

Equality Impact Assessment Form

Before completing this form, please refer to [the supporting guidance document](#)

The purpose of this form is to aid the Council in meeting the requirements of the Public Sector Equality Duty contained in the Equality Act 2010. This requires the Council to have “due regard” of the impact of its actions on the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and those who do not.

The assessment is used to identify and record any concerns and potential risks. The following actions can then be taken to address these issues.

- Remove risks: abandon the proposed policy or practice
- Mitigate risks – amend the proposed policy or practice so that risks are reduced
- Justify policy or practice in terms of other objectives

Once the EIA has been approved by the Senior Responsible Officer, please ensure that a copy is placed on the SharePoint folder: “Equalities Board, EIAs”

| 1- Policy details | |
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| Name of policy | Home Care for Leicestershire - 2026-2034 |
| Department and service | Adults and Communities, Commissioning and Quality |
| Who has been involved in completing the Equality Impact Assessment? | Katie Joondan, Lead Commissioner |
| Contact numbers | 0116 3057832 |
| Date of completion | January 2025 |

2- Objectives and background of policy or practice change

Use this section to describe the policy or practice change

What is the purpose, expected outcomes and rationale?

Include the background information and context

What is the proposal?

What change and impact is intended by the proposal?

Home Care (also known as domiciliary care) for citizens of Leicestershire is due to be re-commissioned, with an implementation date of July 2026. The procurement opportunity will be advertised in August 2025 with home care providers invited to join a Framework. The Framework will operate for eight years.

Fundamentally, the Council will continue to provide home care to people in Leicestershire with eligible social care needs through a framework of providers. The home care service will continue to focus on promoting independence and the right sizing of support packages.

As with any recommissioning exercise the procurement process will follow a transparent, fair and compliant process. As a result, it is not possible to guarantee which providers will be successful in being awarded a place on the new framework. Therefore, some existing providers may no longer be eligible to receive work from the framework and new providers will start to work with Leicestershire citizens who have assessed and eligible needs.

To support this, a decision has been made to not allow providers onto the new framework where they have a CQC rating of 'inadequate' or below to ensure the quality of care provided in Leicestershire is of a sound standard. People who use home care are co-producing a question and model answer to include in the tender's method statements. A separate question will focus on equality and diversity and be used to determine the providers commitment to equality. People currently in receipt of home care could therefore have a change of provider.

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| | However, if the existing provider wants to continue outside of the Framework, they can continue to work with that person but not pick up new work through the Framework. This may mean that over time their business becomes unsustainable and they hand the packages back. At this point the person in receipt of care may have to move to a new provider or if able to do so continue on a direct payment. |
| What is the rationale for this proposal? | The framework has to be recommissioned as it has reached the end of the contractual terms. Additionally, the Council will continue to ensure home care provision is equitable and meets the individual needs of people who use it. The Council also aims to ensure the sustainability of the workforce and to offer value for money services to citizens. |

3- Evidence gathered on equality implications - Data and engagement

What evidence about potential equality impacts is already available?

This could come from research, service analysis, questionnaires, and engagement with protected characteristics groups

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| What equalities information or data has been gathered so far? | In November 2024, home care maintenance i.e. a long term package of care was used by 2722 individuals. Of these 1725 (63%) were female and 997 (37%) were male. |
| What does it show? | <p>2436 (89%) described their ethnicity as white. 181 (7%) people described their ethnicity as Asian or Asian British, 19 (1%) Black or Black British, 9 as mixed race and 16 as 'other'. 61 people either refused to comment or it was not recorded.</p> <p>The vast majority of people who use home care require physical support 2389 (88%).</p> <p>The largest age group is people aged between 80 and 89 to receive a service, at 1006 people (37%). There are 17 people receiving a service who are over 100 years old and at the other end of the spectrum; 4 people aged 18-19 are receiving a service.</p> |

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| | <p>The protected characteristics of religion, sexual orientation and marital status continue to have inconsistent recording in LAS which makes it difficult to be confident in the percentages presented, although the recording of this has improved significantly in recent years.</p> |
| <p>What engagement has been undertaken so far?</p> <p>What does it show?</p> | <p>Engagement has been undertaken and continues with the following groups –</p> <p>Diversity in Home Care Representative Group – comprised of people who use home care, carers, HART Officers, providers, Commissioning and Quality team members, Positive Behaviour Support team staff. This group aims to identify and raise awareness of cultural sensitivity for the person receiving care and the home care workers. They have been updated on plans for home care and are co-producing some sections of the framework agreement, for example providing good practice examples of ‘pen portraits.’ They are also a strong voice in advocating for better training, dignity in care and communication between the cared for person and the home care worker.</p> <p>Provider engagement panel – this is a small group of current framework providers and providers who do not operate with us currently. The group focuses in detail on specific areas for change so that the providers can voice their thoughts on the change. A key area that has been raised in the forum, to ensure that providers adhere to equalities standards, is to add an equalities question to the tender process to support providers being explicit in their EIA standards and processes. Though providers have a range of internal policy documentation (e.g., safeguarding, and zero tolerance of all forms of abuse) and LCC processes (e.g., PPMF’s, how to report hate crimes and staff satisfaction surveys) the panel agreed that an EIA specific question would draw out how providers are culturally inclusive.</p> <p>Adults and Communities Engagement Panel.</p> <p>The panel has been presented to on multiple occasions and their advice and feedback sought on homecare, issues within homecare and how we can support those who identify</p> |

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| | <p>with a protected characteristic. The Panel also developed questions that will form part of the interview section of the procurement processes to ensure quality in care from providers.</p> <p>Provider forum – this is operated monthly and all home care providers are invited. The recommissioning is a standing item on the agenda with an opportunity to ask questions offered.</p> <p>Provider bulletin – this is an online fortnightly bulletin that carries a narrative version of updates on proposed changes for the recommissioning. An email address is included so that providers can submit their thoughts via email if they prefer this method of communication.</p> <p>Staff engagement is being conducted through the Care Pathway newsletter, attending team meetings and bespoke sessions with teams who have a high stake in any proposed changes, such as the brokerage team.</p> <p>Continuous satisfaction monitoring is another way LCC engage with people that use the service by a mandatory review of a person receiving services, and. having a review of their care and support, by either locality or review teams. The review forms on LAS have been amended to include these monitoring questions, with the exception of;</p> <ul style="list-style-type: none"> a) refuses to comment / take part b) is unable to give their own views. <p>Where appropriate an advocate or carer can speak on their behalf, but only if the individual is able to express their own views. The data collated is kept in a centralised space which is used to inform service development.</p> <p>Partners such as the ICB and LPT are being regularly updated and engaged with regarding cross cutting matters such as delegated health care tasks.</p> |
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| | <p>The voluntary sector has been engaged with the help of VAL who have cascaded messages along with a series of procurement engagement sessions that were attended by many vol sector organisations.</p> <p>Overall the changes are welcomed by all parties. The changes are targeted at continuous improvement and ensuring value for money and this is recognised by stakeholders.</p> |
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4- Benefits, concerns and mitigating action

Please specify if any individuals or community groups who identify with any of the '[protected characteristics](#)' may **potentially** be affected by the policy and describe any benefits and concerns including any barriers. Use this section to demonstrate how risks would be mitigated for each affected group. If a group will not be affected by the proposal please state so.

| Group | What are the benefits of the proposal for those from the following groups? | What are the concerns identified and how will these affect those from the following groups? | How will the known concerns be mitigated? |
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| Age | <p>Home care services are intended for all adults aged 18 or over, while it should be noted that the majority of current service users are over the age of 65.</p> <p>Providers appointed to deliver the new home care services are required to adopt and maintain policies to comply with its statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or reenacted and accordingly will not treat one group of</p> | <p>If a person has an existing provider who does not make it onto the new framework, it is more likely that older people (65+) will not want to take a direct payment and therefore will not be able to continue with the provider if the provider hands the package back.</p> | <p>Planned communications for people of all ages about the use of a direct payment.</p> |

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| | people less favourably than another because of their age. | | |
| Disability | <p>The eligibility criteria for accessing home care services will mean that the needs of people with a disability or limiting life-long illness will be catered for within the service.</p> <p>The assessment of needs will include consideration of any aids, adaptations or technology which could be sourced to optimise individuals' independence within and outside their home. Everyone seeking to access home care services within Leicestershire will have their eligibility assessed using the principles and criteria of the Care Act.</p> <p>Data collected by ADASS and other national research sources recognises that many people have ongoing care needs as a result of disability, accident or illness.</p> <p>This home care service is focused on maximising the safety, independence and quality of life for adults with illnesses and disabilities by promoting accessible support for people in their own homes. This service is intended to improve choice</p> | <p>There are no identified concerns for this cohort but as part of continuous improvement practices people who identify as disabled will be monitored to ensure they receive the same quality and standard of care as someone who is non-disabled.</p> | <p>Monitoring will be collated and analysed and acted upon. The data will be collated from contract monitoring reports, the adult social care annual survey, customer experience reports and regular feedback sessions between commissioners and people who use home care.</p> |

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| | <p>and outcomes from individuals with disabilities.</p> <p>The appointed providers will be required to adopt and maintain policies to comply with its statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or reenacted and accordingly will not treat one group of people less favourably than another because of their disability.</p> | | |
| Race | <p>The appointed providers will be required to adopt and maintain policies to comply with its statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or reenacted and accordingly will not treat one group of people less favourably than another because of their race. As care and dignity needs may differ for different ethnic groups which may not be fully met by a standard service offer, providers will be asked to identify opportunities to meet these needs and therefore achieve equality of outcome.</p> | <p>There are no identified concerns for this cohort but as part of continuous improvement practices ethnicity will be monitored to ensure people from all minority ethnic groups have an equitable service, opportunities to speak up if they feel discriminated against and providers will undergo mandatory training.</p> | <p>Monitoring will be collated and analysed and acted upon. The data will be collated from contract monitoring reports, the adult social care annual survey, customer experience reports and regular feedback sessions between commissioners and people who use home care.</p> |
| Sex | <p>This service aims to focus on achieving individuals' support needs and outcomes in a way which will support equality of service access and delivery, irrespective of sex.</p> | <p>The workforce is predominately female and some male recipients of care prefer and request a male carer. This isn't always possible to facilitate at present.</p> | <p>Work with providers on recruitment campaigns that positively encourage male carers to apply.</p> |

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| Gender Reassignment | The focus on achieving individual outcomes will support the equality of service delivery. The appointed providers will be required to adopt and maintain policies to comply with its statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or reenacted and accordingly will not treat one group of people less favourably than another because of their gender. | Part of the engagement from the Diversity in Home Care group reported that people often feel unable to present their authentic selves to new carers, and vice versa. Whilst maintaining professional boundaries it is an aim of the Group to empower people to speak up and feel safe to do so. | Update the framework agreement to include mandatory awareness raising of equality and diversity issues, reporting mechanisms for best and bad practice and to highlight good practice through the Care Professional of the Year awards. |
| Marriage and Civil Partnership | The service provided will continue to support the provision of services to individuals or couples, irrespective of their marital or partnership status. | A change of provider may require an update to paperwork including their title. This may be difficult for some people to inform a new carer or agency and therefore must be treated with tact and diplomacy. For example, a recent widow may not want to acknowledge this. It is important that the provider continues to provide high quality care even if all of their questions are not answered in the first meeting. | Update the framework agreement to include mandatory awareness raising of equality and diversity issues, reporting mechanisms for best and bad practice. This will include a toolkit for providers to consider using with staff around how to ask difficult and sensitive questions. |
| Sexual Orientation | The service specification requires providers take into account the needs and wishes of individuals with regard to their sexual orientation and that privacy and dignity must be maintained at all times. The service is intended to focus on | This is a further example of a difficult question for some workers to ask and for some people receiving care to talk about. The aforementioned group would like to see better reporting on this area | Update the framework agreement to include mandatory awareness raising of equality and diversity issues, reporting mechanisms for best and bad practice. This will include a |

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| | achieving individuals' support needs and outcomes which will support equality of service delivery. Where appropriate this should include enhanced levels of care for members of the LGB+ communities who may have higher than average health and social care needs. | as it is a way to measure if the toolkit and other measures such as enhancing the requirement in the framework agreement is making a difference. | <p>toolkit for providers to consider using with staff around how to ask difficult and sensitive questions.</p> <p>Analyse monitoring reports to establish reporting trends, to ensure people are being asked.</p> |
| Pregnancy and Maternity | Providers will be required to adopt and maintain policies to comply with their statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or reenacted and accordingly will not treat one group of people less favourably than another because of their situation regarding pregnancy or maternity. | There is a lack of provision in LLR for post-natal mental health support. People are admitted to the nearest mother and baby unit, away from family when unwell, which may impact on recovery outcomes, family support and relationships. | <p>Offer advocacy and peer support services to support aftercare planning.</p> <p>Ensure providers are aware of referral routes.</p> |
| Religion or Belief | <p>Religion is closely associated with the cultural and ethnic differences and all care provided for adults requiring home care support should have their religious and other beliefs respected. The aim of the service is to focus on individuals achieving their personal care and support outcomes in a way which respects their beliefs or religion.</p> <p>Race and ethnicity, care and dignity needs may differ for groups with different religions or beliefs, which may not be fully</p> | There are no identified concerns for this cohort but as part of continuous improvement practices ethnicity will be monitored to ensure people from all religions and beliefs have an equitable service, opportunities to speak up if they feel discriminated against and providers will undergo mandatory training. | Monitoring will be collated and analysed and acted upon. The data will be collated from contract monitoring reports, the adult social care annual survey, customer experience reports and regular feedback sessions between commissioners and people who use home care. |

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| | <p>met by a standard service offer, so providers will be asked to identify opportunities to meet these needs and therefore achieve equality of outcome.</p> <p>Ongoing monitoring will be required to ensure that the service is inclusive and accessible and service providers should be able to demonstrate how specific religious needs or requirements can be identified by an individual, so that the service they receive can accommodate these.</p> | | |
| Armed Forces (including veterans) | <p>People active in the armed forces and veterans will receive home care for their eligible needs where an assessment is conducted.</p> <p>The Care Act does not specify different ordinary residence rules for armed services personnel, therefore normal rules apply.</p> | There are no specific concerns related to armed forces personnel receiving home care. | <p>The web pages will be updated to ensure it is clear that armed forces personnel who move on a temporary basis can continue their care in Leicestershire.</p> <p>Ensure care plans are transferred to new authorities using secure email.</p> |
| People with lived care experience | People with lived experience of home care are essential to our engagement and co-production plans and will be involved in the evaluation of new Tenders. | Not all people with lived experience of home care are able to participate in feedback and continuous improvement at the moment as it is not part of the framework agreement with providers, and it is very resource | <p>Consider adding feedback into the framework agreement.</p> <p>Ensure platforms exist for people to be involved with continuous improvement.</p> |

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| | | intensive to contact everyone outside of their annual review. | |
| Other groups: e.g., rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities | <p>The possible changes in service provider should not impact negatively on these groups. National evidence suggests that good quality home care can help to reduce levels of social isolation and loneliness. A person-centred approach to care and support planning can increase inclusion and give opportunities for developing and improving social relationships.</p> <p>By considering carers' assessments and personalised home care can reduce carer strain for couples, families and informal care networks. The new service model incorporates payments to providers of enhancements on hourly rates for packages of care outside urban areas, as a means of attracting and retaining staff and increasing the reliability and responsiveness of home care services in more rural and isolated areas.</p> | | |

5- Action Plan

Produce a framework to outline how identified risks/concerns identified in section 4 will be mitigated.

| What action is planned? | Who is responsible for the action? | Timescale | Expected outcome |
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| Age Planned communications for people of all ages about the use of a direct payment. | Lead Commissioners | Ongoing for new home care starts | People are informed of the choice they have. |
| Disability, race, religion Monitoring will be collated and analysed and acted upon. The data will be collated from contract monitoring reports, the adult social care annual survey, customer experience reports and regular feedback sessions between commissioners and people who use home care. | Lead Commissioners | Ongoing for new home care starts | Improved data on who we are working with to inform evidenced based decision making. |
| Sex Work with providers on recruitment campaigns that positively encourage male carers to apply. | Lead Commissioners Inspired to Care | Ongoing | Improved representation of male and female carers in the workforce |
| Gender reassignment, marriage, sexual orientation Update the framework agreement to include mandatory awareness raising of equality and diversity issues, reporting mechanisms for best and bad practice and to highlight good practice through the Care Professional of the Year awards. | Lead Commissioners | Ongoing for new home care starts | Improved awareness and opportunities to speak up about potential discrimination. |


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| Gender reassignment, marriage, sexual orientation Analyse monitoring reports to establish reporting trends, to ensure people are being asked. | Lead Commissioners | Ongoing for new home care starts | Improved data on who we are working with to inform evidenced based decision making. |
| Pregnancy and maternity Offer advocacy and peer support services to support aftercare planning. Ensure providers are aware of referral routes. | Lead Commissioners | Ongoing for new home care starts | Improved support for people who are pregnant and receiving home care |
| Armed Forces The web pages will be updated to ensure it is clear that armed forces personnel who move on a temporary basis can continue their care in Leicestershire. Ensure care plans are transferred to new authorities using secure email. | Lead Commissioners | Ongoing for new home care starts | Improved access for armed forces personnel. |
| People with lived experience Consider adding feedback into the framework agreement. Ensure platforms exist for people to be involved with continuous improvement. | Lead Commissioners | Ongoing for new home care starts | Improved data and engagement to inform evidenced based decision making. |

6- Approval Process

Departmental Equalities Group

EIA was considered 27th March 2025. The following are comments from A&C DEG.

- Part of the action plan is to work alongside Inspired to Care regarding positive recruitment for male carers.
- DEG asked about how providers train their staff and their own HR policies, EDI. How they deliver their services and concerns around being cultural inappropriate and being able to deliver what we need. Have we scoped feedback regarding current providers to feed into our procurement to see what is important to service users. Making sure we've captured views from minority groups.
 - Response – Diversity in Care group reviews cultural competence in care from the provider and person accessing services. We are actively working with them within this procurement process to deliver what is required
 - Customer feedback is reviewed and acted upon where solutions are developed
 - There is a toolkit being co-produced with LCC, providers, people who access services, carers and the City. This is designed to increase cultural competency in care and support
- DEG raised about documents in easy read from providers to people they support
 - Response - The contract refers that providers produce information in a format suitable for the audience – this would include providing documents in easy read and alternative languages
- DEG raised about how applications will be scored (quality, price)
 - Response - Questions have been developed by the team and also the Engagement Panel. There will be a range of criteria that will form the scoring including a face to face interview with the provider

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| | <ul style="list-style-type: none"> • Document says 4 year framework, needs to be amended to 8. <ul style="list-style-type: none"> • Amendment made • Also needs to include engagement with LCC engagement panel <ul style="list-style-type: none"> • Amendment made |
| Corporate Policy Team | Please set out comments from the Corporate Policy Team |
| Sign off by the Senior Responsible Officer for the Project. |  <p>Inderjit Lahel Assistant Director, Strategic Commissioning</p> |

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