET)	Explore including targeted service design and outreach for these groups	Improved service access and satisfaction for specific communities	Uptake and satisfaction metrics for care-experienced
Potential transport limitations for rural residents	Maintain or enhance physical service locations in key rural hubs; explore mobile/outreach services	Improved physical access to services for rural residents	Service usage rates in rural areas; feedback from rural communities
Potential for barriers to progression for staff with protected characteristics	Explore implementing inclusive recruitment, retention, and promotion policies; monitor progression by protected characteristic	Increased representation and career progression for underrepresented groups	Diversity in senior roles; promotion rates by protected characteristic; staff survey results
Underrepresentation in certain roles or grades	Explore targeted development programmes and mentoring for affected groups	More equitable distribution of staff across grades and departments	Workforce diversity dashboards; uptake of development programmes
Risk of exclusion from decision-making and strategic roles	Work toward diverse representation in governance and transformation workstreams	Inclusive decision-making and visibility of diverse voices	Representation in strategic groups; feedback from staff networks

[Return to contents page](#)

CARE- EXPERIENCED

Care-experienced children and young people—including those currently looked after and care leavers—are among the most vulnerable groups in Hertfordshire. They often face compounded challenges across education, employment, housing, and mental health. The LGR should ensure that future governance and service models are responsive to their needs and do not exacerbate existing inequalities. Hertfordshire’s Children Looked After (CLA) population shows high ethnic diversity and persistent challenges in placement stability and education, employment and training (EET) outcomes.

Care-experienced individuals may be disproportionately affected by structural changes, especially if services become more centralised or digital-first. They may rely on face-to-face support, consistent relationships, and tailored interventions. LGR should embed trauma-informed, inclusive, and accessible service design principles to safeguard outcomes for this group.

For further available data on this characteristic, visit the Hertfordshire County Council Children’s Services Strategies and Reports page: [Children’s Social Care – Q1 2025/26 Performance Report](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Risk of reduced access to education, employment, or training.	Strengthen EET pathways, mentoring, and targeted support for care leavers.	Increased EET rates and progression.	EET metrics; uptake of support programmes.
Risk of digital exclusion or disengagement from centralised services.	Ensure multi-channel access and outreach for care-experienced young people.	Improved service access and engagement.	Service usage data; feedback from care leavers.
Risk of unmet mental health needs.	Explore expanding access to trauma-informed counselling and wellbeing services.	Improved mental health outcomes.	Uptake of mental health services; wellbeing indicators.
Risk of underrepresentation in governance and consultation.	Review guaranteed interview schemes, mentorship programmes, and inclusive recruitment practices.	Increased employment rates and career progression for care-experienced individuals.	Workforce diversity data; uptake of schemes; progression tracking.
Risk of reduced housing stability for care leavers	Review housing policies; explore priority schemes and tenancy support.	Improved housing security and reduced homelessness among care-experienced individuals.	Housing access data; tenancy sustainment rates.

DISABILITY

Disability prevalence and the degree of activity limitation vary significantly across Hertfordshire. LGR should embed disability- and age-inclusive planning into future governance arrangements. This includes:

- Differentiated funding allocations based on local levels of need
- Inclusive service design across health, housing, and transport
- Robust data systems to monitor health and care disparities over time

A uniform approach risks overlooking the complex, place-specific needs of disabled and older residents. Councillors from these groups may also face barriers to continued representation due to structural changes. The EqIA should explore how governance redesigns can support inclusive political participation and leadership, particularly for those affected by age-related disability.

For further available data on this characteristic, visit Herts Insight: [Source 1](#) | [Source 2](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Disabled people may be excluded if services become digital-first without alternatives.	Consider ensuring non-digital access routes and assistive technologies.	Reduced digital exclusion among disabled users.	Digital access and satisfaction metrics.
Disabled staff may lose workplace adjustments during relocation or system changes.	Audit and retain adjustments; consult affected staff.	Continuity of support and improved staff wellbeing.	Adjustment retention rates; staff feedback.
Centralisation may reduce physical access for those with mobility impairments.	Maintain accessible service hubs and transport support.	Improved access to physical services.	Access audits; service usage by disabled residents.
Disruption may increase stress and anxiety for those with mental health needs.	Review resources for mental health support and clear communication.	Improved resilience and reduced stress.	Wellbeing survey results; uptake of support services.
Invisible disabilities may be overlooked in redesigns.	Include diverse disability profiles in consultation and design.	More inclusive services and policies.	Representation in consultation; feedback from affected groups.

[Return to contents page](#)

GENDER REASSIGNMENT

There is a risk that structural changes may disrupt support networks or reduce visibility of transgender needs. However, the reorganisation also presents an opportunity to embed inclusive practices into new governance models, service frameworks, and workforce strategies. Future governance should ensure that transgender residents and staff are represented, supported, and able to participate fully in civic and professional life. This includes inclusive communication, gender-affirming facilities, and staff networks that promote awareness, dignity, and belonging.

For available data on this characteristic, visit:
[Equality and Diversity Hub](#)
[Herts Insight – Local Communities & Diversity Profiles](#)
[Young Pride in Herts \(LGBT+ Youth Support\)](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Risk of exclusion if services do not reflect gender diversity.	Review if services are inclusive of all gender identities.	Improved access and reduced exclusion.	Service usage and feedback from gender-diverse users.
Potential for discrimination or lack of support for gender-diverse staff.	Maintain anti-discrimination training and inclusive HR policies.	Safer and more supportive workplace.	Staff survey results; incident reports.
Risk of unmet mental health needs due to lack of tailored support.	Explore resources and access to gender-informed mental health services.	Improved mental health outcomes.	Uptake and satisfaction with mental health services.
Gender-diverse individuals may be excluded from consultation and decision-making.	Actively engage with LGBTQ+ networks and individuals.	More inclusive and representative governance.	Participation metrics and feedback.

PREGNANCY AND MATERNITY

As LGR progresses, it is vital that both staff protections and resident-facing services are preserved and strengthened. EqIA processes should ensure continuity of care, inclusive workplace policies, and equitable access to support for pregnant individuals, new parents, and carers.

For available data on this characteristic, please visit:
[Hertfordshire Health & Wellbeing Strategy 2022-2026](#)
[Herts Insight](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Pregnant women and new mothers may face barriers to accessing centralised or digital services.	Maintain physical access points and offer telephone/ face-to-face options.	Improved access and reduced exclusion.	Service access audits; user feedback.
Risk of stigma or exclusion for pregnant staff or those returning from leave.	Promote inclusive culture and support networks.	Improved inclusion and staff morale.	Staff survey results; participation in networks.
Consultation materials may not be accessible to new parents or those with limited time.	Explore flexible engagement formats and targeted outreach.	Greater engagement and representation.	Engagement metrics and feedback.
Families with limited resources may be disproportionately affected by service changes.	Link to financial support and community resources.	Reduced hardship and improved wellbeing.	Uptake of support schemes; service satisfaction.
Families with limited resources may be disproportionately affected by service changes.	Link to financial support and community resources.	Reduced hardship and improved wellbeing.	Uptake of support schemes; service satisfaction.

RACE

Hertfordshire's population includes a significant proportion of residents from minority ethnic backgrounds, with notable variation across districts. More diverse areas tend to have younger populations, which has implications for education, employment, and long-term service planning.

LGR should respond to these demographic differences by embedding inclusive practices into governance structures. This includes ensuring representative decision-making, culturally competent services, and targeted engagement strategies—particularly for younger minority groups. Equality and inclusion frameworks should reflect local diversity and be integrated into service design, communications, and resource allocation.

Failure to account for these differences risks undermining trust and equity in newly formed authorities. EqIA processes should explore how governance redesigns can support inclusive political participation and leadership across all ethnic identities and age groups.

Gypsy, Roma and Traveller (GRT) Communities

While Hertfordshire-specific data on GRT communities remains limited, regional insights from the East of England provide a useful lens for understanding potential inequalities. These patterns are likely to reflect, at least in part, the experiences of GRT individuals in Hertfordshire and should inform inclusive planning—particularly in the context of LGR.

Key areas of concern for GRT communities include housing and living conditions, where individuals are more likely to reside in mobile or overcrowded accommodation, impacting health, safety, and access to services. Despite having a younger demographic profile, GRT individuals report poorer health outcomes, indicating systemic barriers to healthcare and wellbeing. Educational attainment is also significantly lower, with many lacking formal qualifications, particularly among younger adults. Employment rates are comparatively low, with a higher reliance on self-employment, which may reflect both cultural practices and limited access to formal job opportunities. These disparities underscore the importance of considering GRT needs in service design, policy development, and community engagement strategies to ensure inclusive and equitable governance.

For further available data on this characteristic, visit [Herts Insight](#):

[Source 1](#)

[Source 2](#)

[Source 3](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Resident language barriers may prevent access to services and information.	Explore feasibility of providing translated materials and multilingual staff support.	Improved access and reduced exclusion.	Service usage and feedback from non-English speakers.
Potential discrimination may reduce trust in public services.	Build relationships through community-led engagement and transparency.	Increased trust and participation.	Engagement survey results; participation in consultations.
Ethnic minority groups may experience poorer health outcomes.	Consider targeted health interventions and culturally competent care.	Reduced disparities in health outcomes.	Health outcome data by ethnicity; service uptake.
Refugees and asylum seekers may experience isolation and lack of support.	Review peer networks and community integration programmes.	Improved social inclusion and wellbeing.	Participation in community programmes; wellbeing surveys.
Speakers of other languages as their first language may struggle to find suitable employment.	Review resources offering language training and support.	Improved employment access and retention.	Employment rates and feedback from affected groups.

[Return to contents page](#)

RELIGION OR BELIEF

Census data highlights a shift in religious identity across Hertfordshire, with a notable decline in Christian affiliation and a rise in residents identifying with no religion. Minority faith communities, including Muslim populations, have also grown, reflecting increasing religious diversity.

These trends align with broader national patterns and have implications for inclusive governance. The rise in secularism suggests evolving public expectations around neutrality in civic spaces and public services. Future governance models should ensure that both faith-based and secular communities are considered in policy development, communications, and service delivery.

Additionally, structural changes linked to LGR may impact political representation for councillors from minority faith backgrounds. EqIA processes should explore how governance redesigns can support inclusive participation and leadership across all belief systems.

For further available data on this characteristic, visit [Herts Insight: Source 1](#) | [Source 2](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Risk of exclusion if services do not accommodate religious needs or beliefs.	Consult with diverse belief groups; provide inclusive service options.	Improved access and reduced exclusion.	Service usage and feedback by religion or belief.
Potential for indirect discrimination through uniform or scheduling policies.	Explore potential for indirect discrimination through uniform or scheduling policies.	Review policies to allow religious dress and observance.	More inclusive and respectful workplace.
Lack of prayer spaces or inflexible schedules may disadvantage religious individuals.	Explore provision of prayer rooms and flexible scheduling.	Improved comfort and inclusion.	Facility availability; staff and user satisfaction.
Discrimination may reduce trust in public services.	Work with Faith forums to build relationships and transparency.	Increased trust and engagement.	Engagement metrics; feedback from faith communities.
Underrepresentation of faith groups in decision-making.	Include faith representatives in consultation and governance.	More representative and inclusive policies.	Participation rates; diversity in governance structures.

SEX

Mid-2024 population estimates show that Hertfordshire continues to have a female-majority population across all districts. This demographic pattern has important implications for LGR, particularly in shaping equitable service delivery and inclusive governance. The consistent gender distribution highlights the need for targeted investment in women's health services, including reproductive health, mental wellbeing, and support for long-term conditions. It also reinforces the importance of enhanced support for unpaid carers—many of whom are middle-aged women—through access to respite care, financial assistance, and recognition in service planning. Gender-sensitive workforce strategies are essential, especially in sectors such as health, education, and social care, where women are disproportionately represented. Inclusive transport and public safety planning should also address mobility and safety concerns that more frequently affect women, particularly in urban and peri-urban areas.

Age and gender data reveal a growing older population, with older women significantly outnumbering older men due to longer life expectancy. This trend underscores the need for robust adult social care systems, accessible infrastructure, and community-based support tailored to older residents. Gender-sensitive ageing policies are particularly important, as older women may face compounded disadvantages linked to lower lifetime earnings, caregiving responsibilities, and health inequalities. The female age structure also shows a concentration in the 45–59 age group—a cohort often balancing employment, caregiving, and personal health needs. Their experiences should inform workforce policy, including flexible working arrangements, carer leave, and occupational health support. Health outreach, housing adaptations, and community design should also reflect the needs of this group to support ageing in place and social inclusion.

From a governance perspective, structural changes under LGR may affect councillor representation, particularly for women active in caregiving and community leadership roles. EqIA processes should explore how governance redesigns can support inclusive political participation and promote leadership diversity, recognising the value of lived experience in shaping responsive and equitable local governance.

For further data on this characteristic, visit [Herts Insight: Source 1](#) | [Source 2](#) | [Source 3](#)

[Return to contents page](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Risk of disproportionate impact on women due to caring responsibilities and part-time work.	Maintain inclusive policies and support for carers.	Reduced gender disparities in employment.	Staff survey results; retention and progression data.
Lone parents and families with limited resources may face barriers to accessing centralised or digital services.	Seek to maintain physical access points and offer telephone/ face-to-face options.	Improved access and reduced exclusion.	Service access audits; user feedback.
Risk of gender bias or exclusion in leadership and decision-making.	Continue to promote gender equity in leadership and governance.	More inclusive and representative workplace.	Leadership diversity metrics; staff feedback.
Families with limited resources may be disproportionately affected by service changes.	Link to financial support and community resources.	Reduced hardship and improved wellbeing.	Uptake of support schemes; service satisfaction.
Underrepresentation of male carers and lone fathers in consultation.	Explore targeted engagement with underrepresented gender groups.	Improved representation and service relevance.	Engagement metrics and feedback.
Underrepresentation in certain roles or grades	Explore targeted development programmes and mentoring for affected groups	More equitable distribution of staff across grades and departments	Workforce diversity dashboards; uptake of development programmes

GENDER IDENTITY AND SEXUAL ORIENTATION

The 2021 Census introduced a voluntary question on gender identity, with 5.4% of Hertfordshire residents aged 16+ choosing not to respond. Among those who did, the vast majority identified with the gender assigned at birth. Hertfordshire’s response rates are broadly consistent with regional and national patterns, suggesting cautious engagement with this topic.

While the data shows limited variation, it highlights the importance of recognising gender-diverse communities in future governance models. LGR presents an opportunity to embed EDI principles into:

- Service design, including gender-affirming healthcare and inclusive education.
- Public engagement and representation, ensuring visibility and voice for gender-diverse residents.
- Safe and welcoming spaces, such as gender-neutral facilities and inclusive public environments.

The relatively high non-response rate also points to the need for trust-building and privacy assurance in data collection and service delivery. EqIA processes should ensure that minority gender identities are not overlooked and that future governance structures are respectful, representative, and inclusive.

To improve visibility, data visualisations may exclude respondents whose gender identity matches their sex at birth or who did not respond, allowing clearer representation of minority gender identities. Councillors from these communities may face barriers to continued representation due to structural changes. EqIA should explore how governance redesigns can support inclusive political participation and leadership.

For further data on this characteristic, visit Herts Insight: [Source 1](#) | [Source 2](#)

[Return to contents page](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Risk of exclusion if services do not reflect sexual orientation diversity.	Review services to assess inclusivity of all sexual orientations.	Improved access and reduced exclusion.	Service usage and feedback from LGBTQ+ users.
Potential for discrimination or lack of support for LGBTQ+ staff.	Review anti-discrimination training and inclusive policies.	Safer and more supportive workplace.	Staff survey results; incident reports.
Lack of inclusive facilities may compromise safety and dignity.	Ensure inclusive spaces.	Improved safety and comfort.	Facility audits; feedback from users.
Risk of unmet mental health needs due to lack of tailored support.	Maintain access to LGBTQ+-informed mental health services.	Improved mental health outcomes.	Uptake and satisfaction with mental health services.
LGBTQ+ individuals may be excluded from consultation and decision-making.	Actively engage with LGBTQ+ networks and individuals.	More inclusive and representative governance.	Participation metrics and feedback.



MARRIAGE AND CIVIL PARTNERSHIPS

The 2021 Census captured legal marital and civil partnership status, including whether relationships were same-sex or opposite-sex. Following legislative changes in 2013–2014, Hertfordshire saw a modest increase in same-sex marriages and civil partnerships. While these groups represent a small proportion of the population, their inclusion is vital for equitable governance.

Younger cohorts are more likely to identify within LGBTQ+ communities and may have distinct expectations around representation, service access, and civic participation. As LGR progresses, governance models should:

- Recognise diverse relationship types in service design and civic representation.
- Ensure inclusive engagement strategies that reflect the needs of LGBTQ+ residents across age groups.
- Embed EDI principles into policy, communications, and infrastructure planning.

Structural changes under LGR may affect representation and service access, particularly in districts with higher levels of minority populations, disability, unpaid care, or socio-economic disadvantage—such as Stevenage, Broxbourne, and Dacorum. Larger governance units may offer efficiency but risk diluting local responsiveness; more localised models may improve representation but introduce inconsistency.

EqlA processes should be data-driven and equity-focused, ensuring that LGBTQ+ residents are not marginalised in governance redesigns. This includes considering how councillor representation and leadership opportunities can remain inclusive across all identities and age groups.

For further available data on this characteristic, visit [Herts Insight: Source 1](#) | [Source 2](#)

[Return to contents page](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Risk of exclusion if services only recognise marriage and not civil partnerships.	Review and revise service documentation and eligibility criteria.	Reduced exclusion and improved access.	Complaints and feedback analysis; service usage data.
Potential for unequal treatment in policies or benefits.	Implement training and policy reviews to ensure parity.	More equitable workplace experience.	Staff feedback; HR policy compliance checks.
Civil partners may be excluded from certain benefits or recognition. Civil partners may be underrepresented in decision-making processes.	Align all benefit schemes with legal standards for civil partnerships. Proactively include civil partners in consultation and governance.	Equal access to entitlements. More inclusive governance structures.	Audit results; uptake data. Engagement participation rates.
Language used in communications may unintentionally exclude civil partnerships.	Update all communications to use inclusive terminology.	Improved clarity and inclusivity.	Review of communication resources; feedback from users.

CARERS

According to the 2021 Census, over 92,000 Hertfordshire residents provide unpaid care, with 24,038 delivering 50 or more hours per week—equivalent to full-time work. Districts such as Stevenage, Broxbourne, and North Herts show above-average rates of intensive care, placing significant pressure on local health and social care systems.

Unpaid care is closely linked to health inequalities, employment limitations, and financial strain. Carers often face reduced income, limited career progression, and increased physical and mental health challenges. These impacts are particularly acute for those providing intensive care, and for carers in areas with higher socio-economic vulnerability.

As LGR progresses, future governance models should be responsive to the needs of unpaid carers. This includes:

- Respite and adult social care services that reduce pressure on informal carers and improve wellbeing.
- Carer support programmes, including financial assistance, advocacy, and access to flexible employment.
- Integrated health and wellbeing initiatives that recognise carers as part of the wider care ecosystem.

Although unpaid carers are not a protected characteristic under the Equality Act 2010, they are protected by association—particularly when caring for individuals with protected characteristics such as disability. This principle extends to housing, benefits, and other services where indirect impacts may arise.

Age-standardised proportions (ASPs) offer a more accurate basis for comparing care burdens across districts and should inform resource allocation and service planning. Districts such as Dacorum, North Herts, and Welwyn Hatfield have the highest numbers of intensive carers, while Stevenage and Broxbourne show elevated rates relative to population size. These areas should not be disadvantaged by structural changes under LGR.

For further available data on this characteristic, visit [Herts Insight: Source 1](#) | [Source 2](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Risk of carers being overlooked in service design.	Include carers in consultation and co-production activities.	More inclusive and responsive services.	Engagement metrics; feedback from carers.
Potential for increased stress due to lack of flexibility.	Explore carer-friendly HR policies and awareness training.	Reduced stress and improved work-life balance.	Staff wellbeing indicators; policy uptake.
Carers may not be aware of or able to access support.	Maintain visibility and accessibility of carer support services.	Increased uptake and satisfaction.	Service usage data; feedback surveys.
Poor communication may leave carers uninformed or unsupported.	Explore targeted communication strategies for carers.	Improved engagement and clarity.	Feedback from carers; communication audits.
Carers may miss out on development due to time constraints.	Where possible provide flexible and modular learning options.	Greater access to development opportunities.	Training participation rates; feedback from carers.
Risk of reduced representation of councillors from protected groups	Explore monitoring councillor diversity pre- and post-reorganisation; consider inclusive candidate support.	Maintained or improved diversity in elected leadership	Councillor diversity metrics; feedback from elected members

OTHER RELEVANT GROUPS

In addition to the protected characteristics outlined in the Equality Act 2010, it is essential to consider the needs and experiences of other groups who may be disproportionately affected by LGR. These groups often face structural barriers or compounded disadvantage, and their inclusion is critical to ensuring equitable outcomes.

LGR should account for the needs of individuals experiencing socioeconomic disadvantage, including those with low income, limited educational attainment, or insecure employment. These groups often face heightened barriers to accessing services and opportunities. Residents in rural or isolated areas, or those who are digitally excluded due to lack of skills, connectivity, or resources, may also experience reduced access to essential services and civic participation.

People experiencing homelessness or insecure housing are particularly vulnerable to service disruption and require targeted outreach and support. Refugees, asylum seekers, and separated migrants may face language barriers, trauma-related needs, and unfamiliarity with local systems, necessitating culturally competent and trauma-informed service design. Individuals with low literacy or limited English proficiency may struggle to engage with communications and digital platforms and should be supported through accessible formats and interpretation services.

Other groups requiring tailored consideration include people involved in the criminal justice system, who may face stigma and barriers to reintegration. Members of the Armed Forces Community—including veterans, reservists, serving personnel, their families, and the bereaved—may have distinct needs related to health, housing, employment, and civic engagement. Ensuring equitable access to public services for these groups will require recognition of the diverse cultural, linguistic, and socioeconomic factors that shape their experiences and engagement.

For further available data on these characteristics, visit [Hertfordshire Heroes](#) and [Herts Insight](#):
[Source 1](#) | [Source 2](#) | [Source 3](#)

POTENTIAL IMPACT / RISK	MITIGATIONS	EXPECTED OUTCOME	MEASURE OF SUCCESS
Risk of worsening health outcomes if services are not inclusive or accessible.	Assess if services are culturally competent and physically accessible.	Reduced health inequalities.	Health outcome data; service usage by group.
Armed Forces Community including the bereaved may face barriers to accessing services.	Apply Armed Forces Covenant Duty and consult with Armed Forces networks.	Improved access and satisfaction.	Feedback from Armed Forces community; service audits.
Risk of increased tension if groups feel excluded or stereotyped.	Use inclusive language and ensure representation in decision-making.	More cohesive and respectful community relations.	Complaints data; engagement feedback.
Marginalised groups may be disproportionately affected by service changes.	Where appropriate conduct impact assessments and provide financial support where needed.	Reduced negative impact and improved equity.	Equality monitoring; uptake of mitigation measures.
Failure to address domestic abuse or reoffending risks.	Strengthen partnerships with specialist services and ensure safe access.	Increased protection and reduced harm.	Incident reports; service usage data.
Councillors may feel they lack the support needed to lead effectively through transition.	Provide timely, transparent information and access to training/development.	Informed leadership and trusted advocacy.	Participation in training; leadership feedback; decision-making confidence.
Migrants may face barriers to accessing services due to language, cultural, or legal factors.	Ensure services are culturally competent, linguistically accessible, and inclusive.	Improved service access and integration.	Service usage by migrant groups; feedback and engagement data.
Refugees may experience trauma-related or systemic barriers to rebuilding their lives.	Signpost to trauma-informed, culturally sensitive support across key services.	Enhanced wellbeing, safety, and stability.	Uptake of support services; wellbeing indicators; integration metrics.

WHO IS RESPONSIBLE FOR ACTIONS, AND WHAT IS THE TIMELINE?

- Equality Leads: Oversee EqIA updates, data analysis, and monitoring of equality outcomes.
- Service Managers: Implement mitigation actions within their service areas and report on progress.
- Community Engagement Teams: Lead on inclusive engagement and co-production activities.
- Communications Team: Ensure all communications are accessible and inclusive.
- HR/Workforce Teams: Lead on staff support, workplace adjustments, and inclusive recruitment.
- Timeline: Actions will be implemented throughout the transition period, with regular reviews and updates at key project milestones. Ongoing monitoring and engagement will continue post-implementation.

ARE THERE PLANS FOR ONGOING ENGAGEMENT WITH AFFECTED GROUPS?

Yes. Hertfordshire Councils are committed to ongoing engagement with residents, service users, staff, and community organisations throughout the LGR process. This includes regular forums, surveys, focus groups, and co-production workshops to ensure diverse voices continue to shape decisions.

Staff and residents have already participated in dedicated surveys and live Q&A sessions, with further engagement planned. Feedback mechanisms will remain available, and the Equality Impact Assessment will be treated as a live document—updated in response to new insights, data, and changing needs. Councillors should be included in ongoing engagement activities to ensure their perspectives—particularly those from underrepresented backgrounds—inform the design of new governance structures and electoral arrangements.

The approach prioritises transparency, inclusion, and continuous improvement, ensuring that equality, diversity, and inclusion are embedded in both service delivery and workforce structures.

[Return to contents page](#)



HERTFORDSHIRE:
DOING THINGS DIFFERENTLY