EQIA Submission Draft Working Template

Section A

1. Name of Activity (EQIA Title):
Community Wellbeing Service for Older People, Physical Disability and Dementia Updated 22/07/26
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

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. The current contracts are:

- Wellbeing Services in the Community for Older People (55+)
- Wellbeing Services in the Community for those with a physical disability
- Wellbeing Services in the Community for people with dementia and their families
- Wellbeing Services in the Community for adults with sensory impairments

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

It is proposed that sensory services remain as a separate specialist contract, 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.

The other three services detailed above are being brought together as three Lots within the Community Wellbeing Service for Older People, Physical Disability and Dementia contract, with the aims of:

- enabling a more holistic, integrated approach to supporting community wellbeing across Kent.
- bringing together different specialisms and expertise;
- offering greater opportunities for innovation;
- creating potential for economies of scale.

The Community Wellbeing Service for Older People, Physical Disability and Dementia will go live from October 2027, and from December 2025 to September 2027 we will be designing, procuring and mobilising the contract.

The new service will be delivered within the financial envelope spent on these services in 2025/26. The specification will align with the 2025-2035 Prevention Framework, and a clear performance management framework will be in place for the contract, outlining reporting requirements designed to demonstrate the impact of these services.

These changes stem from previous consultation and engagement with VCSE partners, staff, and people with lived experience.

Support for Older People:
The 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 requiring statutory services.

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.

Support for People with Dementia and their Families:
The Service provides post-diagnostic, strengths based support to individuals living with dementia and their families, offering advice and guidance, emotional reassurance, and peer support, ensuring that the provision is also age-appropriate for younger people with

Dementia. Alongside partnership with Dementia Coordinators, the Service helps people stay safe, maintain independence, and access appropriate community and health resources, while promoting wellbeing and improving resilience.

Top 3 reasons for referrals:

- Emotional reassurance and crisis support for people with dementia and carers.
- Information, advice, and signposting regarding dementia progression, care options, and community support.
- Referral to Dementia Coordinators for ongoing case management and specialist guidance.

Support for People with Physical Disabilities:
The Service supports individuals with a wide range of disabilities by offering practical guidance, targeted interventions, and access to equipment or services that help maintain independence and everyday functioning. The Service often works with people who need adjustments, advocacy, or help navigating community and social care pathways.

Top Three Reasons for Referrals:

- Support to navigate statutory services – including ASC and NHS
- Support to access eligible benefits (DWP) and KCC Blue Badges – peer support throughout the process
- Advocacy, information, and signposting – living life with a disability with choice and control.

Some of the proposed changes to the future service

Single Point of Access One of the proposed changes to the Community Wellbeing Service for Older People, Physical Disability and Dementia , is the introduction of a single point of access. This approach is designed to address the concern raised during engagement that there is often confusion about how to access services delivered by multiple providers who currently all have their own referral routes.

Introducing a Single Point of Access will:

- Streamline the process and make it more user friendly by providing one telephone number or email for referrals, significantly improving patient experience.
- Enhance communication and collaboration between services, reduces duplication.
- Reduce the need for people to repeat their situation and ensure they are directed to the right service at the right time.
- Ensure consistent access to services across the county, helping to reduce postcode based variation.

- Provide a clearer, simpler pathway for both residents and professionals seeking support.
- Speed up access and direct connections to the most appropriate service

We do not expect this change to affect the overall number of referrals.

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. For example, the older persons' specification states: "These services will be accessible for all adult residents in Kent, with a particular focus on vulnerable groups (at most risk of requiring further support from statutory agencies) of older individuals (55 and over)."
- The new specification will strengthen and clarify these requirements 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 to demonstrate accessibility and reach.
- Priority groups:
    - 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
- **Strategic Partner Model:**

Following feedback from engagement sessions

it is proposed that delivery of this service will be via a Strategic Partner and Service Delivery Network model, with the contract comprised of four Lots:

	Lot 1	**Strategic Partner**
Service Delivery Network	**Lot 2**	**Community Wellbeing Support for older people aged 55+** (Individuals under the age of 55 are eligible for support if they have complex needs)
	Lot 3	**Community Wellbeing Support for adults (aged 18+) with a physical disability**
	Lot 4	**Community Wellbeing Support for People with Dementia and their Families in Kent**

Under this model the roles and responsibilities of the Strategic Partner include ensuring:

- Providers delivering Lots 2, 3 and 4 of the contract work in partnership to best meet the needs of those accessing the Service
- Effective and pro-active contractual relationship with both Commissioners and the Service Delivery Network
- Delivery of the Single Point of Access – ensuring an effective first point of contact, appropriate and timely response to new enquiries, and compliance with standards.
- Effective management of referral pathways into the Service Delivery Network.
- The delivery of support under each of the contract Lots is consistent and available across Kent
- Plans are in place for the Community Wellbeing Service as a whole in respect of business continuity, resilience and disaster recovery

- Demand is managed, activities are prioritised and resources are mapped – working with Providers in the Service Delivery Network where gaps in the service offer are identified.
- Quality assurance processes are in place to manage risks effectively and proactively
- They are working with, and on behalf of, the Service Delivery Network to proactively source additional funding, and support the sustainability of the service – over time the Council expects that the service will become more self-sustaining and not reliant on one funding stream
- They lead on and work with the Commissioners to effectively assess the impact and value of the Community Wellbeing Service

The Providers in the Service Delivery Network shall work together, and with the Strategic Partner, to ensure a holistic approach to service delivery is achieved, that recognises and addresses the overlapping nature and interconnectivity between different needs.

Demand/Need:

- Kent analytics shows current service distribution aligns with projected future demand and this will continue under the new model.
- 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.
- Dementia services retain their specialist nature.
- All services remain outcome focused, promoting wellbeing and independence.

Provider input:

The specification states that Providers shall work with the Council to undertake an annual review of the Equality Impact Assessment (EqIA) for the Community Wellbeing Service and demonstrate how they are delivering the recommendations identified by the EqIA to ensure the needs of populations with protected characteristics are met in the Service they deliver. This will include

making reasonable adjustments to make services accessible and tailored to meet different needs and will ensure that this remains a priority throughout delivery of the contract.

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?

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, and people living with 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 of Community Wellbeing Services, 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
	Wellbeing co-design session	People with Lived experience	Virtual	12
	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
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 feedback.

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 for Community Wellbeing Support contracts for older people aged 55+, people with Dementia, and adults with Physical Disability)

Uploading Evidence/Data/related information into the App

An analysis of the data from the Community Wellbeing Support services outlined in the table below, between April 2024 and March 2025.

Community Wellbeing Support for older people aged 55+. Individuals under the age of 55 are eligible for support if they have complex needs.
Community Wellbeing Support in the community for People with Dementia and their Families in Kent.
Community Wellbeing Support for adults (aged 18+) with a physical disability.

These services are delivered by partners across the voluntary, community and social enterprise (VCSE) sector and estimated to have supported around 41,500 residents in this period. However, we know that providers' approaches to reporting have been inconsistent and there has been duplication in counting individuals who access multiple services.

Although there has been analysis for each protected group, many individuals have multiple protected characteristics that need to be considered holistically.

It is important to note that capturing and reporting on ‘carers responsibilities’ as a protected characteristic has not been part of the current contract. While Carers Responsibilities are not a protected characteristic according to the Public Sector Equality Duty, it is included by KCC here as it is deemed important.

The analysis of the available data confirms that we do not anticipate any negative impact on any protected groups. The activity is expected to have a positive impact overall. As no negative impacts have been identified, detailed information is not required for the EqIA at this stage. However, all insights and learning drawn from the data will be carefully reflected on and incorporated into the contract specification where appropriate, ensuring that the specification aligns with and responds to the evidence.

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

- Positive impact due to simplified access, reduced postcode variation.
- Specialist pathways for dementia and physical disability are maintained and accessibility requirements strengthened.
- Clear referral routes will reduce repetition and improve accessibility.
- Inclusive open access model and equality monitoring.
- Diverse provider networks can better reflect community needs.
- Clear KPIs to monitor impact of the service and inform continuous improvement and innovation.
- Focus on priority groups.

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 there is “No” negative impact for Age, 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 the percentages of people supported in 2024/2025 who are between 0-59:

- 17.68% of people supported by Wellbeing Services for Older Adults
- 11.12% of people supported by Dementia Services
- 48.42% of people supported by Physical Disability Services
-

The data shows the percentages of people supported in 2024/2025 who are 60+:

- 78.72% of people supported by Wellbeing Services for Older Adults
- 88.47% of people were supported by Dementia Services
- 29.75% of people supported by Physical Disability Services

In total, 88.59% of people supported by these services are aged 60+, and 11.41% are aged 0–59 years. Therefore, this needs to be considered for future service design.

A significant proportion of people supported by Physical Disability Services are of working age (48.42%) and need services that encourage aspiration/positivity/encouragement to work and live independently. They have different support needs to older people. For this cohort, tailored support should be considered and provided.

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.

c) Mitigating Actions for Age

As part of the developing specification and KPIs, the following will be considered:

Older people and some younger adults face digital exclusions and difficulties navigating complex information and may have limited digital skills.

Access and Single Point of Access:

- Multi-channel access - ensuring the service is not digital only, including telephone, face-to-face contact, home visits, written materials and accessible formats such as large print, audio and Easy Read.
- Digital Inclusion support - device support sessions, and alternative non-digital routes.
- Proactive outreach - work with GP surgeries, social prescribers, libraries, faith groups, housing associations.
- Alternative access routes - such as email, text messaging or online portals to reduce reliance on telephone-only systems.
- Consistent triage and clear referral pathways to specialist services.
- Tell-us-once model - to avoid repeated storytelling.
- Extra time for transactions for those that need it - better promotion of services, improved referral pathways and using Social prescribing to improve health.
- Age-appropriate support pathways - including activities that promote ageing well, such as strength and balance classes, befriending, memory support, and support appropriate for younger people, including employment, independence and community participation.
- Specialist support - for example younger adults with disabilities or multiple diagnoses.

Priority Groups:

- Targeted outreach and tailored interventions.
- Defined priority groups - including deprivation, Global Ethnic Majority, multimorbidity, homelessness, transport barriers.

- Targeted offer for younger disabled adults - employment support, life skills, housing advice and peer networks.
- Tailored support for priority age groups. The majority of current users are 60+, but younger adults with disabilities also access the services, if not acknowledged there could be a risk of unmet need.
- Tailored interventions based on life stage, functional ability and personal goals.

Data, KPIs and Reporting Requirements:

- Improved data - mandatory age segmentation in reporting.
- Clear KPIs - covering access, reach, outcomes, user experience, and collaboration.
- Usage monitored by age to identify gaps.
- Continued engagement with people with lived experience across ages
- Feedback from both older people and younger disabled adults used to shape delivery models.
- Outcomes for frailty, loneliness, mobility and digital exclusion.
- 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 expectations into KPIs 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 there is “No” negative impact for Disability, we have analysed the data, and will consider the key insights found and make necessary adjustments where applicable to the future service design/specification.

The data from those supported by the services during 2024/25 identifies that the proposals would have the greatest impact on people with:

- Long-term conditions 27.26%
- Physical disability 11.65%
- Mental Health 7.47%
- There is also 11.18% of data unknown/not captured

The data shows the number of people supported who have a long-term condition:

- 4945 people supported by the Wellbeing Services for Older Adults
- 229 people supported by Dementia Services
- 255 people supported by Physical Disability Services

Physical Disability:

According to a Kent Analytics report the number of 18-64 year olds in Kent with impaired mobility is projected to increase by 6% by 2040, and those with moderate personal care disability are expected to increase by 8%. The largest increases are projected in Maidstone and Dartford.

Needs analysis summary- Physical Disability:

- Wellbeing Services in the Community for those with a physical disability. The service recorded 17,205 interactions in 2022/23, increasing to 17,903 in 2023/24 and reaching 19,894 in 2024/25.
- According to the 2021 Census 281,423 people in Kent (17.9% of the resident population) were Equality Act disabled at the time of the Census. A further 116,477 had a long-term health condition but their day-to-day activities weren't limited by their condition.
- According to the 2021 Census, Thanet is estimated to have the highest physical disability at 19,731 followed by Canterbury at 18,954. Dartford is estimated to have the lowest physical disability at 10,054 followed by Tunbridge Wells at 10,622.

Dementia:

According to a Kent Analytics report the number of people in Kent aged 65 years old and over with Dementia is projected to increase by 42% by 2040.

Needs analysis summary- Dementia:

- Wellbeing Services in the Community for people with dementia and their families - In 2022/23, 4,618 people accessed the service. This number more than doubled to 9,065 in 2023/24, and continued to rise to 13,103 in 2024/25.
- Kent is home to approximately 25,000 people living with dementia, with around 15,000 individuals currently diagnosed. Compared to national figures, Kent has a higher prevalence of dementia but a lower diagnosis rate, highlighting a significant gap in identification and support.
- According to the Joint Strategic Needs Assessment (JSNA) cohort model, Kent is projected to see a 17.9% increase in the number of people with dementia between 2022 and 2027. Longer-term forecasts using Housing-Led projections estimate that the number of people living with dementia in Kent could rise to 43,000 by 2040.

c) Mitigating Actions for Disability

Priority Groups:

- 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
- Future service provider/s to demonstrate how older people with complex needs will be supported safely and consistently, helping people to age well within their communities

Single point of Access:

- Clear referral routes from the single point of access
- Guarantee clear signposting from the single point of access to dementia and physical disability specialists.

Data, KPIs and Reporting Requirements:

- Accessibility audits - undertake annual audits and publish action plans
- Disability type recorded consistently; KPIs to reduce the proportion of “Unknown” data.

d) 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.

- Community Wellbeing Services for Older Adults supports 30.79% males
- Dementia Services supports 39.58% of males
- Physical Disability Services supports 37.85% of males

The 2021 Census shows there are more females than males in Kent (51.2% female to 48.8% male), and this pattern is seen across all Kent local authority districts. Data from 2024/2025 shows that those supported by the Community Wellbeing Services are 57.66% female to 36.61% male.

c) Mitigating Actions for Sex

Men experience disproportionately poor mental health outcomes, including higher suicide rates, lower engagement with support services, and increased prevalence of substance misuse. While the specification does not mandate targeted male outreach, it does require providers to consider the needs of communities facing barriers to access and priority groups. This should provide providers with the flexibility to identify and respond to unmet need among men where local data and service intelligence indicate this is appropriate.

This could include:

- Work with Men’s Sheds, sports clubs, veterans groups. Faith groups, workplaces, barber shops.
- Practical purpose driven activities (gardening, DIY, repair cafes, walking 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.

Services supported 0.27% of people that were listed as having gender reassignment/being transgender in 2024/2025.

There is a gap in data across all services which totals 23.77% unknown.

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 KPIs, 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, KPIs and Reporting Requirements: 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.

Services supported in 2024/2025:

- Asian: 1.73%
- Black: 0.6%
- Mixed: 0.99%
- White: 74.82%
- Unknown: 21.74%

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%. Completing the Equality Impact Assessment has identified that services are supporting a percentage of White residents that reflects the Kent population. The numbers of people supported known to be from Asian, Black and Mixed ethnic backgrounds are lower than the Kent population, however, it is noted that 21.74% of those supported chose not to disclose their race and are therefore recorded as ‘unknown’

c) Mitigating Actions for Race

Consideration to be given to race when determining the priority groups for the contract, to ensure a more targeted approach and support to communities to ensure the percentage of people supported reflects the Kent population.

It is recognised that there are structural and societal reasons as to why Individuals from the Global Majority may have lower access to services, including a lack of timely diagnosis and therefore being less likely to access preventative services, such as these.

Single point of access:

- Translated information - providing material in key community languages.
- Staff training - anti-racism and cultural awareness.
- Service design - adapt activities to cultural norms, gender expectations, dietary needs, social practices.

Data, KPIs and Reporting Requirements:

- KPIs - to ensure providers report on the ethnicity of people who use their services and illustrate how support is appropriately tailored to meet the needs of different ethnic groups and communities.
- Robust reporting and improved data captured - to ensure all services have equitable access and delivery, with a specific focus on ethnicity data collection.

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.

Services supported in 2024/2025:

- Christian 37.29%
- Hindu 0.18%
- Buddhist 0.13%
- Jehovah Witness 0.22%
- Muslim 0.46%
- Sikh 0.76%

- No religion 13.48%
- Other religion – details are unknown 1.27%
- Religion is unknown 46.11%

The 2021 Census shows that in Kent 48.5% of residents identified as Christian, 40.9% had no religion, , Muslim 1.6%, 1.2% Hindu, Sikh 0.8%, 0.6% Buddhist and 0.6% other religion, Therefore, the religion percentages supported by the services are reflective of the Kent population. There is also a large percentage of religion unknown particularly within the Wellbeing Services in the Community for those aged 55+, 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 - 40%+ “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, except where individuals decline to provide it.

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.

Services supported in 2024/2025:

- Heterosexual 65.31%
- Bisexual 0.13%
- Gay or lesbian 0.65%
- Prefer not to say 1.01%
- Unknown 32.85%

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 Services in the Community services are supporting slightly lower percentage of people that are bisexual, gay or lesbian compared to the Kent population. There is also a large percentage of unknown across the Services (32.85%).

c) Mitigating Actions for Sexual Orientation

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

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

Data:

- Reduce unknown sexual orientation data.

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.

In 2025, Providers supported 3 people who were either pregnant or supporting someone in the maternity period of 33 weeks.

c) Mitigating Actions for Pregnancy and Maternity

As part of the developing specification and KPIs, 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.

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 that 18.64% of those supported in 2024/2025 identified as not in a civil partnership, divorced, separated, widowed or single, which could have an impact on increasing social isolation if people are living alone and a loneliness risk.

c) Mitigating Actions for Marriage and Civil Partnerships

As part of the developing specification and KPIs, 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 group-based community activities to build local networks.
- Establish a 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, 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 developing specification and KPIs, 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