Equality Impact Assessment (EqIA)

Making Better and Fairer Decisions

A. Proposal

1. **Title of proposal**

   Creating a Social Care Negotiating Body for Wales

2. **What is your proposal aiming to achieve?**

   The policy proposal seeks to establish a Social Care Negotiation Body for Wales to consider and agree a Fair Pay Agreement for the social care workforce that will set minimum standards for pay and terms and conditions, enforceable by law. The agreement in Wales will be reached through negotiation by introducing a form of sectoral collective bargaining where workers, represented by trade unions, negotiate with their employers to agree on pay, terms and conditions, and wider employment matters.

3. **When did work start on the proposal?**

   March 26

4. **Which organisations, groups or communities are likely to be affected?**

   - **Social care workers** within the initial scope of the SCNB, particularly the registered social care workforce in Wales.
   - **Social care employers and providers**, including independent, private, voluntary and not-for-profit providers, care homes, domiciliary care providers, supported living providers and personal assistant employers.
   - **Trade unions and worker representative bodies**, including those involved in sectoral collective bargaining.
   - **Employer representative organisations**, including those representing the breadth of social care providers across Wales.
   - **Local authorities**, including their roles as commissioners, funders, service providers and statutory partners in social care delivery.
   - **ADSS Cymru and WLGA**, given their role in supporting implementation, affordability considerations and local government engagement.
   - **NHS commissioners and health boards**, where commissioned care services and workforce stability may affect health and social care integration.
   - **People who receive social care,** including older people, disabled people, people receiving domiciliary care, care home residents and people receiving support in the community.
   - **People who pay for their own care**, including self-funders and people employing personal assistants through direct payments.

- **Unpaid carers and families**, who may be indirectly affected by changes to service availability, stability and continuity of care.
- **Third sector organisations and smaller providers**, particularly where affordability, commissioning fees and implementation requirements may affect sustainability.
- **Rural and Welsh-speaking communities**, where workforce retention, travel time, local labour markets and access to Welsh language care may be relevant.
- **Cross-border providers and workers**, where services operate between Wales and England and may need to manage different pay and employment arrangements.

5. Have you registered your EqIA on iShare?

Yes

B. Impact on, and engagement with, people in protected groups

Age

1. **What evidence is available and what is its source? Include the findings from any engagement.**

   The main evidence is the consultation analysis on the proposals to establish the SCNB, including responses from social care workers, providers, trade unions, representative bodies and individuals. Respondents identified likely benefits for older workers through improved pay, recognition and retention, and possible indirect benefits for older people through greater workforce stability. They also raised potential risks for older people receiving care and older self-funders if implementation is not sufficiently funded and affects service availability or charges.

   The Real Living Wage evaluation and available social care workforce evidence provide additional context. https://www.gov.wales/real-living-wage-social-care-workers-process-evaluation.

2. **Is any evidence unavailable or uncertain?**

   The evidence reviewed does not provide a detailed age breakdown of workers, self-funders, unpaid carers or people receiving care. It is uncertain whether impacts will differ between younger and older workers, including in recruitment, progression and pension outcomes. To conduct detailed investigations on impacts of the age-disaggregated workforce and service-users will require further evidence and consideration will be needed to examine the impact of this programme after sufficient time has elapsed after the first FPA is delivered.

3. **Who have you engaged with, why and how?**

   Working with partners in the Social Care Fair Work Forum, we developed the key questions to ask the social care sector, all interested parties and the public in Wales as part of our consultation on these proposals.

   An eight-week public consultation was supported by two webinars and stakeholder meetings. https://www.gov.wales/development-social-care-negotiating-body-wales-set-fair-pay-agreements-social-care-workforce. This consultation involved workers, employers and providers, trade unions, representative bodies, local government and interested individuals and organisations; and enabled views from and about workers of different ages and older people using services to inform development, although no separate age-specific engagement is evidenced.

4. **How has evidence affected your proposal?**

   The evidence strengthened the proposal's focus on fair minimum pay, sustainable funding, workforce retention and clear implementation. It also

informed requirements for the SCNB to consider affordability and deliverability and to keep scope and impacts under review, recognising possible consequences for older people who rely on care services.

5. What are the likely impacts of the proposal?

Likely positive impacts could include higher and more consistent pay, improved recognition and clearer progression for workers of all ages, supporting recruitment and retention. A more stable and sustainable social care workforce may improve continuity and quality of care for older people, while also contributing to wider resilience across health and social care services.

Potential indirect negative impacts could arise if costs are not fully funded, including potential pressure on provider viability, reduced service availability or higher charges for older self-funders. No direct age discrimination is intended, either for the workforce or those receiving care and support. Again, there is a potential negative impact for the NHS should this not proceed and services struggle to retain staff and deliver essential services.

6. What steps will you take to enhance positive or reduce negative impacts?

We will use age-disaggregated evidence where available to allow us to assess affordability and provider sustainability before implementing each FPA; monitor recruitment, retention and pay by age; consider impacts on older service users and self-funders in later impact assessments; and use accessible, non-digital as well as online communications.

Disability

7. What evidence is available and what is its source? Include the findings from any engagement.

The consultation identified possible benefits for disabled workers from fairer pay and more consistent terms, and risks for disabled people receiving or purchasing care if costs affect availability, continuity or self-funder charges. Responses also supported specialised training, wellbeing, equality and dignity-at-work measures. The Social Model of Disability provides the framework for identifying and removing barriers.

8. Is any evidence unavailable or uncertain?

The evidence does not quantify impacts by type of impairment or distinguish disabled workers, disabled personal-assistant employers and disabled people receiving different forms of care. Evidence on accessibility, reasonable adjustments and impacts on independent living is limited. Further evidence should be developed with disabled people and representative organisations once this programme has had some time to bed in and develop the necessary evidence.

9. Who have you engaged with, why and how?

The consultation, webinars and stakeholder meetings engaged workers, providers, unions, representative bodies and individuals, allowing issues affecting disabled workers and disabled people who use or purchase care to be raised. Respondents also proposed service-user and advocacy input. No separate targeted engagement with disabled people is evidenced in the material reviewed.

10. How has evidence affected your proposal?

The evidence reinforced the need for the SCNB to consider affordability, service sustainability and the views of people receiving care, and for guidance and engagement to be accessible. It also supports retaining scope to consider equality, wellbeing, training and dignity-at-work matters where evidence indicates this would improve workforce outcomes.

11. What are the likely impacts of the proposal?

Positive impacts may include fairer pay, improved job security and more consistent terms for disabled workers, alongside improved continuity for disabled people receiving care. In future, there is the potential for broader terms to be negotiated, including improved sick pay, flexible working and wellbeing provisions could reduce barriers.

Potential indirect negatives include reduced service availability or increased costs if funding and commissioning are insufficient, and exclusion if information or processes are inaccessible. These could have impacts across Wales in a variety of areas, including putting additional pressure on voluntary sector and the NHS to meet the gaps created by any loss of social care services.

12. What steps will you take to enhance positive or reduce negative impacts?

We will apply the Social Model of Disability; provide accessible guidance and communications; build reasonable adjustments into appointments, engagement and SCNB processes; engage disabled workers, people receiving care and representative organisations; assess effects on direct payments, self-funders and continuity; and monitor disability-disaggregated outcomes where lawful and proportionate.

Race

13. What evidence is available and what is its source? Include the findings from any engagement.

The consultation analysis records respondents' view that FPAs could positively affect ethnic minority workers through improved pay, recognition and consistency. Wider sources are consultation responses from workers, providers, trade unions and representative bodies and available social care workforce evidence. No intended differential treatment by race was identified.

However, overseas workers may experience employment conditions differently due to immigration requirements and sponsorship arrangements. In particular, sponsorship arrangements may influence employment decisions and workforce experiences in ways that differ from those of other workers and may make some workers less likely to access employment opportunities, raise concerns or leave poor working environments. The SCNB should be mindful of the potential impact of its decisions on internationally recruited workers and consider how proposals affect different groups within the social care workforce.

14. Is any evidence unavailable or uncertain?

The evidence does not provide sufficiently detailed ethnicity data on pay, occupational distribution, progression, insecure work or consultation participation. It is therefore uncertain whether particular racial or ethnic groups could experience different benefits or barriers. Further analysis and targeted engagement should be undertaken where proportionate, once sufficient time has allowed for the programme to bed in.

15. Who have you engaged with, why and how?

The consultation, webinars and stakeholder meetings were open to all in the sector - workers, individuals, providers, unions and representative bodies – and although some questions focused on gathering demographic data. Unfortunately, as these were voluntary questions, not all respondents answered them. However, the reviewed material does not evidence targeted engagement with specific ethnic minority communities, Gypsies and Travellers, migrants, refugees or organisations representing them.

16. How has evidence affected your proposal?

The evidence supports enforceable minimum standards, balanced representation and transparent funding, which should reduce inconsistent treatment across a fragmented sector. It also indicates that equality, diversity and inclusion may be considered within the SCNB's wider remit, where supported by evidence. A wider, detailed impact assessment will be conducted that will focus on other significant issues that might be affected across the social care sector, public and employers.

17. **What are the likely impacts of the proposal?**

The proposal may advance equality through improved pay, clearer progression and more consistent terms for ethnic minority workers, especially where they are concentrated in lower-paid or insecure roles. Common standards and dignity-at-work provisions may help reduce discrimination.

Risks could include unequal awareness, representation or ability to challenge unfair treatment, or unintended effects on workers with immigration-related employment restrictions; these require further evidence. However, no direct negative impact is intended.

18. What steps will you take to enhance positive or reduce negative impacts?

We will work with the workforce regulator, Social Care Wales (SCW), to seek ethnicity-disaggregated evidence; encourage diverse representation and inclusive appointment processes; provide clear and accessible communications, with translations where needed; engage relevant equality and community organisations; monitor pay, progression, complaints and workforce outcomes by ethnicity where lawful; and address any identified barriers with the sector – key partners and stakeholders - by working with members of the Social Care Workforce Forum and Partnership and their working groups.

Religion, Belief or Non-Belief

19. **What evidence is available and what is its source? Include the findings from any engagement.**

The consultation identified no material impacts specific to religion, belief or non-belief, although fair pay, predictable working arrangements and equality provisions may benefit workers across belief groups.

20. Is any evidence unavailable or uncertain?

No characteristic-specific evidence is available on workforce composition, discrimination, religious observance or shift patterns, so any differential impact remains uncertain although no direct impact is anticipated.

21. **Who have you engaged with, why and how?**

The consultation, webinars and stakeholder meetings were open to all, but no targeted engagement with faith or belief organisations is evidenced and this may be needed if future proposals have clearer belief-related impacts.

22. How has evidence affected your proposal?

The available evidence required no change to the core proposal, which retains flexibility for the SCNB to address future equality issues relating to religion, belief or non-belief.

23. What are the likely impacts of the proposal?

No material direct impact is expected, although fairer employment standards may have positive indirect effects.

24. What steps will you take to enhance positive or reduce negative impacts?

We will use inclusive arrangements, assess future working-pattern and leave proposals for indirect impacts, provide routes to raise concerns, and monitor evidence of disadvantage linked to religion, belief or non-belief.

Sex

25. What evidence is available and what is its source? Include the findings from any engagement.

The consultation, our workforce and the evidence collected in the independent review of the Real Living Wage programme indicates that women are likely to benefit from improved pay, recognition and career pathways, with support also expressed for equality, wellbeing, dignity-at-work and family-friendly policies.

26. **Is any evidence unavailable or uncertain?**

Evidence on sex-based pay gaps, occupational segregation, progression, working patterns and unpaid caring responsibilities is incomplete

27. **Who have you engaged with, why and how?**

The consultation, webinars and stakeholder meetings enabled women and workforce organisations to contribute, although no separate sex-specific engagement exercise is evidenced.

28. How has evidence affected your proposal?

The evidence reinforced the case for an enforceable pay floor, clearer progression and scope to consider family-friendly; wellbeing, dignity-at-work and equality matters in a predominantly female workforce.

29. What are the likely impacts of the proposal?

The proposal should advance equality for women through improved pay, recognition, progression and financial security, but occupational segregation, unequal progression and service pressures may persist if implementation or funding is insufficient. By enabling the SCNB to negotiate wider employment conditions, including training and career progression alongside fair pay, the proposal may also help attract more men to the social care workforce.

30. What steps will you take to enhance positive or reduce negative impacts?

We will work with the workforce regulator, SCW to investigate what data we hold and what might be possible to collect, including sex-disaggregated monitoring, inclusive representation, family-friendly and dignity-at-work measures, and funding assessments to identify and address impacts on pay, progression, working patterns, retention and unpaid carers.

Gender Reassignment

31. What evidence is available and what is its source? Include the findings from any engagement.

The consultation identified no specific impacts relating to gender reassignment, although fair terms, equality, inclusion, wellbeing and dignity-at-work measures could benefit trans workers by promoting consistent standards and reducing discrimination.

32. Is any evidence unavailable or uncertain?

Reliable characteristic-specific workforce and consultation data is unavailable and disclosure may be limited by privacy concerns, so any collection or analysis must be voluntary, confidential, lawful and proportionate.

33. Who have you engaged with, why and how?

The public consultation and related engagement were open to all workers and stakeholders, but no targeted engagement with trans people or representative organisations is evidenced.

34. How has evidence affected your proposal?

Current evidence required no change to the core proposal, while retaining scope to address identified barriers through future provisions on equality, dignity at work and workforce culture.

35. What are the likely impacts of the proposal?

No material direct adverse impact is anticipated, but fairer terms, equality standards and dignity-at-work provisions may benefit transgender workers while inclusive implementation is needed to prevent exclusion, harassment or inconsistent employment practices.

36. What steps will you take to enhance positive or reduce negative impacts?

We will use inclusive processes, clear guidance on non-discrimination, dignity and confidentiality, safe reporting routes, targeted engagement where needed, and only lawful, voluntary and protected equality monitoring data.

Sexual Orientation

37. What evidence is available and what is its source? Include the findings from any engagement.

The consultation identified no specific impacts relating to sexual orientation, although support for fair pay, equality, wellbeing and dignity-at-work policies may improve consistency and inclusion for lesbian, gay and bisexual workers.

38. Is any evidence unavailable or uncertain?

Reliable sexual-orientation-specific workforce and consultation data is unavailable, so differences in pay, progression, harassment or workplace culture remain uncertain and disclosure may be limited by privacy concerns.

39. **Who have you engaged with, why and how?**

The public consultation, webinars and stakeholder meetings were open to all, but no targeted engagement with lesbian, gay or bisexual workers or representative organisations is evidenced and this should be considered if detailed terms raise specific issues.

40. How has evidence affected your proposal?

Current evidence required no change to the core proposal, while the SCNB's potential remit for equality, dignity at work and organisational culture provides a route to address barriers and promote consistent standards.

41. **What are the likely impacts of the proposal**

No material direct adverse impact is anticipated and fairer, more consistent employment and dignity-at-work standards may have positive effects, although implementation should prevent harassment, exclusion from representation or inconsistent treatment of partners and families.

42. What steps will you take to enhance positive or reduce negative impacts?

We will ensure the use of inclusive language and engagement, clear guidance on non-discrimination and dignity at work, safe reporting routes, targeted engagement where needed, and lawful monitoring of complaints and voluntarily disclosed workforce data

Pregnancy and Maternity

43. What evidence is available and what is its source? Include the findings from any engagement.

The consultation reported no pregnancy- or maternity-specific findings, but support for improved sick pay, predictable hours, flexible and family-friendly

working, wellbeing and dignity-at-work policies is relevant to workers who are pregnant, on maternity leave, breastfeeding or returning to work.

44. Is any evidence unavailable or uncertain?

Evidence is unavailable on pregnancy and maternity experiences, pay, retention, flexible-working access and return-to-work barriers, and it is uncertain how a future agreement would interact with variable hours, sick pay and existing maternity arrangements.

45. Who have you engaged with, why and how?

The public consultation, webinars and stakeholder meetings included workers, unions, employers, providers and individuals, but no targeted engagement with pregnant workers, those on maternity leave or relevant representative organisations is evidenced.

46. **How has evidence affected your proposal?**

The evidence supports retaining scope for potential future negotiations to address family-friendly working, predictable hours, sick pay, wellbeing and equality where evidence and resources justify this, without changing the initial focus on pay and core terms.

47. **What are the likely impacts of the proposal?**

Fairer pay and consistent terms may improve financial security and retention, but future attendance, training, progression or working-pattern provisions must avoid disadvantaging workers who are pregnant, on maternity leave or need pregnancy-related adjustments.

48. What steps will you take to enhance positive or reduce negative impacts?

We will equality-test future FPA provisions, protect pay progression, training and eligibility during maternity absence, reflect legal protections and pregnancy-related adjustments in guidance, engage affected workers and unions, and monitor grievances, retention and return-to-work outcomes.

Marriage and Civil Partnership

49. What evidence is available and what is its source? Include the findings from any engagement.

The consultation identified no impacts specific to marriage or civil partnership, with relevant evidence limited to general support for fair and consistent workplace terms and the duty to eliminate employment discrimination.

50. Is any evidence unavailable or uncertain?

No characteristic-specific evidence is available or differential impact currently indicated, but future terms should ensure that benefits, leave, eligibility and treatment do not depend unlawfully on marital or civil partnership status.

51. Who have you engaged with, why and how?

The public consultation, webinars and stakeholder meetings were open to all, with no targeted engagement evidenced or considered proportionate because no differential impact was identified.

52. How has evidence affected your proposal?

No material differential impact was identified, so the core proposal remains unchanged while retaining statutory minimum standards and non-discriminatory implementation.

53. **What are the likely impacts of the proposal?**

No material direct impact is anticipated, provided the proposal applies equally to workers whether married, in a civil partnership or neither and future terms avoid unjustified differential treatment.

54. **What steps will you take to enhance positive or reduce negative impacts?**

We will ensure negotiated terms, benefits and guidance are neutral and non-discriminatory and reassess any future provision that may affect marriage or civil partnership status differently.

C. Publication and Monitoring

1. **Is this EqIA ready for publication on the Welsh Government website?**

   Yes

2. **If you cannot publish the EqIA please explain why.** N/A

3. **Is this EqIA an update on a version previously published?**

   No

4. **How will you monitor and evaluate progress on the equality issues identified in this EqIA?**

   The Social Care Workforce Policy Team will coordinate proportionate monitoring and evaluation through regular policy and Fair Pay Agreement cycles, working with the SCNB Chair and secretariat, Social Care Wales, commissioners, employers, trade unions and relevant stakeholders.

Monitoring will inform regulations, remit letters and negotiations, with the EqIA reviewed before implementation of the first agreement, following implementation and through subsequent annual cycles or changes to scope.

Evidence will include Social Care Wales workforce data and surveys, SCNB evidence, stakeholder feedback and information on pay, recruitment, retention, progression, sickness absence, complaints and enforcement. Equality-disaggregated data will be used where available, lawful and proportionate.

Evaluation will assess whether inequalities are reducing and identify unintended impacts on groups highlighted in this EqIA, including workers, people receiving care, self-funders, direct-payment users, unpaid carers and rural or Welsh-speaking communities.

Findings will inform future remit letters, guidance, impact assessments and implementation, with mitigating action considered alongside the SCNB and stakeholders where unequal or adverse impacts emerge.

D. Authorisation

Declaration by the Deputy Director / Senior Responsible Officer (SRO):

I am satisfied that the impact of the proposal has been properly assessed and recorded in accordance with guidance, and that the requirement for publication has been duly considered.

Signature: 

Department: National Office for Care and Support, Social Services and Integration Directorate, Health, Care and Prevention Group

Date:17/11/2026