Bath & North East Somerset Council

Improving People's Lives

Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
Title of service or policy	Homecare Framework Recommission
Name of directorate and service	Adult Social Care – Strategic Commissioning Hub
Name and role of officers completing the EqIA	Tom Jarvis, Commissioning and Projects Manager, Age Well
Date of assessment	12/09/2025

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on people and different groups within our community. The main aim is to identify any adverse impacts (i.e. discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted). Equality impact Assessments (EqIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EqIA) or Equality Analysis. **Not all sections will be relevant – so mark N/A any that are not applicable**. It is intended that this is used as a working document throughout the process, and a final version will be published on the Council's website following relevant service lead approval.

1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
1.1 Briefly describe purpose of the service/policy e.g. • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes	This framework facilitates the delivery of council funded care to those over 65 with eligible social care needs (identified in a Care Act Assessment) in their own home to help them to maintain living as independently as possible. This usually takes the shape of 1-4 visits per day, anywhere from once per week up to daily. More significant needs may be met through live-in care (a carer "living" in a person's home supporting them through the "waking hours") and waking night care (9 hours of care throughout the "sleeping hours"). All homecare is currently commissioned via the Independence at Home Framework. This is due to end in February 2027, with the aim to commission a new framework.
1.2 Provide brief details of the scope of the policy or service being reviewed, for example: • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there?	This is a re-commissioning of an existing service that meets a statutory duty for the Council. Approximately 18 months will be taken to re-commission the framework, providing time to review and amend according to lessons learned from the existing framework and consultation with stakeholders.

1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	There will be no conflict with any other policies within the Council. The Framework will be informed by national frameworks, such as • Care Act 2014 • Better Care Fund (BCF) • Social Care Reform Agenda (2025) • Nice Guidelines for Adult Social Care. • Procurement Act 2023 & Light Touch Regime. And will align with other Council and BSW ICB strategies, including: • B&NES Joint Health and Wellbeing Strategy • B&NES Adult Social Care Strategy • B&NES Ageing Well Market Position Statement 2024–2027 • BSW Mental Health Strategy • BSW Dementia Delivery Plan • B&NES Digital Strategy (in development) • B&NES Frailty Strategy (in development) • B&NES Dementia Strategy (in development)

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?	Commissioners designing the framework have undertaken B&NES Equality, Diversity and Inclusion training Providers of home care are required by the Care Quality Commission to ensure their staff complete relevant equality and diversity training. It will be an expectation in the T&Cs of the new framework that providers undertake comprehensive dementia and end of life training to ensure service users with more bespoke needs can be cared for equally. Equality and diversity training, that covers all relevant demographics and protected groups and characteristics will be required too. Equality and diversity will be one of the domains against which providers on the framework are assessed in their yearly contract review.

2.2 What is the equality profile of service users?	Strategic Evidence Base can be found at https://www.bathnes.gov.uk/sites/default/files/Strategic%20Evidence%20Base%20-%20Main%20Document%2024%20July%202024_1.pdf. The below statistics have all come from the 2021 census unless stated otherwise. <u>Population</u> • B&NES population was 195,618. This is estimated to be around 200,000 now. The B&NES population is heavily influenced by student populations. • 85.6% of residents in B&NES defined their ethnicity as White British in the 2021 census. If this figure is still true in 2025, that would suggest there are 28,800 individuals from an ethnic minority. • Nationwide, 93.6% of those over 65 identified as White British. This is down in 2011, suggesting that the age group is becoming more diverse. <u>Living Situation</u> • Nationwide, 3.3 million people aged 65+ were living alone. 36.3% of older women and 22.7% of older men live alone. • According to one source's analysis of the 2021 census, 11,197 B&NES residents aged over 65 live alone – around 30.6% of the age group. <u>Faith</u> • 42.2% of residents of residents identified as Christian • The next two most subscribed faiths were Islam (1909, 0.98%) and Buddhism (0.51%). • Approximately 82.5% of those over 65 declared that they subscribed to a faith, although the number of irreligious people over 65 has doubled since 2011. <u>Disability and Caring Role</u> • 6.1% of residents identified as significantly limited by disability, while 10.4% identified as slightly limited by disability. 83.6% identified as not disabled. (Rounding means figures do not add exactly to 100%) • 8.1% of residents reported providing some level of unpaid care. 4.6% were delivering a level of care that is equal to, or greater than, the average social care package commissioned by the Council. <u>Gender and Sexual Identity</u>

	• 3.9% of residents identified with a non-heterosexual sexual orientation. 7.7% of residents did not answer this question on the census. • 0.47% of residents identified with a gender other than the gender with which they were registered at birth. 5.8% of residents did not answer this question on the census. • Nationwide, 0.3% of legal partnerships for those aged over 65 were between same-sex couples. <u>Age</u> • The 65+ population is estimated to be around 40,000 in 2025. This is expected to rise to around 42,000 in 2028. • While B&NES ranks very low for overall deprivation (224th out of 317 according to the Indices of Deprivation Report of 2019), there are 36 LSOAs (small areas used for data capture and reporting by the ONS, comprising between 1000 and 3000 residents) out of 115 in B&NES that score 5 or lower for Income Deprivation Affecting Older People (60+). Data can be found here: https://www.bathnes.gov.uk/strategic-evidence/document-library/inequalities <u>Geography</u> • The 2019 Indices of Deprivation Report measures relative deprivation as a result of geographical barriers. This domain measures the physical accessibility of essential local services such as post offices, shops/supermarkets, and GP surgeries. • The report states that 12 of 115 LSOAs are within the top 10% of most deprived in the country due to geographical barriers, and 24 are within the top 20%. • More than half of B&NES LSOAs (63 out of 115) rank above average for deprivation due to geographical barriers. However, B&NES overall average deprivation due to geographical barriers is below the average across the country, ranking 173rd out of 317. • This suggests that while some LSOAs in B&NES are severely affected by geographical barriers, there are several areas where the severity is much lower, bringing the average deprivation down.
2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	Commissioners seek customer feedback during quality assurance activity under the existing framework. Providers are expected to undertake customer surveys yearly (at a minimum), with mechanisms in place to record the outcome, lessons learned, and changes in practice because of feedback received.

2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	Initial engagement has been with providers during planned quality assurance and contract monitoring activity.
2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?	As part of the homecare framework re-commission, engagement and consultation will be with: • Individuals receiving homecare services arranged by B&NES Council. This could be extended to friends, family, and others involved in their support network. • Care providers • B&NES internal colleagues such as Finance, Legal, and Procurement • Practitioners and other care professionals such as social workers, reablement workers, and health colleagues • Third sector colleagues and the Community Wellbeing Hub partnership • Neighbouring authorities, to identify best practice, local benchmarking, and innovative working that might be emulated in B&NES. Any actions identified because of undertaking this EQIA will be built into the planned engagement, which will be provided in multiple formats so as to be accessible to as many as possible. Any engagement held online will utilise accessibility functions such as captions, screen-reading, and high-contrast. Phone-in options will be available for those without internet, and guidance can be provided on how to use virtual forums such as Zoom and Microsoft Teams for those who might need additional support. Any engagement held in-person will utilise venues that are wheelchair-accessible, with hearing loop availability. Signage can be utilised to direct people to the venue, using large and high-contrast text where necessary. This can also be used for any printed materials. Any paper-based engagement such as surveys and questionnaires will be provided in accessible formats (as above), using plain English and avoiding specialised terminology and jargon.

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equality groups

Key questions	**Examples of what the service has done to promote equality**	**Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this**
3.1 Issues relating to all groups and protected characteristics	• Embed person-centred care planning as a core practice within the framework specification. • Embed mandatory training on inclusivity and dignity/respect. • Include equality standards within KPIs	
3.2 Sex – identify the impact/potential impact of the policy on women and men.	Equality statements around sex in Independence at Home framework contract are designed to ensure that services are delivered fairly, respectfully, and without discrimination. These statements are typically embedded in both the contractual obligations of providers and the policy frameworks that guide care delivery.	• Legal Foundations Framework contracts must comply with: Equality Act 2010 Human Rights Act 1998 Care Act 2014 • Equality Statements in Practice Care homes often include statements in their policies such as: "We are committed to eliminating discrimination and promoting equality of opportunity regardless of sex, gender identity, or sexual orientation."

		"All residents will be treated with dignity and respect, and their sex and gender specific needs will be considered in care planning." • Staff and Employment Recruitment: Fair and inclusive hiring practices, avoiding sex and gender bias. Training: Regular equality and diversity training, including gender sensitivity. Support: Mechanisms for reporting and addressing sex-based discrimination or harassment. This should also include recognising the symptoms of sex-specific health issues and how to escalate these appropriately. • Personalised care plans: Must reflect gender preferences, including same-sex carers if requested. • Privacy and dignity: Sex and gender-specific needs (e.g., bathing, dressing) are respected. Negative impacts could include: - Distress and embarrassment if care is delivered by an individual of the opposite sex despite requests against this eventuality. - There may also be psychological distress due to reduced engagement, if individuals are not able to engage with others of the same sex as them. This can be especially harmful if the carers are the only source of social

		interaction, or for those who have recently lost a partner or other major source of interaction. - Unmet health needs that are specific to the sex, such as those relating to menopause for women, or the prostate for men. - Assumption of traditional gender roles when preparing care plans.
3.3 Pregnancy and maternity **Please note:** While generally not applicable to this service area, due to the fact that most of our service users will be over the age of 65, there are occasionally service users who are under the age of 65 but whose care requirements are more appropriate for the Older People's Framework – for example, they do not have any mental health conditions or learning disabilities. These younger adults have a much higher likelihood of pregnancy.	Little action has been taken to specifically support those who are pregnant, due to the cohort of individuals who are supported, most of whom exceed child-bearing age.	Despite the low likelihood of pregnancy, the following issues could arise: - Increased risk of falls or injury due to reduced mobility and fatigue, as well as reduced ability to maintain good hygiene, nutritional intake, and a safe living environment. - Lack of reasonable amendments made to care packages as a result of providers not recognising pregnancy as a factor requiring adjustment. - Reduced access to maternity care if transport needs are not considered. - Greater vulnerability and potential distress or discomfort around personal care. Actions that can be taken in future include: - Adjustments to homecare tasks that could cause strain – anything physically exerting. Visits could be

		extended if reduced mobility means tasks take longer. - Increased care package to meet additional needs such as domestic support, transport support, and flexible scheduling of care visits to accommodate medical appointments - Gender-specific carers if requested to support particularly with personal care. - Referral to Community Wellbeing hub to see if additional support options are available.
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	The framework requires mandatory training as part of its quality assessment. Care plans should detail the assigned gender, preferred names and pronouns.	• Misgendering or lacking respect for identity. • Assumption of mental stability • Consideration needs to be given to the services and support that individuals receive. • Homecare providers will provide: Support for transgender and non-binary residents, including use of preferred names and pronouns. • Access to health services based on their individual needs including • facilitate access to appropriate care and offer continuity of care. • Become knowledgeable about the possible health care needs of transgender and non-binary people in general.

		• exhibit respect for people with non-conforming gender identities • seek people's informed consent before providing treatment and involve them in decision-making.
3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)	Providers who are supporting individuals with mental health related support needs or learning disabilities are required to have the requisite registration with CQC and training in order to effectively support them. Reasonable adjustments can be made to visit length to account for additional mobility requirements.	• Inaccessible environments or communication. • Poor coordination with health services. • Discrimination in care planning. Assumption of physical/mental capacity. The Independence at Home framework will be an overarching agreement that set standards and expectations for care providers. Their impact includes: • Consistency in care quality: Only providers meeting specific criteria can join the framework. • Access to services. • Monitoring and accountability: Providers are subject to contractual monitoring, which can help safeguard the rights of disabled residents.
3.6 Age – identify the impact/potential impact of the policy on different age groups	Providers are required to ensure that all communication and correspondence is available in accessible formats. This can include communication via face-to-face or via a landline phone if online options	• Assumptions of mental capacity and competency with digital tools. • Ageist care planning – assumption of frailty, impairment, rigid routines, etc.

	are not available, or large print options for those with poor eyesight.	Anti-ageism training and guidance can be implemented for staff.
3.7 Race – identify the impact/potential impact on across different ethnic groups	This applies both to service users and to staff. Expectations are made to service users to ensure they know to treat staff with respect and dignity. Providers can request for care arrangements to change without penalty if staff are experiencing irreconcilable prejudice. Equality and Diversity training is required for all carers.	• Cultural insensitivity. • Underrepresentation in workforce. Current Impact on Ethnic Minority Older Adults has found concerns with access and equity barriers to access including language, cultural misunderstandings, and lack of culturally appropriate services. • Ensure resources for translation or interpretation are available • Ensure a diverse workforce is recruited across the framework.
3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people	Mandatory training on LGBTQ+ awareness. Partner recognition in care planning where consent is gained.	• Fear of discrimination or invisibility. • Assumptions about relationships or identity. Services and support should be sensitive to an individual's sexual orientation. The Care Quality Commission guidance encourages care providers to support individuals' rights to intimacy and sexual expression, regardless of gender or sexual orientation. This includes: • Creating safe spaces for LGBT+ residents.

3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	Relationships recorded in care plans where consented. Legal relationship status recorded accurately. Flexibility and person-centred planning are expected, to consider and support relationship dynamics.	• Informal carers being overlooked. • Relationship dynamics being ignored. Ensure carer assessments are available for those who would like it.
3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	Reasonable adjustments are made to care arrangements where required, such as providing same-sex carers, or ensuring care visit times are tailored according to times of prayer, fasting, or meditation, etc. End of life practices are tailored according to the wishes of the individual and their next of kind. Support is provided to help individuals access local faith groups.	• Religious needs not respected or adhered to. • Scheduling conflicts with religious observances. Framework contract providers have • Person-Centred Care Planning Contracts can require providers to assess and document religious and spiritual needs. This includes dietary requirements, gender-specific care preferences, and observance of religious festivals. • Culturally Appropriate Care Standards The Care Quality Commission expects services to be responsive to religious and cultural needs. • Inclusive Environments Contracts can support the creation of multi-faith spaces, access to chaplains or faith leaders, and celebration of diverse traditions.

3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances **(this is not a legal requirement but is a local priority).**	Individuals can be signposted to advice, grants and benefits that might be available through the Citizens Advice Bureau, Care Finance Team and other sources. Correspondence and communication are available in various formats including non-digital options so as to avoid digital exclusion.	B&NES includes areas of deprivation, which may impact experiences of health and social care. Life expectancy in Twerton and Southdown wards is lower than England. Individuals living in areas of deprivation may also find it harder to access services and may experience intersectionality, where various social identities intersect to create overlapping and unique experiences of discrimination and privilege.
3.12 Rural communities* identify the impact / potential impact on people living in rural communities	Providers have been encouraged to extend their area of provision to include the more rural areas. The option for exchanging care arrangements between providers to make care delivery more efficient has been extended to providers. Providers that operate in the more rural areas are actively encouraged to join the framework to increase provision in these areas.	Lower relative capacity for care creates less choice around care provider. Continued work to improve care capacity and availability being undertaken to increase availability and therefore choice. Review of community transport options in B&NES underway, with the intention of increasing our voluntary transport provision, reducing rural poverty isolation. • Consider incentives for providers to provide care in rural areas. • Ensure any digital tools or Technology Enabled Care are supplemented with offline options.
3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the	Veteran status is included in care plans, and reasonable adjustments to care are considered. For example, organising care	Unique health needs may not be recognised. There may be a reluctance to seek help.

bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education, and healthcare (to remove disadvantage and consider special provision).	visits for specific times to build a sense of routine and consistency for veterans suffering from PTSD.	Trauma history may not be recognised or considered. • Include mandatory training on trauma-informed care. • Link with armed forces charities and support networks.
3.14 Care Experienced *** This working definition is currently under review and therefore subject to change: In B&NES, you are 'care-experienced' if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.	As this is a relatively new addition to the list of protected groups, there is no action currently in place specifically relating to this group.	Lack of family support networks Trauma history may not be recognised or considered. • Include mandatory training on trauma-informed care. • Include care history in holistic assessments.

*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

***The Equality Act does not cover care experienced people. B&NES adopted this group as a protected characteristic in March 2024 alongside over 80 other Local Authorities. Although we have data for care leavers and children/young people who are currently in the care of B&NES we do not have wider data on disadvantage experienced through being in care.

4. Bath and North East Somerset Council
Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Gaps in provider staff training and competence that could lead to discrimination (directly or indirectly).	Review training requirements and capabilities to better reflect B&NES population. This may exceed the minimum standard required by the CQC. Ensure that all providers have completed the necessary training to the standard expected by B&NES. This should include Equality and Diversity training that covers all protected characteristics – though this may not include the characteristics that have been added by B&NES Council. Work with Quality and Commercial Team to identify potential penalties for providers who do not remain satisfactorily up to date with their Equality and Diversity Training.	New Quality Assurance Policy being developed by Quality and Commercial Team which includes the expected training level of providers, and penalties for non-compliance.	Tom Jarvis Nicole Gibson and Ian Stenner	September 2026

Potential lack of funding and resources for providers to ensure the above training is completed to the standard required by B&NES.	Support to be given to providers to access the Learning and Development Support Scheme to pay for additional training required.	Multiple fora held with providers and Skills for Care Colleagues to outline the processes for joining the ASC Workforce Data Set and the LDSS.	Tom Jarvis	September 2026
Potential for lack of homecare options for more rural service users, due to lack of capacity	Identify existing providers who already operate, or would be willing to operate, in these areas and discuss how we can work together to increase their offering. Identify providers who are not yet working with B&NES but operate in these areas and encourage them to join the framework.	Discussions held with a new provider who works in the Chew Valley – the most rural area of B&NES. They are in the process of applying to join our framework to increase our rural offering.	Tom Jarvis	February 2027
Potential for underrepresentation from service user engagement as part of homecare re-commission	Where individuals are engaged via surveys, feedback forms, and other informal feedback to providers or professionals, ensure that individuals who have a protected characteristic are among those whom we contact and engage with, where appropriate and where consent has been gained, so that their voice can be heard as part of the engagement process.		Tom Jarvis Nicole Gibson	September 2026

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equality Team (equality@bathnes.gov.uk), who will publish it on the Council's website. Keep a copy for your own records.

Signed off by: Natalia Lachkou, Assistant Director of Commissioning
(Divisional Director or nominated senior officer)
Date: 2nd February 2026