

EQUALITY IMPACT ASSESSMENT (EIA)

POLICY/PROPOSAL:	Authority to Invite Tenders for Homecare Services for Adult Social Care and Children and Young People with Disabilities
DEPARTMENT:	Adult Social Care and Children and Young People
TEAM:	Strategic Commissioning and Market Management
LEAD OFFICER:	Mercy Lett-Charnock
DATE:	4/8/26

EIA Guidance is available online, please reach out to equality@brent.gov.uk for any further support.

SECTION A – SCREENING

1. Briefly and clearly describe the policy, proposal, change, or initiative, and what it is trying to achieve.

The proposal is to reprocure homecare services for the borough. This will affect both children and adult residents.

This service remains a priority as part of the Council's approach to prevention, supporting people to stay living within their own homes and reducing the reliance on care home provision. Whilst the current model is working well, providing a choice for customers, and services meeting required quality standards, demand is increasing and a new contract and arrangements will support the council to manage these pressures.

Specifically, the plan is to create a Lead Provider contract, where providers operate in neighbourhoods and to support this with a framework contract of 10 additional providers to support the Lead Providers and ensure availability of support. There will be a separate contract for providers who support Children and Young People to ensure relevant skills and appropriate approaches are applied.

The contracts will introduce new requirements around telecare (virtual and remote support) and new neighbourhood patches, which will help to manage demand and provide additional capacity and choice for customers, as well as complementing the work of Health partners.

The Council is adopting a neighbourhoods model which is about shifting power closer to communities, redesigning services to focus on what people need and partners working more closely together, in new and more innovative ways, to better support and empower residents. This means developing new ways of working that put neighbourhoods and communities at the heart of decision making, facilitating a shift towards working with communities rather than delivering services to communities. Placing provider organisations into this arena will help to facilitate this shift, improving communication and new ways of working.

The proposal will not remove services, and it will change the way services are delivered, placing greater emphasis on a personalised outcomes-based approach and neighbourhood provision.

It is expected to deliver improved quality of service provision, improved service user experience and provide a better working relationships with providers who in turn will develop relationships with key partners and services in their neighbourhood.

As a result, the council and providers will be better able to meet both needs and the expressed preferences of service users.

Features of the new contracts also include:

- London Living Wage will be paid
- The use of zero hours contracts will be monitored
- Hourly rates will be set
- Each Lead Provider will have a Trusted Assessor to help timely review of packages
- Use of Electronic Call Monitoring Systems
- Providers must maintain a Care Quality Commission(CQC) rating of Good as a minimum

2. Are there any groups who may be impacted by your proposal? For reference, Q4 lists all protected groups.

Those affected by the proposal are:

- Residents receiving, or likely to receive home care services
- Family carers
- Providers of home care services and their staff

It should be noted that the nature of impact of the proposed changes is expected to be positive.

The majority of customers will have support needs due to age, frailty, health condition (including mental health) or other disability. The very nature of homecare services means that they are targeted at, and are disproportionately accessed by, vulnerable adults and children who are also more likely to experience multiple disadvantages due to their age and disabilities / health conditions.

Additional disadvantages may also be experienced due to socio-economic inequalities such as fuel poverty, social isolation and economic deprivation.

3. If no groups are affected, explain why.

N/A

4. Mark with an "X" the potential impact of the policy or proposal on different groups. You can mark more than one box for each group.

Characteristic	IMPACT		
	Positive	Neutral/None	Negative
Age - People of different age groups.	x		
Care Experience - People who have been in care for any period of their childhood.		x	

Disability - People with physical, sensory, learning, and mental health disabilities, long-term conditions, and non-visible disabilities.	x		
Gender reassignment - Transgender and non-binary people, including anyone who is proposing to, started, or who has completed a process to change their gender.		x	
Marriage and Civil Partnership - Applies mainly in the workplace, people who are married or in a civil partnership.		x	
Pregnancy and Maternity - People who are pregnant, on maternity leave, or new parents.		x	
Race and Ethnicity - People of different ethnicity, nationality, and skin colour.	x		
Religion or belief - People of all faiths, and those with no religious belief.	x		
Sex - Differences between men and women, including disparities in pay, career progression, and health outcomes.	x		
Sexual Orientation - People who identify as lesbian, gay, bisexual, queer, asexual, or any other non-heterosexual identity.		x	
Socio-Economic Status – People who are experiencing poverty or socio-economic disadvantage.		x	
Carers	x		

* Other relevant groups could include Carers, Refugees or Asylum Seekers, Veterans, among others. Review the EIA Guidance for more information.

5. Complete **each row** of the checklist with an “X”.

SCREENING CHECKLIST

	YES	NO
Does the policy or proposal have implications for eliminating discrimination, advancing equality of opportunity, or fostering good relations among different groups?	x	
Does it relate to an area with known inequalities?	x	
Would it add, change, or remove services used by any groups listed in Q4?	x	
Does it have negative or positive equality impacts on any groups listed in Q4?	x	
If you have answered YES to ANY of the above, proceed to section B. If you have answered NO to ALL the above, proceed straight to section C.		

SECTION B – IMPACTS ANALYSIS

6. What data and evidence have you used to understand potential impacts? This could include service user data where relevant. If there is little or no evidence, explain why, and note any plans to improve data collection in future, adding this to the Action Plan in Section E.

Customer data is held on Mosaic and this data has been used to inform the EIA along with the Brent JSNA data and ONS data.

In addition to customer data, consistent themes from engagement activity have been used to develop the service model and specification. These include:

- Having the same carer
- Carers turning up on time
- Being able to contact the agency
- Having a carer of a specific gender and or a carer who understands service user religious or cultural needs
- Better communication between the council and the provider and between the provider and the service user
- The provider having a better knowledge of the area they work in – this will help reduce travel time and enable to provider to work closely with local partners such as GPs
- Better workforce planning, certainty around hours for care workers, improving recruitment and retention
- Better training for carers employed by providers

7. For each characteristic:
- a. Provide detail for the impact listed in the response to Q4 in the left-hand box.
 - b. Provide data and evidence to explain how you reached your conclusion in the right-hand box.
- Relevant data sources for Brent and its residents can be found in the EIA Guidance document.

Age	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
Older people are disproportionately impacted by the proposal as the majority of customers are over 60. However, the impact of the new contracts, with a neighbourhood model, should be positive for all customers.	Of the current homecare customers, 309 are under 60, with the remaining 1368 who are 60 and over. Of those 990 people are 75 and 559 people are 85 and over. There will be approximately 240 children impacted by the proposal.

Care Experience	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.

n/a	
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Disability	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
People with disabilities are disproportionately impacted by the proposal as the majority of customers have a disability. However, the impact of the new contracts, with a neighbourhood model, should be positive for all customers. The service is specifically designed to support people with these needs, to ensure they can remain independent for as long as possible within their homes and communities.	1377 people are listed as requiring “physical support”, the is the largest group and a significant majority. 175 are receiving mental health support and 80 people have a learning disability.

Gender Reassignment	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
n/a	

Marriage and Civil Partnership	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
n/a	

Pregnancy and Maternity

Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
n/a	

Race and Ethnicity															
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.														
The largest group of homecare customers are those who are Black or Black British making up 30.3% of the customer group, followed by Asian or Asian British people who make up 29.6% of the current customer group and White customers who make up 27.4%. The percentage of Black or British people affected is higher than in the general Brent population, whereas the percentage of Asian and White people affected by this proposal is lower than in the Brent population as a whole. However, the impact of the new contracts, with a neighbourhood model, should be positive for all customers.	Current customers: <table> <tr> <td>Asian or Asian British</td><td>496</td></tr> <tr> <td>Black or Black British</td><td>508</td></tr> <tr> <td>Mixed / Multiple</td><td>24</td></tr> <tr> <td>Not Stated / Undeclared</td><td>43</td></tr> <tr> <td>Other Ethnic Groups</td><td>70</td></tr> <tr> <td>Unknown</td><td>76</td></tr> <tr> <td>White</td><td>460</td></tr> </table> At the time of the last Census (2021), 33.4% of the usual adult resident population identified as Asian or Asian British, 16.7% Black, Black British, Caribbean or African, 3.9% Mixed or Multiple ethnic groups, 36.8% as White, and 9.2% as Other ethnic groups.	Asian or Asian British	496	Black or Black British	508	Mixed / Multiple	24	Not Stated / Undeclared	43	Other Ethnic Groups	70	Unknown	76	White	460
Asian or Asian British	496														
Black or Black British	508														
Mixed / Multiple	24														
Not Stated / Undeclared	43														
Other Ethnic Groups	70														
Unknown	76														
White	460														

Religion or Belief																			
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.																		
From the data we have, the largest single group affected would be people who are Christian. However, there is no significant numbers of any single religion from the data held. We are therefore unable to identify if there is a disproportionate impact on any group. However, the impact of the new contracts, with a neighbourhood model, should be positive for all customers.	Not all people state their religion but from the data we have we know the following from the current customers: <table> <tr> <td>Anglican</td><td>2</td></tr> <tr> <td>Baptist</td><td>4</td></tr> <tr> <td>Catholic</td><td>75</td></tr> <tr> <td>Christian</td><td>92</td></tr> <tr> <td>Church of England</td><td>25</td></tr> <tr> <td>Greek Orthodox</td><td>2</td></tr> <tr> <td>Hindu</td><td>71</td></tr> <tr> <td>Jainist</td><td>2</td></tr> <tr> <td>Jehovah Witness</td><td>5</td></tr> </table>	Anglican	2	Baptist	4	Catholic	75	Christian	92	Church of England	25	Greek Orthodox	2	Hindu	71	Jainist	2	Jehovah Witness	5
Anglican	2																		
Baptist	4																		
Catholic	75																		
Christian	92																		
Church of England	25																		
Greek Orthodox	2																		
Hindu	71																		
Jainist	2																		
Jehovah Witness	5																		

Also, the service specification will ensure that the council and its contracted providers provide culturally and religiously sensitive services, wherever possible. For instance, the service specification requires providers to take a person-centred approach to care and support planning. This will include the ability to specify the gender of those who support them and religious practices that may be taken into account when providing care.	Jewish 7 Methodist 7 Muslim 83 No religion 15 Not known 133 Other 2 Pentecostal 3 Rastafarian 1 Seventh Day Adventist 5 Sikh 2
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Sex	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
Women are disproportionately impacted by this proposal with 1002 customers being women at the time of reporting compared to 669 men. However, the impact of the new contracts, with a neighbourhood model, should be positive for all customers.	Within the general population in Brent the split between males and females is much closer with men making up 49% of the population and women 51% (ONS 2024).

Sexual Orientation	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
n/a	

Socio-Economic Status	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.

n/a	
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Other Relevant Groups	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
<u>Carers</u> Family carers may also be impacted by the proposals. We have considered the needs of carers because it is acknowledged that informal (unpaid) carers are frequently disadvantaged because their vital, often round-the-clock responsibilities take a severe toll on their personal finances, career progression, and physical and mental health. Carers provide a vital role in the lives and care of individuals that Adult Social Care supports. Reliable care that they can trust is critical in enabling them to feel confident in the arrangements for the person they care for and potentially free them up to undertake work or other activities. Carers will be affected by the proposal but the impact of the new contracts, with a neighbourhood model, should be positive for all customers, supporting consistency of care.	Approximately 7% of Brent's residents provide some form of unpaid care, with nearly 23,000 residents providing one hour of care or more on a weekly basis, many of whom will not be known to services.

8. Summarise any engagement activities with relevant groups (this may replicate some of the information listed in Q7). State whether those involved represent the people affected by your proposal, or whether more engagement is needed, which should be added to the Action Plan in Section E.

The ASC co-production team are supporting in engaging customers to inform the service specification so that service user voice is reflected.

9. Provide more detail on any areas identified as requiring further data or detailed analysis.

Not applicable

SECTION C – CONCLUSIONS

10. Summarise your overall conclusions based on the analysis:

- If there are no impacts, state that here, and **do not complete sections E or G.**
- If you decide not to move forward, explain why, and **do not complete sections E or G.**
- If there are negative impacts, explain what you'll do to reduce them. If you choose to continue despite negative impacts, or if negative impacts remain following your action plan, provide a justification for your decision.
- If there are positive impacts, explain how these could be strengthened, where possible.

The proposal will be taken forward because the Council is required to procure services openly through the market. This will enable to Council check the quality of suppliers coming forward to ensure that safe, good quality care can be provided for those who need it.

SECTION D - RESULT

Select one of the following options with an "X".		
A	CONTINUE WITH THE POLICY/PROPOSAL UNCHANGED	X
B	JUSTIFY AND CONTINUE THE POLICY/PROPOSAL	
C	CHANGE/ADJUST THE POLICY/PROPOSAL	
D	STOP OR ABANDON THE POLICY/PROPOSAL	

SECTION E - ACTION PLAN AND MONITORING

Unless your proposal has no equality impacts or you are not moving forward, complete the table below to track specific actions to:

- Reduce negative impacts and increase positive outcomes.
- Monitor actual or ongoing impacts.
- Record plans to improve data collection.
- Plan any further engagement or analysis that may be required.

Use the 'Status' column on the right to indicate whether the action is yet to start, is in progress, or has been completed.

Issue Identified	Action	Lead Officer	Completion Date	Status
There are no negative impacts identified.	The team will review the impacts once the contracts are up and running (if approval is given by cabinet to procure the services)	Edwin Mensah		

11. Describe how you will monitor the actual, ongoing impact of the policy or proposal?

Quality audits of all providers will be undertaken, and equalities issues are included within that. Any concerns, complaints and safeguarding's are also investigated.

SECTION F – SIGN OFF

	Signature	Date
Officer:	Mercy Lett-Charnock	4/8/26
Reviewing Officer or Head of Service	Edwin Mensah 	05.08.26

SECTION G – REVIEW

EIAs are live documents and should be reviewed regularly, especially if there are actions still to be completed or if the proposal has significant equality impacts.

When to review

- Review every 6 months until all actions in the Action Plan above are complete.
- If new data, feedback, or changes to the service arise, revisit the EIA to make sure it's still accurate.

Who should review

- The same officer who completed the EIA should carry out the review. If there's been a staffing change, the new lead officer should take over.

What to update

- Use the Status column in the Action Plan above to show progress (e.g. Not Started, In Progress, Completed). Add comments and updates in the table below — include any new data, evidence, or feedback.

When reviews can stop

- Once all actions are complete and no further equality impacts are expected, you can stop reviewing the EIA.
- Add rows to the table below as necessary until all actions are completed.

<u>Date of 1st Review:</u>	
Officer:	
Comment on progress toward specific actions, and provide any data and evidence updates:	
Reviewing Officer or Head of Service:	
<u>Date of 2nd Review:</u>	
Officer:	
Comment on progress toward specific actions, and provide any data and evidence updates:	
Reviewing Officer or Head of Service:	
<u>Date of 3rd Review:</u>	
Officer:	
Comment on progress toward specific actions, and provide any data and evidence updates:	
Reviewing Officer or Head of Service:	