

H&F Equality Impact Analysis Tool

Conducting an Equality Impact Analysis

An EIA is an improvement process which helps to determine whether our policies, practices, or new proposals will impact on, or affect different groups or communities. It enables officers to assess whether the impacts are positive, negative, or unlikely to have a significant impact on each of the protected characteristic groups.

The tool is informed by the [public sector equality duty](#) which came into force in April 2011. The duty highlights three areas in which public bodies must show compliance. It states that a public authority must, in the exercise of its functions, have due regard to the need to:

- 1. Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited under the equality act 2010**
- 2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it**
- 3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it**

Whilst working on your Equality Impact Assessment, you must analyse your proposal against these three tenets.

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Overall information	Details Of Equality Impact Analysis
Financial year and quarter	2025/26, Q3
Name and details of policy, strategy, function, project, activity, or programme	<p>HOME CARE AND INDEPENDENT LIVING PROCUREMENT</p> <p>Short Summary</p> <p>Home Care provides care and support to individuals with eligible social care needs in their own homes. It involves trained carers who visit people to help with eligible daily activities (getting in and out of bed), personal care (washing, dressing, toileting) and nutrition and hydration and wellbeing support.</p> <p>The Council's ambitions for Homecare are underpinned by our vision for Hammersmith & Fulham to be a place that enables residents to live in inclusive and connected communities as they choose, and regardless of background, have fair and equal access to adult social care support that enables them to live independent, healthy and fulfilling lives. This involves proactively taking all opportunities to build on people's strengths, maximise their independence and connect them with their community.</p> <p>Home Care will play a key role in the Adult Social Care operating model and continuum of support available for eligible residents. The newly commissioned homecare service, through an acute focus on community Reablement, and Core Homecare will provide intensive, enabling support to residents to regain the skills, confidence and social networks to return to their previous levels of independence (as far as possible) and reduce the likelihood of admission/ re-admission to hospital, or the need for long term care and support.</p> <p>The purpose of the Home Care procurement is to procure quality, person centered and outcome focused services, develop new specifications and KPI's, and improve resident involvement, choice and control through a new model of Home Care services covering Community Reablement Services and Core Home Care Services. This new proposed model will take a more enabling approach to homecare, thereby increasing opportunities for further independence through closer relationships with our community health and primary care services to ensure early intervention when there are any deterioration or concerns with health conditions. In addition, to reduce social isolation and further increase community connectedness, our new home care providers will encourage and support residents to benefit from the opportunities that our strong community and voluntary sector offer, reducing the reliance on long term care and support.</p>

	<p>Our vision for Independent Living is shaped by the Social Model of Disability, recognising that Disabled people of all ages should have the same rights and opportunities to live independently in the community. This includes access to employment, housing, transport, leisure, relationships, and personal support. Services commissioned under this specification must actively remove barriers and promote inclusion</p> <p>Home Care is available to all residents who require it, including older people, people with physical disabilities, learning disabilities and mental health support needs. It is regulated by the Care Quality Commission (CQC) to ensure quality and safe services; they also assign ratings to providers based on their inspections and it is our desire to only place residents with providers who have a rating of at least Good.</p> <p>The current Home Care contracts end on 31/07/2026 with no option to extend. The Council has statutory duties under the Care Act 2014 and the proposals contained within this procurement strategy support in discharging these responsibilities.</p>
Lead officer	<p>Dr Kofi Nyero Programme Lead Kofi.Nyero@lbhf.gov.uk</p>
Date of completion of final EIA	<p>20/11/2025</p>

Section 02	Scoping of Full EIA		
Plan for completion	<p>Timing: 2026</p> <p>Resources:</p> <p>Dr Kofi Nyero – Programme Lead</p> <p>Johan Van Wijgerden – Strategic Lead</p>		
Analyse the impact of the policy, strategy, function, project, activity, or programme	Analyse the impact of the policy on the protected characteristics (including where people / groups may appear in more than one protected characteristic. You should use this to determine whether the policy will have a positive, neutral, or negative impact on equality, giving due regard to relevance and proportionality.		
	Protected characteristic	Analysis	impact:

	Age	<p>The Home Care services to be procured are for all adult residents aged 18 and over. Although it is available for all adults, due to the nature of the service a higher number of older people are affected by any change in services</p> <p>Our records show that on average over 1600 residents receive home care in the borough annually. A breakdown of this data shows that Home Care most of the service users are aged between 75 and 94 years. Recent data breakdown for CQC showed that 77.6% were aged over 65 years.</p> <p>Demand for Home Care services is expected to increase in the future as the proportion of the population in LBHF aged over 65 years, and the old-age dependency ratio increases. The demographic shift will likely result in more pressure on healthcare and adult social care services as the prevalence of long-term conditions and multimorbidity increases. The average age of starting Home Care services was 74 years, and the average age of a Home Care service user was 75 years.</p>	Positive
	Disability	<p>Individuals receive Home Care services in LBHF for one of seven primary support reasons - 76% of service users received Home Care primarily for physical support in November 2024. Physical support was also the primary reason service users previously receiving reablement were referred to Home Care. People with Learning Disabilities and Mental Health were generally low in numbers around 24% and below the age of 65 years old.</p>	Positive
	Gender reassignment	<p>There are no identified impacts for gender reassignment. The service will be expected to support residents and treat everyone equally</p>	Neutral
	Marriage and Civil Partnership	<p>There are no identified impacts for marriage and civil partnerships.</p>	Neutral

Pregnancy and maternity	There are no identified impacts for marriage and civil partnerships	Neutral
Race	<p>Records from the recent report for CQC November 2024 showed that individuals identifying as Black, Asian or minority ethnic comprised 31% of Home Care service users in LBHF and individuals identifying as White accounted for 55%. This fairly correlates with the borough profile which refers to the 2011 census findings that 68.1% of residents identified as White and 31.9% identified as belonging to Black and minority groups.</p> <p>Individuals identifying as mixed ethnicity were the most underrepresented ethnic group receiving Home Care services relative to the population in LBHF. The three largest subgroups of ethnicity for Home Care residents were individuals identifying as White British (55%); Black/Black British (24%); Asian/Asian British (7%) and White Irish (7%). The low take-up by ethnic minority groups could be due to a reflection of historical trends where in the past certain ethnic groups might have had lower trust in state-provided services or preferred family caregiving models over external carers.</p>	Neutral
Religion/belief (including non-belief)	<p>There are no identified impacts for religion/belief.</p> <p>The service will be expected to support residents to practice their religion/beliefs and ensure residents and staff are treated equally and without abuse or prejudice based on religious beliefs or lack of.</p>	Neutral
Sex	<ul style="list-style-type: none"> Home Care services are available to all genders, although the majority of residents using the services are female, and the number of female carers greatly exceed the number of male carers in the industry. Likewise in the recent Report for CQC, Female residents accounted for 59.3% of Home 	Neutral

		Care users, whereas males comprised 40.7%. The higher female proportion suggests women have greater care needs, possibly due to longevity and caregiving expectations.	
	Sexual Orientation	There are no identified negative impacts for sexual orientation. The service will ensure equality of access and treatment for all residents; provide sensitive services and deal robustly with all incidents of homophobic harassment, violence and/or abuse.	Neutral
<p>Human Rights or Children's Rights</p> <p>If your decision has the potential to affect Human Rights or Children's Rights, please contact your Equality Lead for advice</p> <p>Will it affect Human Rights, as defined by the Human Rights Act 1998?</p> <p>No</p> <p>Will it affect Children's Rights, as defined by the UNCRC (1992)?</p> <p>No</p>			
Section 03	<p>Analysis of relevant data</p> <p>Examples of data can range from census data to customer satisfaction surveys. Data should involve specialist data and information and where possible, be disaggregated by different equality strands.</p>		
Documents and data reviewed	<ol style="list-style-type: none"> 1. H&F CQC - KLOE: Breakdown of Homecare & Direct Payment Data Oct. 2024 2. Borough profile 2018 3. Home Care needs assessment 2020-2021 		
New research			

Section 04	Consultation
Consultation	<p>Conclusion of this procurement process has lasted over 20 months and almost all the things that came out from these exercises are still applicable today. During that period, we hosted a number of in-person events for residents and their families to be able to take part in co-producing the new services. Quality Leads also contacted residents by random selection who were in receipt of Home Care services either through commissioned provision or via direct payment. These quality calls will be continuous throughout the year to get resident feedback on the quality and impact of the Home Care services they are receiving.</p>
Analysis of consultation outcomes	<p>The In-person events were attended by a small number of the community, with 24 residents attending 9 events. 54% of attendees were female, 79% were white compared to approx. 50% of Home Care users been from white backgrounds meaning they were overrepresented in the feedback. All attendees were older people, which is the largest user group of Home Care services, but means the views of younger people with physical or learning disabilities were not captured.</p> <p>There were mixed responses about the quality of the service people were receiving, but overwhelmingly they supported closer relationships with the people caring for them or their friends / family to help build connections to enable their needs to be better responded to.</p> <p>Residents wanted to be treated with respect in their home and for cultural differences not to impact on the care they receive. E.g. we heard examples of carers been unwilling to prepare or purchase items the residents wanted, such as pork products, due to religious beliefs.</p>

Section 05	Analysis of impact and outcomes
Analysis	<p>Home Care services are available for all residents who have assessed need, and it is accessible via direct referral or referral via a third party. Anyone can ask for a needs assessment, regardless of age, gender, ethnicity or any other protected group. As Home Care services are provided free of charge to residents there is no economical barrier for residents accepting care if they are in need. This also supports residents to stay in their homes living independently for as long as possible with access to</p>

	<p>their community.</p> <p>Older people already account for the largest use of Home Care services in the borough and the proportion of the population of LBHF aged 65 years and older is projected to increase to 14.7% by 2031. The need for Home Care services is therefore likely to increase with this demographic continuing to be the predominant users of the service</p> <p>There may be a gap in provision for those with specialist needs which the mainstream providers may not have sufficient skill to provide care for, such as dementia, mental health and learning disabilities. From the dementia strategy 2021, dementia diagnoses are expected to rise by 42% to 1,900 people living with dementia in 2030 so it is reasonable to expect the demand for Home Care services to rise for this need group.</p> <p>Learning disabilities and mental health make up the larger portion of younger people who use Home Care services. Some further consultation with these groups would be beneficial to understand the issues they face when using the service and what good looks like for them.</p> <p>In November 2025, the Home Care and Independent Living Procurement Strategy was revised to realise significant financial benefits of the service, without which would not be a financially viable service. As a result, all current spot placements will remain with Bridging providers and only the patch hours of the incumbent providers will be transferred to the new patches. The potential negative impact on quality of service to protected characteristics is considered minimal if the following risk mitigations are put in place:</p> <ul style="list-style-type: none"> • Make use of exiting oversight tools to help monitor performance of bridging providers. • Recruitment of additional resources to manage the quality of service. • Strengthen monitoring arrangements under the new Home Care & Independent Living Service and regularly review. • The Bridging providers will be expected to ensure equality of access and treatment for all residents (Align with Home Care standards) • All new contract providers will be considered strategic partners working alongside ASC to improve quality and effect necessary changes in the market over the life of the contract, we will also hold regular Strategic Home Care & Independent Living provider forums. • Continued use of the Bridging screening tool.
Section 06	Reducing any adverse impacts and recommendations

Outcome of analysis	No adverse impacts are anticipated but further consultation with residents under 65 using the service would be beneficial.					
Section 07	Action plan					
Action plan	Note: You will only need to use this section if you have identified actions as a result of your analysis					
	Issue identified	Action (s) to be taken	When	Lead officer	Expected outcome	Date added to business plan
	Voices of younger people using Home Care services not been heard	Use the Quality lead calls to target residents in this age group	Ongoing	Kofi Nyero	More feedback and engagement from representative groups	Dec. 2025
	Closer monitoring of overlapping vulnerabilities (e.g., older disabled adults and limited English proficiency.	Item to be introduced as KPI for contract monitoring and incorporated into equality question in the Award Selection Quality domain.	Ongoing	Kofi Nyero	Better understanding and elimination of areas where outcomes may have been missed in the past	Dec 2025

Section 08	Agreement, publication and monitoring
Chief officers' sign-off	<p>Name: Johan van Wijgerden Position: Strategic Lead Hammersmith & Fulham Council Email: johan.vanwijgerden@lbhf.gov.uk Telephone No 07493864829</p>
Key decision report (if relevant)	<p>Date of Procurement Strategy to Cabinet: January 2026 Date of Award Report to Cabinet: May 2026 Key Equalities Issues Have Been Included: Yes</p>
Equalities lead (where involved)	<p>Name: Yvonne Okiyo Position: Strategic Lead for Equity, Diversity and Inclusion Date Advice / Guidance Given: 18/12/2025 Email: Yvonne.Okiyo@lbhf.gov.uk Telephone No: 07824 836 012</p>