EQIA Submission Draft Working Template

Section A

1. Name of Activity (EQIA Title):

Community Wellbeing Services for Adults with Sensory Impairments
Updated 21/08/2026

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Adults and Integrated Commissioning

Accountability and Responsibility

4. Officer completing EQIA

Charlotte Heydon-Millard

5. Head of Service

Georgina Walton, Assistant Director (Prevention)

6. Director of Service

Helen Gillivan

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – *operational changes in the way we deliver the service to people.* Answer Yes/No

Yes

Service Redesign – *restructure, new operating model or changes to ways of working.* Answer Yes/No

Yes

Project/Programme – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.* Answer Yes/No
No
Commissioning/Procurement – *means commissioning activity which requires commercial judgement.* Answer Yes/No
Yes
Strategy /Policy – *includes review, refresh or creating a new document.* Answer Yes/No
No
Other – Please add details of any other activity type here.
8. Aims and Objectives and Equality Recommendations
Overview Sensory Services provide specialist support for people who are Deaf, hard of hearing, blind, partially sighted, or Deafblind. The service helps individuals maintain independence, safety and communication through assessments, equipment, rehabilitation and tailored advice. Support often includes help with communication methods, orientation and mobility, environmental adaptations, and connection to specialist community resources. Currently there are a number of separate contracts delivering wellbeing and navigation services, these contracts have been extended to March 2027 and need to be recommissioned to ensure compliance with procurement regulations and ensure the future service/s align with business need. • Wellbeing Services in the Community for Older People (55+) • Wellbeing Services in the Community for people with dementia and their families • Wellbeing Services in the Community for those with a physical disability • Wellbeing Services in the Community for adults with sensory impairments

It is proposed that sensory services remain as a separate specialist contract and access point, ensuring that specialist support is available for people when they make contact. This will help maintain a clear pathway for people with sensory impairments and ensure access to providers with appropriate expertise.

- Assessment for hearing or vision loss, including communication support and equipment.
- Orientation and mobility support, including assistance with safe navigation and environmental adaptations.
- Communication support needs, including British Sign Language, alternative communication methods and specialist advice.

For contextual relevance, the historical access of wellbeing services by people with sensory needs is detailed below:

Year	Individuals with sensory needs accessing wellbeing services
2023-2024	22,954
2024-2025	23,500
2025-2026	25,347

These services aim to promote proactive health and wellbeing, increase independence, and reduce or delay the need for additional care and support.

The requirements of the service will remain the same within the financial envelope of what is expected to be spent on Sensory Wellbeing services in 2026/27. The specification will have alignment with the 2025-2035 Prevention Framework and clearer expectations on the data and KPIs that providers report to help demonstrate the impact of these services.

These changes stem from previous consultation and engagement with VCSE partners, staff and people with lived experience. The Sensory Wellbeing Service supports residents who may be experiencing challenges that impact their ability to stay well, independent, and connected. The service provides practical guidance, emotional support, and links to local resources that help individuals manage long-term conditions, improve daily living, and reduce isolation. It plays a preventative role—supporting people early, before their needs escalate to statutory services.

The service recognises that sensory loss creates specific barriers to communication, mobility, access to information and community participation, and therefore requires tailored, specialist interventions. Commissioned partners support Kent County Council to meet its duties under the Care Act 2014, Deafblind Guidance, Equality Act 2010 and Accessible Information Standard by delivering accessible, rehabilitative and culturally competent support that promotes independence, safety, wellbeing and equality.

Top 3 reasons for referrals:

- Support managing long-term conditions – advice, reassurance, and navigation of health and community resources.
- Practical assistance for physical disabilities – support to maintain independence and engagement.
- Emotional wellbeing and mental health support – early help for anxiety, loneliness, and related concerns.

Some of the proposed changes to the future service

Priority Groups

The service will remain open access; however, the new specification will clearly outline priority groups to ensure providers tailor their services appropriately and make them genuinely accessible. These groups represent populations who are more likely to face barriers when accessing services and are therefore at greater risk of being underserved. Supporting these groups is a key part of our commitment to reducing health inequalities.

- Priority groups will be identified using data and current needs analysis.
- The current service specifications already reference accessibility, though the level of detail varies between them.
- The new specification will strengthen and clarify these requirements specifically for Sensory Wellbeing Services so that expectations around accessibility are explicit. This will help providers fully understand their responsibilities, improve consistency in how equality considerations are applied, and ensure the service better meets the needs of priority groups. Making these requirements clearer also reinforces our statutory duties under the Equality Act and supports our commitment to tackling health inequalities by ensuring services are accessible, equitable, and responsive to diverse needs.
- Providers will also be required to report data on priority groups of communities facing barriers to demonstrate accessibility and outreach.
- Communities facing barriers include:
    - People residing in areas of deprivation, including coastal areas

- People from the Global Ethnic Majority
- People with multiple long-term conditions with high complexity (multi-morbidity)
- People from the Gypsy Roma Traveller community
- People experiencing homelessness (people being supported by housing/homelessness support services).
- People experiencing poor transport links or issues with accessing local services
- People who are living alone
- People who are experiencing poverty and income deprivation
- Veterans

Demand/Need:

- Kent analytics shows current service distribution aligns with projected future demand and this will continue under the new contract.
- No major geographic or demographic disparities expected to emerge from the redesign.
- As the new service model does not propose changes to the overall distribution of provision, we expect future delivery to remain aligned with anticipated need

Levels of support:

- There will be clear levels of need which help determine the intervention/level of support.
- All services remain outcome focused, promoting wellbeing and independence.
- Sensory services remain as a separate contract.

Data, KPIs and Reporting Requirements:

- Record sensory impairment type consistently, including visual impairment, hearing impairment and Deafblindness where applicable.
- Set KPIs to reduce unknown or incomplete equality monitoring data.
- Undertake accessibility audits and require providers to develop and monitor improvement actions.
- Monitor access, reach, outcomes, user experience and equity of access across Kent.
- Use service user feedback and lived experience to inform continuous improvement and future specification development.

Section B – Evidence

9. Do you have data related to the protected groups of the people impacted by this activity? *Answer: Yes/No*

Yes

10. Is it possible to get the data in a timely and cost effective way? *Answer: Yes/No*

Yes

11. Is there national evidence/data that you can use? *Answer:* *Yes/No*

No

12. Have you consulted with Stakeholders?
Answer: Yes/No
Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes

13. Who have you involved, consulted and engaged with?

Engagement undertaken for the wider Community Wellbeing recommissioning has informed the development of the future service approach. Additional sensory-specific engagement should be included where available, particularly with people with lived experience of sight loss, hearing loss and Deafblindness, carers, sensory providers, VCSE partners, frontline staff and specialist community organisations.

Kent County Council (KCC) has invited organisations such as the Voluntary, Community and Social Enterprise (VCSE) and people with lived experience to participate in engagement events to help shape the future commissioning of community wellbeing services for older people, individuals with physical disabilities, sensory impairments, and dementia.

Feedback on the proposed future Wellbeing services contracts has been gathered from face to face events and virtual meetings, and survey questionnaires. The feedback has been analysed and findings documented and discussed at follow up engagement sessions.

In planning the redesign, the following considerations were made:

- Discussions with VCSE providers on how to best engage people and utilise existing forums to engage people.

- Thinking about protected characteristics and where there are gaps in data and therefore more engagement with certain groups/communities in Kent, for example ethnicity and religion.

Engagement events Held:

Month	Group	Audience	Method	No: of Attendees
November 2025	Peoples Panel	People with Lived experience	Face to Face	9
December 2025	VCSE Co-design event (East Kent)	VCSE (voluntary, community and social enterprise) providers, Public Health	Face to Face	10
	VCSE Co-design event (East Kent)	VCSE (voluntary, community and social enterprise) providers, Public Health	Face to Face	18
	VCSE Co-design event (West Kent)	VCSE (voluntary, community and social enterprise) providers, Public Health	Face to Face	15
	VCSE Co-design event (North Kent)	VCSE (voluntary, community and social enterprise) providers, Public Health	Face to Face	12
	VCSE Co-design event (Countywide)	VCSE (voluntary, community and social enterprise) providers, Public Health	Virtual	22
	VCSE Co-design event (Countywide)	VCSE (voluntary, community and social enterprise) providers, Public Health	Virtual	33
January 2026	Community Wellbeing co-design outcome session-External	VCSE (voluntary, community and social enterprise) providers, Public Health	Face to Face	24
	Community Wellbeing co-design workshop-Staff	Workforce	Virtual	22
February 2026	KCC-Adult Social Care Connect	Workforce	Virtual	43
	Community Wellbeing co-design outcome session-External	VCSE (voluntary, community and social enterprise) providers, Public Health	Virtual	21

	Community Wellbeing co-design session	People with Lived experience	Face to Face	5
	Community Wellbeing co-design session	People with Lived experience	Face to Face	4
	Wellbeing co-design session	People with Lived experience	Virtual	12
March 2026	Community Wellbeing co-design session	People with Lived experience	Face to Face	6
	Community Wellbeing co-design session	People with Lived experience	Face to Face	7
	Community Wellbeing co-design session	People with Lived experience	Face to Face	9
June 2026	Wellbeing KPI & Outcomes Workshop	VCSE (voluntary, community and social enterprise) providers, Public Health	Virtual	27

Survey questionnaires have been sent out to 40 subcontractors and to Health Alliance. There will be engagement with District Council Chief Executives at the start of April.

Stakeholders engaged with to date:

- VCSE (voluntary, community and social enterprise) providers
- NHS with verbal updates provided in meetings
- KCC Public Health
- KCC Adult Social Care and Health directorate
- KCC Consultation and Engagement team
- KCC Adult Social Care People's Panel
- Adult Social Care Senior Management team
- Kent and Medway VCSE Steering Group
- KCC Cabinet Members
- District Councils
- GET
- Social Care staff

- Kent residents
- Care providers
- VCSE

The draft EQIA has been shared with providers and updated to reflect comments.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*

No

15. Do you have evidence/data that can help you understand the potential impact of your activity? *Answer: Yes/No*

Yes (Contract equalities monitoring data)

Uploading Evidence/Data/related information into the App

Sensory impairment data includes information relating to visual impairment, hearing impairment and Deafblindness where available.

Data quality and consistency will need to be strengthened through future contract monitoring, including clearer recording of Sensory Need type and actions to reduce unknown or incomplete data.

Although there has been analysis for each protected group, many individuals have multiple protected characteristics that need to be considered holistically. This is particularly important for people with sensory impairments who may also be older, have additional disabilities, experience social isolation, have communication barriers, or rely on carers.

It is important to note that capturing and reporting on carers' responsibilities has not consistently been part of contract monitoring.

While carers' responsibilities are not a protected characteristic under the Public Sector Equality Duty, this EQIA includes consideration of carers because they may be affected by sensory service design, access routes and support availability.

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients - *Answer: Yes/No*

Yes

Residents/Communities/Citizens - *Answer: Yes/No*

Yes

Staff/Volunteers - *Answer: Yes/No*

Yes

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*

Yes

18. Please give details of Positive Impacts

- Maintaining sensory services as a separate specialist contract supports tailored provision for people with sensory impairments.
- Clear referral routes and specialist access points can reduce confusion, repetition, delay, and is vital for those with communication needs.
- Accessible communication methods can improve access for people who are Deaf, hard of hearing, blind, partially sighted or Deafblind.
- Specialist equipment, rehabilitation, advice and guidance can support independence, safety and wellbeing.
- Clear KPIs and improved equality monitoring will support continuous improvement and help identify unmet need.
- Focus on supporting communities facing barriers.

Negative Impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? *Answer: Yes/No*

No

b) Details of Negative Impacts for Age

Although no negative impact has been identified, the future service design should consider the age profile of people with sensory impairments, particularly older people who may experience sight loss, hearing loss, frailty, digital exclusion, social isolation, or multiple long-term conditions.

25,347 Individuals were supported in the current services during 2025/2026, the following table shows the age ranges:

Age	%
Under 18	0%
18-24	2.92%
25-59	21.92%
60-79	32%
80-89	34.83%
90+	7.66%
Unknown	0.67%

The age data suggests Sensory Services are used mainly by older adults, but with a notable working-age cohort too.

- Sensory Services supported 25,347 people in the dataset.
- The largest age groups using Sensory Services are:
  - 80-89: 34.83%
  - 60-79: 32%
- This means 74.49% of Sensory Services users are aged 60+, so the service is predominantly supporting older people.
- However, 24.84% of Sensory Services users are aged 0–59, mainly:
  - 25–59: 21.92%
  - 18–24: 2.92%
  - -18: 0%

Sensory Services current use strongly reflects the age-related prevalence of sensory impairment, particularly among older adults, but the future service design should not assume sensory need is only an older person's issue. It should retain accessible support for younger adults, especially those aged 25–59, while ensuring the model is robust for increasing older-age demand.

Kent has a greater proportion of people aged 50+ years and above compared to the national average in England. Just over a fifth of Kent's population is aged 65 and over (20.5%).

According to a Kent Analytics report (Over 55 population forecast (2024/2039) the population aged 55 and over in Kent is forecast to increase by around 25% by 2039, yet the proportion of population aged under 65 is only forecast to increase by 12.3%. The largest percentage growth is expected in Dartford, Folkestone & Hythe, Thanet and Tunbridge Wells, therefore the service design needs to continue to deliver support for an increasing older-age population.

c) Mitigating Actions for Age

As part of the specification and KPI's the following will be considered:
Ensure multi-channel access, accessible information, non-digital routes, home visits where appropriate, additional time for assessments, and outreach through health, social care, libraries, community groups and social prescribing routes. Future providers should demonstrate how individuals with sensory impairments will be supported in ways that reflect their life stage, communication needs and personal goals. This should include but is not limited to:

Access:

- Embed multi-channel access- not digital only, Telephone, face to face, written materials, large print, Braille, audio, easy read, large font BSL, easy read or accessible formats for people with sensory impairment, interpreters where required.
- Digital Inclusion support: device support sessions, and alternative non-digital routes.
- Offering a mix of face-to-face and digital provision, delivered through one-to-one and group-based interventions, to ensure accessibility and inclusivity for those with different sensory needs, preferences, and circumstances.
- Building close working relationships with potential referral agencies will be vital to improving access to the Service and facilitate working with communities
- When communicating with a Person with a sensory impairment, staff/volunteers are as inclusive as possible, using appropriate formats, and whenever necessary make adjustments for the Person.

- With all forms of communication, the following guidance is used https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats
- Allow extra time for transactions for those that need it. Better promotion of services, improved referral pathways and using Social prescribing to improve health.

Priority Groups:

- Providers to demonstrate targeted outreach and tailored interventions.
- Define priority groups including deprivation, Global Ethnic Majority, multimorbidity, homelessness, transport barriers.

Data, KPI's and Reporting Requirements:

- Improve age data- Mandatory age segmentation in reporting.
- KPIs covering access, reach, outcomes, user experience, and collaboration.
- Monitor usage by age to identify gaps.
- Continue engagement with people with lived experience across ages
- Use feedback to shape delivery models.
- Clear KPI'S.
- Equity of access across the County.

A large volume of Unknown/no data currently makes it difficult to understand young vs older usage patterns:

- Introduce standardised equality monitoring, including age segmentation.
- Build data quality expectation into KPI's and contract management.
- Use improved data to track whether younger people are underrepresented and adjust outreach accordingly.

d) Responsible Officer for Mitigating Actions – Age

Kate Silver

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? *Answer: Yes/No*

No

b) Details of Negative Impacts for Disability

Although no negative impact has been identified, sensory-specific data and needs analysis will be considered in the future service design and specification.

The data from those supported by the sensory services during 2025/26 identifies that the proposals would have the greatest impact on people with:

Long-term conditions 54.91%

- Physical disability 4.72%
- Mental Health 6.4%

Sensory Services supported 25,347 people, of whom 54.91% were recorded as having a long-term condition. This highlights the importance of considering the interaction between sensory impairment and other ongoing health conditions when designing and delivering future services.

Sensory impairment-Visual Impairment
According to a Kent Analytics report the number of people aged over 65 years old, in Kent, with moderate or severe visual impairment is projected to increase by 28% by 2040, and those over 65 with registerable eye conditions are expected to increase by 30%.

Sensory Impairment- Hearing Impairment
The number of 18-64 year olds in Kent with severe hearing loss is projected to increase by 4% by 2040, while the number of people aged 65 and over is projected to increase by 38%.

Mitigating Actions for Disability

Maintain sensory services as a separate specialist pathway and contract; ensure accessible formats including large print, Braille, audio, Easy Read and British Sign Language where required; provide alternative access routes to telephone-only systems; allow additional communication time; and ensure clear referral routes to specialist sensory support.

Priority Groups:

- Connect, individuals with sensory-specific, community, groups to reduce, isolation and boost confidence.
- Optimise the effectiveness of prevention services to remove, reduce or delay care needs.
- Develop a co-ordinated offer across all council-wide commissioned services to support people to gain and maintain independence without formal care services
- Treating sensory services as a separate specialist pathway as proposed

- Consider intersectionality with other co-occuring conditions and ways to complement access to other services

Access:

- Clear referral routes from the point of access
- Guarantee clear signposting to required sensory specialists or Information, Advice and Guidance

Data, KPI's and Reporting Requirements:

- Accessibility audits- undertake annual audits and publish action plans
- Disability type recorded consistently; KPI's to reduce the "Unknown"

c) Responsible Officer for Mitigating Actions - Disability

Kate Silver

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? *Answer: Yes/No*

No

b) Details of Negative Impacts for Sex

Although there is "No" negative impact for Sex, we have analysed the data, and will consider the key insights found and make necessary adjustments where applicable to the future service design/specification.

- In 2025-2026 Sensory Services supported 46% males and 53.66% females

The 2021 Census shows there are more females to males in Kent (51.2% female to 48.8% male) and this pattern is seen in all of Kent's local authority districts.

Sensory Services support 46% males, which is below the Kent male population proportion of 48.8%, suggesting potential underrepresentation that should be monitored through future contract reporting. Since much of Sensory impairment is age related and women typically have a longer life expectancy than men, this partly accounts for the greater representation of females. However, Sensory providers are aware that men may also present to Services less frequently and therefore target outreach.

c) Mitigating Actions for Sex

The future sensory service should monitor whether men, women or other groups experience different levels of access, outcomes or engagement. Where data indicates underrepresentation, targeted outreach and communication should be considered.

The specification to set clear expectation that there will be outreach to under-represented groups:

- Promotion tailored to different groups, representing diverse genders and ages.

d) Responsible Officer for Mitigating Actions - Sex

Kate Silver

22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No*

No

b) Details of Negative Impacts for Gender identity/transgender

Although there is “No” negative impact for Gender identity/transgender, we have analysed the data and will consider the key insights found and make necessary adjustments where applicable to the future service design/specification.

Sensory Services supported 0.33% of people that were listed as having gender reassignment/being transgender in 2025-2026.

This compares with 0.1% people of the Kent population. The proposals could therefore impact people listed as having gender reassignment/being transgender.

c) Mitigating actions for Gender identity/transgender

Ensure forms and communication routes are inclusive; respect names and pronouns; provide confidential disclosure routes; and ensure staff are trained in inclusive and respectful practice.

As part of the developing specification and KPI’s the following will be considered:

- Inclusive communication, forms include non-binary and transgender options.
- Inclusive practice: Pronouns respected, staff training, confidentiality protections.
- Safe disclosure processes so that people can disclose gender identity safely and privately.

Data, KPI's and Reporting Requirements to improve data capture and reporting through the new contract.

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

Kate Silver

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? *Answer: Yes/No*

No

b) Details of Negative Impacts for Race

Although there is "No" negative impact for Race, we have analysed the data, and will consider the key insights found and make necessary adjustments where applicable to the future service design/specification.

In 2025-2026, Sensory services supported:

- Asian: 0.43%
- Black: 0.64%
- Mixed: 0.88%
- White: 90.25%
- Unknown: 1.75%

The 2021 Census shows that 89.4% of residents were of White British ethnic origin. Asian ethnicity was 8.8%, Black was 5.2% and Mixed was 4.7%. By completing the Equality Impact Assessment, it is has identified that services are supporting a percentage of White residents slightly higher than the Kent population. However, the numbers of people supported from Asian, Black and Mixed ethnicity are lower to that of the Kent population.

Asian, Black and Mixed ethnicity members of these communities may have complex needs as well as additional language and cultural barriers. Individuals from Asian, Black and Mixed ethnicities may be disadvantaged in terms of actively self-referring to services due to language barriers and other cultural factors alongside their sensory needs. These individuals are likely to be disproportionately affected by the reduced capacity of providers to undertake assertive outreach work to engage with community groups who may be less able to access support through traditional referral pathways. People from a Black, Asian and other ethnic backgrounds are more likely to suffer from underlying health conditions and require support with navigating complex information and getting the right levels of support, which can be exacerbated by additional sensory needs.

c) Mitigating Actions for Race

In developing the Equality Impact Assessment, it has been identified that the percentage of people of Black, Asian and Mixed ethnicity supported by Sensory Services are lower in comparison to the Kent population. To consider in the future contract priority group to ensure a more targeted approach and support to communities to ensure the percentage of people supported reflects the Kent population.

Provide translated information where required; work with community connectors and culturally specific organisations; ensure staff receive cultural awareness and anti-racism training; and monitor ethnicity data to identify underrepresentation or inequitable access.

Access:

- Translated information-provide material in key community languages.
- Staff are trained in anti-racism and cultural awareness.
- Service design: Adapt activities to cultural norms, gender expectations, dietary needs, social practices.

Data, KPI's and Reporting Requirements:

- Developing Management Information requirements to ensure providers report on the ethnicity of the people who use their services and illustrate how they are ensuring their support is appropriately tailored to meet the needs of different ethnic groups and communities.
- Providers to complete robust reporting and improved data capture to ensure that all services have equitable access and service delivery and has a specific focus on the collection data which will include ethnicity.

Priority Groups:

- Community presence (targeted approach) : Work with cultural organisations, mosques, temples, African and Caribbean associations, Eastern European groups.

d) Responsible Officer for Mitigating Actions – Race

Kate Silver

24. Negative Impacts and Mitigating actions for Religion and belief

a) Are there negative impacts for Religion and Belief? *Answer: Yes/No*

No

b) Details of Negative Impacts for Religion and belief

Although there is "No" negative impact for Religion and belief, we have analysed the data, and will consider the key insights found and make necessary adjustments where applicable to the future service design/specification.

In 2025-2026 Services supported:

- Christian 53.66%
- Other religion – details are unknown 1.5%
- Hindu 2%
- Buddhist 0.16%
- Jehovah Witness 0%
- Jewish 1.42%
- Muslim 1.92%
- Sikh 1.58%
- No religion 27.92%
- Religion is unknown 9.83%

The 2021 Census shows that in Kent 40.9% had no religion, 48.5% were Christian, 1.2% Hindu, Muslim 1.6%, Sikh 0.8%, 0.6% Buddhist and 0.6% other religion. Therefore, the religion percentages supported by the services is broadly reflective of the Kent population, with Christianity being more highly represented in this data set than in the Kent population. There is also a percentage of

religion unknown particularly within the Sensory Services in the Community, which makes it more difficult to assess the potential impact of proposals on this protected characteristic.

c) Mitigating Actions for Religion and belief

Priority Groups:

- Activity times, dietary norms or cultural practices may exclude religious groups, almost 10% ” unknown” data reduces insight.
- Religious inclusion checks; Avoid scheduling essential activities during major Religious festivals where possible.
- Work with faith leaders, use community connectors to reach underrepresented faith groups.

Data improvement-

- Religion data must be captured (expect where individuals decline).

d) Responsible Officer for Mitigating Actions - Religion and belief

Kate Silver

25. Negative Impacts and Mitigating actions for Sexual Orientation

a) Are there negative impacts for sexual orientation. *Answer: Yes/No*

No

b) Details of Negative Impacts for Sexual Orientation

Although there is “No” negative impact for sexual orientation, we have analysed the data and will consider the key insights found and make necessary adjustments where applicable to the future service design/specification.

In 2025-2026 Services supported:

- Heterosexual 85.33%
- Bisexual 1.33%
- Gay or lesbian 1.33%
- Unknown 10.42%
- Other 0.25%

The 2021 Census reported that 90.6% of Kent residents were heterosexual, 1.3% gay or lesbian, 1.1% bisexual and 6.7% not answered. The Sensory Services in the Community are supporting broadly representative percentage of people that are bisexual, gay or lesbian compared to the Kent population. There is also a percentage of unknown across the Services (10.42%).

c) Mitigating Actions for Sexual Orientation

As part of the specification and KPI's the following will be considered:

- Make it explicit in communications that services welcome LGBTQ+
- Confidential disclosure routes; people can disclose sexual orientation privately on forms or digitally
- Co-produce outreach with local pride organisations, support groups and with people with lived experience

Data:

- Reduce unknown sexual orientation data.

The demographics will be monitored, if there is a change in data, for example a decrease in the number of people who are gay accessing the services, reasons for this would be explored along with actions to improve accessibility of the services.

d) Responsible Officer for Mitigating Actions - Sexual Orientation

Kate Silver

26. Negative Impacts and Mitigating actions for Pregnancy and Maternity

a) Are there negative impacts for Pregnancy and Maternity? *Answer: Yes/No*

No

b) Details of Negative Impacts for Pregnancy and Maternity

Although there is "No" negative impact for Pregnancy and Maternity, we have analysed the data, and will consider the key insights found and make necessary adjustments where applicable to the future service design/specification.

Providers capture if someone is currently pregnant or supporting someone that is in the maternity period of 33 weeks.

Of the 25,347 Individuals that Sensory services supported in 2025-2025, 1.75% were pregnant or supporting someone that is in the maternity period. Although the number is small, there could a be a negative impact on the health and wellbeing of the individual as

for this service they would have sensory needs in addition to being pregnant or during the maternity period. They could be accessing support to help them connect with others to improve mental health and wellbeing.

c) Mitigating Actions for Pregnancy and Maternity

As part of the specification and KPI's the following will be considered:

- Mobility issues, health needs, caring for a baby/young child may limit access.
- Signposting-strong links to maternity, midwifery, and early years support.
- Provide flexible appointment arrangements, accessible information
- Signposting where sensory impairment affects parenting, communication or safe access to support.

d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity

Kate Silver

27. Negative Impacts and Mitigating actions for marriage and civil partnerships

a) Are there negative impacts for Marriage and Civil Partnerships? *Answer: Yes/No*

No

b) Details of Negative Impacts for Marriage and Civil Partnerships

Although there is "No" negative impact for Marriage and Civil partnerships, we have analysed the data, and will consider the key insights found and make necessary adjustments where applicable to the future service design/specification.

Data shows a high proportion (46.4%) of people supported in 2025-2026 are not in a civil partnership, divorced, separated, widowed or single, this could have an impact on increasing social isolation if people are living alone and a loneliness risk where sensory impairment affects communication, confidence or ability to access community support.

c) Mitigating Actions for Marriage and Civil Partnerships

As part of the specification and KPI's the following will be considered:

- Ensure support networks, social prescribing partners and community connectors are utilised to identify and reach people at risk of isolation.
- Encourage sensory specific group-based community activates to build local networks.
- Structured loneliness pathway- Befriending, social clubs, peer networks, group-based wellbeing activities.
- Proactive identification of people living alone- GP referrals, housing referrals, care navigators
- Volunteer programmes-encourage neighbourly support and buddy schemes to reduce isolation.

d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships

Kate Silver

28. Negative Impacts and Mitigating actions for Carer's Responsibilities

a) Are there negative impacts for Carer's Responsibilities? *Answer: Yes/No*

No

b) Details of Negative Impacts for Carer's Responsibilities

There is limited data on Carers Responsibilities as it has not been a requirement for the Community services to collect this data.

In Kent, in the Kent carers strategy an estimated 148,341 adults aged 16+ provide the following unpaid care each week:

- 94,640 provide 1-19 hours
- 18,131 provide 20-49 hours
- 35,570 provide 50 hours

Therefore, carers are playing a key role in supporting people and could negatively be impacted by the proposal if the person they care for has reduced access to the support and services affected by the proposal. This could impact a carer's mental health and wellbeing.

c) Mitigating Actions for Carer's Responsibilities

As part of the specification and KPI's the following will be considered:

- The future provider/s will be responsible to support carers to understand and support this best practice informed approach.
- Identify carers early- build mandatory carer screening into triage and referral forms.
- Carer wellbeing checks- signpost to carers support services, emergency plans, carers passport.

- Peer support for carers, group activities, respite sessions, wellbeing groups.

Data:

- Carer status captured for all people using services.

d) Responsible Officer for Mitigating Actions - Carer's Responsibilities

Kate Silver