



“Promoting well-being and individualised services”

Reducing Restrictive & Blanket Interventions Policy

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Policy Owner	Andrew Shelton-Murray, Company Director
Policy Author	Marie Greenberry, Director of Operations
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This policy is subject to review at any time to reflect changes to national policy, learning from practice and any available best practice guidance.

CONTENTS

1.	Policy Statement/Introduction	3
2.	Principles	3
3.	Responsibilities/Duties	3
4.	Implementation	4
	4.1 The least restrictive environment	4
	4.2 Staff experienced in delivering the least restrictive forms of care & support	4
	4.3 Service Users involved in their care	5
	4.4 Blanket restrictions	5
	4.5 Blanket restrictions in place at Malsis Hall	6
	4.6 What should not form part of a blanket restriction	8
	4.7 Implementing a blanket restriction	8
	4.8 Mental Capacity Act: Least Restrictive Practice	9
5.	Monitoring	10
6.	Training	10
7.	References	10
8.	<u>Appendices and Resources</u>	10
	Appendix 1: Staff Guide to Blanket Restrictions in Malsis Hall services	11
	Appendix 2: Equality Impact Assessment Initial Screening Tool	12
	<u>Resources to Support this Policy</u> 1) Promoting Less Restrictive Practice: Reducing Restrictions Tool (2016) 2) Department of Health guidance: Positive and Proactive Care: reducing the need for physical interventions (2014). 3) Mental Health Act 1983: Code of Practice (2015). 4) Mental Capacity Act 2005: Code of Practice (2013). 5) “Out of Sight: Who Cares?” Report, Care Quality Commission (2020).	

1. POLICY STATEMENT/INTRODUCTION

- 1.1 Malsis Hall and the services it provides are committed to reducing restrictive practices, avoiding unnecessary blanket restrictions and applying the least restrictive practice to all aspects of Service User care and service delivery.

2. PRINCIPLES

- 2.1 This policy aims to support Malsis Hall's commitment to reducing restrictive practices within the care home service. This least restrictive approach will focus on the need to apply as few restrictions as possible to an individual's personal choice and to further ensure that whilst supporting the individual needs of the Service User, their personal rights and freedom are not unduly restricted.
- 2.2 Restrictive practices are any type of support or practice that limits the rights, freedom, or movement of a person within services. Restrictive interventions are ways staff may intervene to prevent harm and reduce risk i.e., physical intervention, supportive observations, restricting movement via locked doors or restricting access to items. Any restrictive intervention must be legally and ethically justified to prevent harm, and it must be the least restrictive option.
- 2.3 This Policy will guide and demonstrate a clear position to Malsis Hall staff to ensure that all staff provide compassionate, trauma informed, and recovery focused individual care to the people who use our services in the safest and least restrictive manner.

3. RESPONSIBILITIES/DUTIES

- 3.1 Registered Manager
The Registered Manager is accountable for ensuring an appropriate strategy is in place to support reduction in the use of restrictive practice and ensuring this is implemented and adhered to.
- 3.2 Deputy Managers
Deputy Managers are responsible for considering the framework outlined in this policy and ensuring that service provision, care and support practices and operational procedural arrangements are in place to deliver this approach
- 3.3 Nursing Staff
Each member of nursing staff is responsible for ensuring that policies and procedures are adhered to within their area of accountability.
- 3.4 All Employees
All employees are required to provide care and support in the least restrictive manner, be knowledgeable and committed to reducing the use of restrictive practices, which is evidenced in practice across the service.
- 3.5 Health, Safety and Governance Meetings
The Health, Safety and Governance meetings are responsible for ensuring the principles outlined in this policy are integral to decision making in relation to safe practice and safe environments and will ensure that practice within the organisation is consistent with the policy objectives.

4. IMPLEMENTATION

4.1 The Least Restrictive Environment

- 4.1.2 Least restrictive and recovery practices are integrated into all aspects of our services.
- 4.1.3 Malsis Hall's buildings and environments have been developed to be conducive to recovery, to promote safety, to be therapeutic and to enhance quality of life.
- 4.1.4 Environments are designed to be flexible to meet Service Users' needs, to avoid blanket restrictions and to maintain safety and wellbeing.
- 4.1.5 The Service will operate procedures and protocols that match the needs of the Service User group, to ensure therapeutic progress whilst minimising risks.

4.2 Experienced Staff Delivering the Least Restrictive Forms of Care and Support.

- 4.2.1 Service delivery will be consistent with the commitment to reducing restrictions and promoting recovery based and person-centred care and support.
- 4.2.2 Recruitment processes for the organisation hold values that include those that are compassionate within health and social care and follow safer recruitment principles.
- 4.2.3 Appropriate training for staff is provided in the use of restrictive practices and the principles of least restriction to ensure the workforce have the knowledge, skills and competencies to prevent and manage conflict in a safe and collaborative manner. The focus of the training will be on non-restrictive approaches, person-centred therapeutic interactions, recovery and social inclusion.
- 4.2.4 Our services will ensure they provide support and care that is based upon the needs of the people who use our services. All standardised policies, rules, practices, procedures and care plans that are restrictive to personal freedoms and choices require a rationale in place to justify their use.
- 4.2.5 Staff performance regarding outcomes relating to restraint, medication led restraint, supportive observations, restricting access via locked doors and restricting access to items are robustly monitored and will form the basis for learning and development across the services provided at Malsis Hall.

4.3 Service Users Involved in their Support and Care

- 4.3.1 A Service User would normally have access to all the activities and opportunities associated with where they live in the Service. However, for clinical and/or risk-based reasons, it may be appropriate for an individual Service User not to have access to one or more of those activities. This decision must be based upon a detailed risk assessment, with a clear rationale why it is not appropriate at the current time and must identify when restrictions will be reviewed.
- 4.3.2 People who use our services are involved in all aspects of their care and support and have individualised processes and care plans to support them at times of crisis which are collaborative, clearly documented and recorded for the Service User and staff team.

- 4.3.3 Individuals who may be subject to restrictive practices will be given clear information about the range of restrictive approaches approved and authorised within the service and the circumstances which govern their use. This will be clearly documented in their care plans, and information given on whom to complain to if there is concern about how these measures are implemented.
- 4.3.4 Any restrictive interventions that are used will only be used as a last resort where non-restrictive alternatives cannot be used or have failed.
- 4.3.5 All interventions should be appropriate, proportionate, necessary, the least restrictive option for the circumstance and used for the shortest possible time.
- 4.3.6 The use of restrictive interventions will be assessed and planned to meet the specific needs of the individual, taking account of their history, physical and psychosocial needs, and preferences in order to minimise distress, trauma or risk of harm.
- 4.3.7 The use of any restrictive practices which are considered degrading or abusive are not permitted under any circumstances.
- 4.3.8 Restrictive practices will not be used as a consequence to enforce rules, to punish or coerce, or as a substitute for a lack of resources.

4.4 Blanket Restrictions

- 4.4.1 Blanket restrictions are rules or policies that restrict a Service User's liberty and other rights, which are routinely applied without individual risk assessments to justify their application. The 2015 Mental Health Act Code of Practice allows for the use of blanket restrictions only in certain very specific circumstances.
- 4.4.2 Blanket restrictions should be avoided unless they can be justified as necessary and proportionate responses to risks that have been identified.
- 4.4.3 Where a Suite needs to operate a new blanket restriction, this should be done for the shortest reasonable time and be monitored and reviewed through the Service governance arrangements.
- 4.4.4 No form of blanket restriction should be implemented unless expressly authorised on the basis of this policy, implemented for the shortest period of time and subject to local accountability and governance arrangements.
- 4.4.5 Legal Parameters
Working within the parameters of the Mental Capacity Act, including the Deprivation of Liberty Safeguards (DoLS), and associated Codes of Practice, the Company aims to balance human rights with the safety of its Service Users. The Registered Manager and the Senior Management Team (SMT) have authorised the following blanket restrictions as being appropriate and proportionate to the safe provision of care and support within all Malsis Hall Services.

4.5 Blanket Restriction in Place at Malsis Hall

4.5.1 No smoking inside any buildings

Smoking is only permitted in outside areas which have allocated designated smoking shelters. This applies to both cigarettes and e-cigarettes for reasons outlined in our HS-11 Smoke Free Policy Statement. Outside smoking is normally only allowed between 7am to midnight. Smoking cessation is encouraged and promoted with all Service Users.

This restriction is to promote fire safety and to reduce the risk of fire and harm to others, including limiting access to matches and lighters.

4.5.2 No Alcohol in Malsis Hall Services

Alcohol is not allowed for the following therapeutic reasons:

- It can undermine a person's care and support.
- It can be a significant destabiliser for aggressive and violent behaviour and/or self-harm placing the Service User and others at risk of harm.
- It can interact negatively with prescribed medication and other drugs.
- It can be used to trade with or coerce other people.
- Once on site it's onward distribution cannot be controlled.

4.5.3 No Illicit Substances in Malsis Hall Services

Illicit substances are not allowed for the following therapeutic reasons:

- Possession and distribution can constitute a criminal offence.
- It can undermine the person's care and support.
- It can be a significant destabiliser for a person's mental health, negatively impacting on recovery.
- It can be disinhibitory for aggressive and violent behaviour and/or self-harm placing the Service User and others at potential harm.
- It can interact negatively and potentially dangerously with prescribed medication.
- It can be used to trade with or to coerce other people.
- Once on site its onward distribution cannot be controlled.

4.5.4 No New Psychoactive Substances (legal highs) in Malsis Hall

These are not allowed as:

- They have unpredictable effects on physical and mental health.
- They can be a significant destabiliser for a person's mental health, negatively impacting on recovery.
- They can be disinhibitory for aggressive and violent behaviour and/or self-harm placing the Service User and others at potential harm.
- They can interact negatively and potentially dangerously with prescribed medication.
- They can be used to trade with or coerce other people.
- Once on site its onward distribution cannot be controlled.

4.5.5 No Illegal Pornographic Material

This are not allowed as:

- They have unpredictable effects on physical and mental health.
- Pornographic material can be highly offensive to other Service Users. However, the Company respects the right for individuals to access mainstream pornography within a private area.

- When mentally unwell, behaviour can be disinhibited, and the use of sexually stimulating material may lead to sexualised acts that are offensive and may constitute an offence.
- Pornographic material may undermine specific treatment programmes i.e., for those with sexual or violent offending histories.
- Once on site its onward distribution cannot be controlled.

4.5.6 No Weapons, including knives and Fire arms

These are not allowed as:

- The Company has a duty to ensure the safety of staff and users of its services. No firearm, even if legally held, will be allowed on Company premises.
- Regarding knives, it is recognised that some individuals may wish to hold a knife for religious reasons. This will be discussed with the Service User and an individualised risk assessment agreed and updated on a regular basis. Even with a risk assessment it may not be appropriate for someone to hold a knife regardless of their religious beliefs as the risk presented may be too severe.

4.5.7 All Doors for Entry into Living Areas will be Locked

This is because:

- A safe and protective environment for Service Users, staff and visitors is of the utmost importance to the Company. To support this, access to Suites and apartments needs to be managed.
- All main access points to bed-based living areas will have a system so that access is managed by staff and on a person-centred basis.
- Some Service Users will have free access in and out of living areas based on their needs and where they live.
- A Service Users' article 8 rights should be protected by ensuring any restriction on their contact with family and friends can be justified as being proportionate and in the interests of the health and safety of the Service User or others.

4.5.8 Access to the Courtyards and Outdoor Spaces at Night

This is restricted because:

- In order to maintain a safe environment at night access to outside courtyard areas will be restricted.
- Staffing levels are lower at night to reflect reduced activity.
- A Suite will have the ability to open up outdoor courtyards at night on an individual or group basis depending upon the specific circumstances at the time, as long as they can be assured that staffing arrangements allow this to be done safely. For example, someone may need to smoke as they are anxious or agitated and having a smoke helps them relax.

4.5.9 Access to Suite Kitchens

This may be restricted because:

- The kitchen is a domestic food preparation area containing knives, electrical appliances and potential hot food/liquids which may place some Service Users at potential risk.
- If the kitchen area is locked in order to reduce these identified specific risks, access by other individual Service Users can be supported following the guidance contained in the individual's own kitchen risk assessment and care plan, for example that Service User could be given their own kitchen access key.
- All Suites will provide access to hot and cold beverages on a 24hr basis outside of the kitchen area.

4.5.10 Access to Suite Laundry Rooms

This is normally restricted because:

- The laundry room contains machines and washing chemicals which if used incorrectly may be harmful or pose risk to life.
- The laundry is therefore locked in order to reduce these identified specific risks. All Service Users have individual access to the laundry room supported by staff as part of their programme of care and support.

4.5.11 Access to Suite Assisted Bathrooms

This is normally restricted because:

- The assisted bathroom contains equipment which if used incorrectly may be harmful or pose risk to life. The bathing aids themselves also pose an identified ligature risk.
- The assisted bathroom is therefore locked in order to reduce these identified specific risks. All Service Users have individual access to the assisted bathroom supported by staff in addition to their own en suite shower rooms.

4.6 What should not form part of a Blanket Restriction

4.6.1 The expectation is that the following will not normally be subject to a blanket restriction:

- Access to (or banning) mobile phones (and chargers): Unless for very specific reasons which have been agreed by the management team. This may include nuisance calls to the emergency services, being used to threaten others or online access that negatively affects someone's mental health.
- Access to the internet: Unless this is being used for illegal reasons such as threatening others, for hacking purposes or its access negatively affects someone's mental health.
- Incoming and outgoing mail.
- Visiting hours.
- Access to money or the ability to make purchases.
- Taking part in preferred activities.

4.6.2 The Mental Health Act Code of Practice (2015) states that such restrictions 'have no basis in national guidance or best practice; they promote neither independence nor recovery' and they may also breach a Service User's human rights.

4.7 Implementing a Blanket Restriction

4.7.1 There may be occasions when it is necessary for the safe running of a Suite that a blanket restriction be implemented. Examples of times where there may be a blanket restriction in place for a specific unit area or unit can include the following:

- Access to certain Service User areas, due to environmental risks that cannot be individually risk managed.
- Access to certain snacks and foods due to a Service User having a severe food allergy.
- Access to takeaways limited to a certain frequency to support health and wellbeing and this being included in care plans.

4.7.2 The expectation is that the need for such a blanket approach to manage the situation be fully explored before implementation and include senior staff such as the Registered/Deputy Manager. If an alternative cannot be identified and the blanket restriction still deemed necessary, the following will be ensured:

- All affected Service Users must be made aware of why the decision was made. Any impact the restriction may have on the Service Users should be documented.

- The decision should be escalated to the Registered Manager and the relevant external health and social care partners.
- Malsis Hall keeps a register of blanket restrictions if any are in place in order that the extent of any blanket restrictions are transparent, and can be regularly reviewed as appropriate. The ones listed above in Section 4.5 need not be recorded separately.

4.8 Mental Capacity Act: Least Restrictive Practice

- 4.8.1 The Mental Capacity Act (MCA) 2005 provides protection to any individual who lacks mental capacity in order to safeguard their health and wellbeing. It does this by establishing that all support be the *least restrictive option*; that any restriction in place must be proportionate to the need of keeping the individual safe, necessary in terms of all other lesser options have been attempted multiple times and lawful. By this, it must be justifiable if needed to be defended in front of the Court of Protection.
- 4.8.2 Therefore, if an individual who falls under the MCA is becoming distressed and is at risk to themselves or others, before escalating to any form of medication or restraint practices, all methods of positive behavioural support should be trialed in a graded person-centred manner. This should include identifying trigger(s), seeking to remove or reduce any stressors, supporting positive engagements and emotional resilience, giving time and space in a safe manner, listening, changing the staff working with them, building a joint wellbeing plan to address distress, exercise, access outside to reconnect with nature, get fresh air, etc. A person's wellbeing and health should always be at the centre of all we do, so seeking to understand why a behavioural escalation is occurring and how to safely de-escalate in the least restrictive way possible is essential. To do otherwise is against the Mental Capacity Act and their Human Rights.
- 4.8.3 The MCA presumes that all persons 16 and over have the ability to make their own decisions and protects their right to make and act on their own free and informed decisions. It also provides important safeguards where people lack the capacity to make their own decision.
- 4.8.4 Staff should seek a person's consent if they are proposing to act in connection with the care or treatment of that person. This means that staff must explain any proposed procedure in an accessible and easily understandable way to enable a person to make their own decisions. They should support the person to ask questions and to weigh up information relevant to the decision to be made.
- 4.8.5 If the person is unable to make the decision, staff should carry out a formal assessment of the person's capacity in relation to the proposed specific intervention. If the person is found to lack capacity, then a decision about their care and treatment may need to be made on their behalf in their best interests.
- 4.8.6 For further information on the MCA, please refer to Policy MCA-01 Mental Capacity Act (2005), the MCA Code of Practice (published 2007) and the Deprivation of Liberty Safeguards (DoLS) Code of Practice (published 2008). The Mental Capacity Act (2005) legislation can be found at <https://www.legislation.gov.uk/ukpga/2005/9/contents>.

5. MONITORING

- 5.1 The adherence to this policy will be monitored through the Health, Safety and Governance Meetings within Malsis Hall, to ensure appropriate performance and quality outcome data is being recorded and analysed. This will ensure that key indicators will be delivered, and restrictive practices will be reduced, whilst indicators of Service User and staff experience will be improved. Discussions about restrictions will also be included in Service User Community Meetings so that their feedback is taken into account. As Malsis Hall is also affiliated with BILD ACT there is a Restriction Reduction Action Plan in place which reflects this policy and this is reviewed at least bi-annually.

6. TRAINING

- 6.1 The principles of 'No Force First' and 'Least Restrictive Practice' are included in mandatory induction training for all staff through the CPI Safety Intervention course.

7. REFERENCES

- 7.1 Department of Health guidance: Positive and Proactive Care: reducing the need for physical interventions (2014).
- 7.2 Mental Health Act 1983: Code of Practice (2015).
- 7.3 Mental Capacity Act 2005: Code of Practice (2013).
- 7.4 "Out of Sight – Who Cares?" Report: Care Quality Commission - October 2020.

8. APPENDICES AND RESOURCES

- 1.1 Appendix 1: Staff Guide to Blanket Restrictions in Malsis Hall Services, Page 11.
- 1.2 Appendix 2: Equality Impact Assessment Initial Screening Tool, Page 12.
- 1.3 Promoting Less Restrictive Practice: Reducing Restrictions Tool (2016)
<https://www.local.gov.uk/publications/promoting-less-restrictive-practice-reducing-restrictions-tool-practitioners>
- 1.4 Department of Health Guidance: Positive and Proactive Care: Reducing the need for physical interventions (2014).
https://assets.publishing.service.gov.uk/media/5a7ee560e5274a2e8ab48e2a/JRA_DoH_Guidance_on_RP_web_accessible.pdf
- 1.5 Mental Health Act 1983: Code of Practice (2015).
<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>
- 1.6 Mental Capacity Act 2005: Code of Practice (2013).
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- 1.7 "Out of Sight: Who Cares?" Report: Care Quality Commission, (2020).
https://www.cqc.org.uk/sites/default/files/20201218_rsreview_report.pdf



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Appendix 1

Blanket Restrictions at Malsis Hall

This briefing is to remind you about your role in relation to the application of **Blanket Restrictions**.

The Mental Health Act Code of Practice defines blanket restrictions as ‘rules or policies that restrict a Service User’s liberty and other rights, which are routinely applied to all Service User’s, or to classes of Service User’s, or within a service, without individual risk assessments to justify their application’. The Code’s default position is that ‘blanket restrictions should be avoided unless they can be justified as **necessary** and **proportionate** responses to risks identified for particular individual’s’.

Where blanket restrictions are identified as necessary and proportionate there should be a system in place which ensures these are reviewed within a regular time frame, with an overall aim at the reduction of restrictive practices.

Common blanket restrictions across Malsis Hall Services:

- No smoking inside buildings and no holding of matches/lighters unless included in someone’s care plan.
- No alcohol, illicit drugs or legal highs on site.
- Courtyard doors normally being locked through the night.
- Access into living areas/Suites is via a locked door.
- No weapons, firearms or knives.
- No illegal pornography.
- Some controlled access to certain rooms e.g. kitchens, bathrooms and laundries.

Can you describe any other blanket restrictions that may be in place on your Suite and why?

If you do have blanket restrictions in place, do you know where and how often they are reviewed to ensure they are still appropriate? If not, please ask your manager to explain this to you.

EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name	Reducing Restrictive Interventions and Blanket Restrictions Policy	Number / Version	CL-35
Date of Original Issue	07/02/24	Review Date	March 2025
Assessor	Andrew Shelton-Murray – Company Director		
Describe the main aim, objectives and intended outcomes of the above document			
The purpose of this policy is to set out the process for minimising restrictive practice across Malsis Hall services			

You must assess each of the 9 areas separately and consider how your policy may affect people's human rights.

1. Assessment of possible adverse impact against any minority group				
How could the policy have a significant negative impact on equality in relation to each area?	Response	If yes, please state why and the evidence used in your assessment		
1. Age?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2. Gender (Male / Female)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Disability (Learning Difficulties/Physical or Sensory Disability)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4. Race or Ethnicity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Religion and Belief?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6. Sexual Orientation (gay, lesbian or heterosexual)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Pregnancy and Maternity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. Gender Reassignment (The process of transitioning from one gender to another)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Marriage and Civil Partnership?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

You need to ask yourself:

- Will the policy create any problems or barriers to any community or group? **No**
- Will any group be excluded because of the policy? **No**
- Will the policy have a negative impact on community relations? **No**

If the answer to any of these questions is yes, you must complete a full Equality Impact Assessment

2. Positive Impact				
Could the policy have a significant positive impact on equality by reducing inequalities that already exist? Explain how it will meet our duties?	Response		If yes, please state why and the evidence used in your assessment	
	Yes	No		
1. Promote equal opportunities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Get rid of discrimination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. Get rid of harassment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some restrictions are to stop individuals coercing or threatening others.	
4. Promote good community relations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Promote positive attitudes towards disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Encourage participation by disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. Consider more favourable treatment of disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8. Promote and protect human rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The whole policy is to promote and protect human rights whilst balancing this with potential harm and risk.	

3. Summary - On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality

Positive	Please rate, by circling, the level of impact				Negative	
High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input checked="" type="checkbox"/>	Nil <input type="checkbox"/>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Date Assessment Completed	04/03/25	Is a Full Equality Impact Assessment Required?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	