

SSA EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate	DASCPH
Service Area	Commissioning
Service/policy/function being assessed	Extra Care
Which borough (s) does the service/policy apply to	Wandsworth
Staff involved in developing this EINA	Hana Alipour, Senior Commissioning Manager (Older People, Phys & Sens) Vanessa Doidge, Commissioning Officer Dawn Patrick, Commissioning Officer (Policy and Projects)
Date approved by Directorate Equality Group (if applicable)	30 th August 2024
Date approved by Policy and Review Manager All EINAs must be signed off by the Policy and Review Manager	16 th August 2024
Date submitted to Directors' Board	N/A

1. Summary

Please summarise the key findings of the EINA.

The purpose of this Equality Impact Needs Assessment is to assess the possible impact of recommissioning the care and support provision in two extra care housing schemes, Chestnut House (Roehampton) and Ensham House (Tooting), both of which are commissioned by Wandsworth Borough Council. It should be noted that any service changes may also impact Council staff in terms of processes as well as provider staff who we would expect to TUPE if there is a change in care provider.

Current extra care provision is delivered through three extra care schemes located across the borough. In scope of this procurement exercise are 2 schemes. The Council is designing service model options and there will be a procurement exercise resulting in awarding contracts for the schemes. This may see the Council contracting with the same or different care providers that currently provide the service. There is no proposal to reduce the number of service users who can access the service or change eligibility criteria.

Extra care services offer on-site care and support 24 hours a day, 7 days a week to older adults aged 55+ to continue living independently in their own home for as long as possible, in a supportive and enabling environment that is responsive to change in need as they age, or long-term condition deteriorates.

The schemes are designed as community settings with independent, self-contained flats, which differ from residential and sheltered housing schemes in the fact that each resident holds their own tenancy and not a license agreement and is responsible for paying their rent and bills, as they would in the community to a private or social landlord.

Care and support are provided by an onsite provider with staff covering day and night shift patterns. This care is personalised to each resident as outlined within their care-plans, which describes the care and support required. In some cases this may detail the number of care calls a resident may require for personal care and practical support and other support plans may be more outcomes focused depending on client need. The service model should be flexible and responsive to adapt to a change in client need as they age in place.

The addition of onsite night staff also allows for emergency and unplanned needs to be met, and in some occasions planned care e.g. turning or toileting support.

As at July 2024 there are 33 clients in receipt of care at Chestnut House and 45 clients in Ensham House in receipt of care and support.

Key findings:

- 70% of tenants for Ensham House are over 65 and 75% for Chestnut are over 65.
- The primary reason for extra care is personal care due to physical support needs.
- Nationally extra care has been found to reduce inappropriately early residential care placements.
- Although women tend to outlive their male counterparts the split across services of male to female ratios are relatively equal.
- There are low numbers of people in extra care from the LGBTQIA+ community, needs and experiences will be kept under review.

The current contract for extra care in Wandsworth will be coming to an end on 31st August 2025. To meet current and future need, the extra care services at Chestnut House and Ensham House will be procured, with a new service start date of 1st September 2025.

The aim is to attract providers who can support people, within budget, to remain as independent as possible, whilst encouraging community engagement both within the services and externally.

The information reviewed through benchmarking with other local authorities, discussions with current tenants, soft market testing and internal team meetings, has shown extra care as a needed resource and there is some unmet need to be addressed for social inclusion, health and wellbeing through activities. It has also shown that expectations of what extra care can be varies between interested parties.

The research gathered within this EINA shows older people benefit from this service, enabling tenants to remain within independent homes for longer, therefore preventing, reducing and delaying the need for residential care.

In relation to area demographics and Black, Asian and Other Ethnic Minorities, there is a higher percentage of tenants from Black communities, however this does not outnumber White European clients, which remains the highest user group of this service.

Data and intelligence gathered through the commissioning process is being used to design the future service model and inform the service specification.

Any change in the cost of care because of the procurement process would need to be communicated to full cost payers.

Note, where the data in this EINA is a number less than 10, we have redacted this for information governance purposes. This is denoted with an 'x'.

2. Evidence gathering and engagement

a. What evidence has been used for this assessment? For example, national data, local data via DataRich or DataWand

Evidence	Source
Service use data	Mosaic
Local population data, ONS Census, 2021	ONS

Immigration system statistics data tables	Home Office
Wandsworth JSNA 2021	DataWand

b. Who have you engaged and consulted with as part of your assessment?

Individuals/Groups	Consultation/Engagement results	Date	What changed as a result of the engagement
Benchmarking with London Local Authorities through online survey and interviews.	Report completed. Showed similar contractual set up to Wandsworth existing extra care model.	18 th March 2024	No change.
Current clients in receipt of extra care. Surveys, face to face focus groups and individual meetings	Care given variable, with some clients feeding back their care calls were rushed and timings inflexible. Clients did report they felt the care team treated them as individuals and on the whole were kind and caring. The common theme to emerge was insufficient activities and stimulation not supported as well as it could be.	24 th and 30 th April, July 2024	Consideration to how activities can be facilitated. . Service specification to provide high level information on client level of need to inform bids of staffing rosters. Service specification to highlight importance of extra care being a flexible and responsive service.
Care providers	Key messages from providers who responded to the soft market testing questionnaire include social inclusion and wellbeing is paramount, experience of supporting multiple client groups however view that extra care is primarily an older persons service so the balanced community in this respect should be retained with transparency for new clients moving into the scheme being informed that the age group may be mixed, service specification needs to clearly document requirements and expectations including staffing resources expected so bidders can cost for the service and roster appropriately. There was limited experiences of using digital technology to aid with care and support delivery.	February 2024	Feedback is being considered through service design and the service specification.
Internal operations teams	Team meetings attended in person and questions sent out to team members. Key messages include cultural competence, social inclusion, call visits and timings.	March 2024 and on-Going	Further consideration given to equality and diversity within the service specification. Activities presented as a theme and ideas gathered through this engagement for the service specification.

3. Analysis of need

Potential impact on this group of residents and actions taken to mitigate impact and advance equality, diversity and inclusion.

Protected group	Findings							
Age	Data							
	<i>Figure 1: Chestnut House and Ensham House tenants by age band at snapshot dates, 2021-2024¹</i>							
		Mar-21	Jan-22	Jan-23	Jan-24	Ave annual change	Average snapshot	Wandsworth population²
	under 50	X	X	X	X	X	X	
	50-54	X	X	X	X	X	X	
	55-64	14	14	14	10	-1.33 (-10%)	13.00	9%
	65-74	13	16	18	24	3.67 (28%)	17.75	5%
	75-84	23	18	18	17	-2.00 (-9%)	19.00	3%
	85+	14	13	16	18	1.33 (10%)	15.25	1%
	Total	68	64	72	76	2.67 (4%)	70.00	
Minimum age	47	48	45	43				
Maximum age	98	99	100	101				
Key findings								
<ul style="list-style-type: none"> Numbers below the age of 55 in the service are minimal and therefore small changes may imply greater significance than they actually have. Extra care is primarily for people aged 55+ and landlords will support nominations of individuals age 45+ in exceptional circumstances. On average the service supports less than 10 people at any one time who are under 55 years old, half of whom are under 50 but above 40. This has increased slightly over the last few years. In total, of the 120 people living in these 2 extra care schemes at the snapshot dates since March 2021, under 10 were below 55 when they entered extra care. This is 7.5% of the total population, although some younger tenants may also have moved in before they were 55 prior to March 2021. There is a significant age difference between the youngest and oldest tenants in extra care at any one time. Even taking those aged 55+ only, the history and life experiences are likely to be very different as are their personal and social needs. 								

¹ Mosaic data, 2021-2024

² ONS Census, 2021

Impact on new service

- Younger resident’s needs vary from those of older people. In relation to service provision this means creating an environment, which can be inclusive to support the varied age ranges.
- Consideration would need to be given to how to create an environment, which is equipped to enable younger tenants to have their needs met, such as social interaction and stimulation, community participation, autonomy of care choices and privacy.
- Services which have described themselves in the benchmarking exercise with London local authorities as ‘mixed’, tend to mean in needs rather than age, with many services providing for 55+ and having standalone services for 18+. The latter catering more towards tenants with a physical disability, learning disability and or mental health issues.

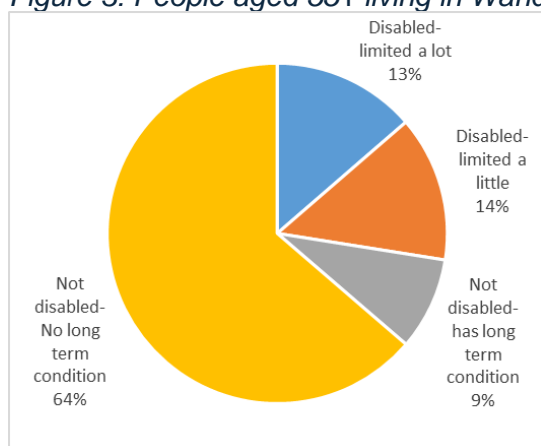
Disability

Data

Figure 2: Chestnut House and Ensham House tenants by primary support reason at snapshot dates, 2021-2024³

	Mar-21	Jan-22	Jan-23	Jan-24	Ave annual change	Average snapshot	Total tenants
Learning Disability	X	X	X	X	X	X	X
Mental Health	X	X	X	X	X	X	X
Physical – Access & Mobility only	X	X	X	X	X	X	X
Physical – Personal Care	50	48	52	53	X	X	X
Sensory	X	X	X	X	X	X	X
Social	X	X	X	X	X	X	X
Memory & Cognition	X	X	X	X	X	X	X

Figure 3: People aged 55+ living in Wandsworth⁴



Key findings

³ Mosaic data, 2021-2024

⁴ ONS Census, 2021

Disability and extra care

- All service users are receiving the service because of the limiting effect of their long-term condition so would be counted as disabled under the Equalities Act, which puts them as part of 27% of the 55+ Wandsworth population. People living in extra care have eligible needs under the Care Act and the majority have physical support needs, it is therefore considered that most would describe their condition as limiting their day-to-day activities a lot which is in common with 13% of the Wandsworth 55+ population.
- Research estimates that 63% of those in extra care nationally would need a residential placement if they were not in extra care⁵.
- Studies have indicated that extra care placements, compared with care homes and general needs housing can:
 - Reduce the need for hospital admissions
 - Reduce care needs
 - Achieve cost savings and
 - Benefit quality of life⁶.
- The service is focussed on providing appropriate personal care and support to people while still supporting people to be as independent as possible. The majority of service users have a primary support reason of physical support due to a personal care need.

Learning disability, mental health and memory and cognition needs

- There are a smaller proportion of service users with a learning disability or mental health condition who live in extra care. It should be noted that the primary support reason does not preclude the person also having a physical health condition that limits their day-to-day activities, and the primary support reason of personal care does not preclude the person also having mental health needs and/or a learning disability.
- Over the period, under 10 service users have had a primary support need of memory and cognition which includes differing forms of dementia. Various studies have shown benefits for people in the early stages of dementia in extra care housing⁷.
- Research suggests that while dementia-friendly service designs may be easier in specialist schemes, these schemes would have a detrimental effect on independence.

Autism

- There is no record on reporting systems of whether extra care tenants are autistic.
- National estimates suggest that the number of autistic people living in Wandsworth is likely to be in the region of 2,700 people, around 1.02% of the population⁸. Autistic people may have specific difficulties that may impact on their experience in an Extra Care setting. These include:
 - Communication
 - Sensory difficulties
 - Patterns of behaviour
 - Social isolation

⁵ Wandsworth Housing Statement 2021.

⁶ [Extra Care Housing: The Current State of Research and Prospects for the Future - Blogs - Housing LIN](#)

⁷ IBID

⁸ [Wandsworth JSNA 2021](#)

Some other conditions, e.g. learning disabilities, some physical or mental health conditions do have a higher co-morbidity rate with autism than that of neurotypical people.

Impact on new service

- The majority of those who enter extra care do so with a primary care need requiring personal care. The current services have a low number of those identified as having a learning disability, autism, or mental health issues. Feedback through engaging with other local authorities and internal operations teams, find housing these cohorts in larger numbers challenging due to maintaining a balance in tenants need within extra care and requirements with CQC.
- To give support to higher numbers, the current CQC registration for a provider would need to be reconsidered, turning the service provision into a specialism. The local authority already commissions housing separately for this cohort of tenants. However, as individuals age, and physical needs increase, extra care housing could be an option for an older person with a learning disability, thereby retaining their independence for longer and avoiding early admission to residential care.
- Those with early onset or low-level dementia can be accommodated and research, over a 2-year period for a randomised controlled trial undertaken by the Extra Care Charitable Trust in 2009 and published by Bradford University, helped to develop the Enriched Opportunities Programme (EOP) to support tenants with this need.⁹
- Extra care requires tenants to be able to maintain tenancy agreements and living costs as they would in the community. Tenants with cognitive and developmental disabilities could be accommodated with the right support, where they have capacity.

Sex

Data

Figure 4: Chestnut House and Ensham House tenants by gender at snapshot dates, 2021-2024¹⁰

	Mar-21	Jan-22	Jan-23	Jan-24	Ave annual change	Average snapshot	Total tenants	Wandsworth population aged 55+ ¹¹
Male	34	31	35	36	0.67	34.00	60	46%
Female	33	33	37	40	2.33	35.75	59	54%
Non-binary	X	X	X	X	X	X	X	X
Unknown	X	X	X	X	X	X	X	X

Key findings

- There are generally equal numbers overall of tenants by male and female split.
- There are no significant differences in male/ female clients living in the scheme at any one time.
- No tenants have been recorded as non-binary, however census figures are available (see gender reassignment)

⁹ https://extracare.org.uk/app/uploads/2023/05/pdf-for-dementia-link_eop_final_report_-2009.pdf

¹⁰ Mosaic data, 2021-2024

¹¹ ONS Census, 2021

	<p>Impact on new service</p> <ul style="list-style-type: none"> • There is no significant impact on the service delivery in relation to gender equality with the data provided. • On site facilities currently available, cater for all tenants regardless of gender identity and no adaptation needs to be considered at this stage.
<p>Gender reassignment</p>	<p>Key findings</p> <p><i>Equalities Act</i></p> <ul style="list-style-type: none"> • The Equality Act 2010 says that you must not be discriminated against because of gender reassignment. You can be at any stage in the transition process, from proposing to reassign your sex, undergoing a process of reassignment, or having completed it. It does not matter whether you have applied for or obtained a Gender Recognition Certificate, which is the document that confirms the change of a person's legal sex. However, some people identify as trans without falling under the legal definition of gender reassignment. This section looks at all those who identify as trans. <p><i>Wandsworth</i></p> <ul style="list-style-type: none"> • In Wandsworth, 0.62% of the population identify as a different gender to that which was determined at birth based on biological sex. This is higher than England and Wales in general (0.55%) but lower than the London (0.91%) and inner London (0.99%) averages. • While these are relatively small numbers, they are not a negligible percentage and it is possible that past, current or future tenants may identify with a gender that does not correlate to their determined sex at birth or the gender assigned based on this. <p><i>Specific needs</i>¹²</p> <ul style="list-style-type: none"> • There is no relevant routine national monitoring data for what is known as gender reassignment status by local authority. • There are legal protections which prevent anyone with knowledge of someone's trans status to "out" them without permission. • Trans people face discrimination, harassment, social exclusion, increased risk of facing violence or hate crimes, regular attacks by the media and greater health inequalities. • Older people may have concerns about disclosing their trans status. <ul style="list-style-type: none"> ○ Coming out as trans may disrupt existing relationships and social networks. ○ Trans people often report past experiences of discrimination. ○ Trans people may have concerns about respect for identity as they age (e.g. being called by the correct name or dressed in appropriate clothing) and for respectful provision of personal care. ○ Another concern for older trans people is the loss of identity associated with dementia.

¹² [Trans issues and later life \(ageuk.org.uk\)](https://ageuk.org.uk), [Ensuring trans people in Wales receive dignified and inclusive health and social care in later life: The Trans Ageing and Care \(TrAC\) project, 2016-18 | PolicyBristol | University of Bristol & Working with older trans people pt web.pdf \(researchinpractice.org.uk\)](https://www.researchinpractice.org.uk)

	<ul style="list-style-type: none"> • Some people transition in later life, this may be due to increased freedom and acceptance, retirement or the death of a partner or spouse. • There are still unanswered questions about what later life and health are like for the first generation of trans people in their 60s and over who have taken hormone therapy for 40 years or more. Many trans people may be living with gender reassignment surgeries performed using different techniques of the 1960s and 70s. • There are health and care issues that specifically affect older trans people, some of these are recently known as the first generation of people who have been through hormone therapy and possible surgery age. <p>Impact on new service</p> <ul style="list-style-type: none"> • Data collection is ongoing. • There is still much to learn regarding the needs of those who identify as transgender, which crosses into physical, emotional, cultural, ethnic, and religious needs. For first generational trans people, many of these needs may not have been met throughout their life, leading to isolation, discrimination, and inappropriate medical and social care intervention. • The impact on service delivery would be to create a supportive and open environment where all tenants can feel safe to be their true and authentic selves. This also means having an awareness of the different needs of trans people as being intersectional, as with anyone else, and therefore care not being based solely on gender identity, which can be as negative as not acknowledging this, but having the ability to recognise this is a part of what makes up the person as a whole and supporting access to appropriate health and support services are available without prejudice. • Those who choose to transition later in life may do so before entering extra care or make the decision whilst residing in service. Measures need to be in place to support this as extra physical and medical care may be required to enable a smooth and healthy transition. This means supporting tenants to access psychological support, social, cosmetic and legal changes, without regard to medical interventions, changing one’s name on documentation, being referred to by their new identity and access to external networks to aid transition. The service would need to ensure information is freely available and where required staff support to access such networks could be facilitated. • Staff training and sensitivity in this area is paramount. It would be expected as more data becomes available on the needs of this group training is updated to reflect medical and psychological needs presented. • This is an unknown area, given the data available and so impact on service provision cannot be fully measured.
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Marriage and civil partnership	Data								
	<i>Figure 5: Chestnut House and Ensham House tenants by marital status at snapshot dates, 2021-2024¹³</i>								
		Mar-21	Jan-22	Jan-23	Jan-24	Ave annual change	Average snapshot	Total tenants	Wandsworth population aged 55+¹⁴
	Unknown	X	X	X	X	X	X	X	X
	Cohabiting	X	X	X	X	X	X	X	X
Divorced	X	X	X	X	X	X	X	X	

¹³ Mosaic data, 2021-2024

¹⁴ ONS Census, 2021

	Married or in civil partnership	X	X	X	X	X	X	X	X
	Separated	X	X	X	X	X	X	X	X
	Single	25	29	40	43	6.00	34.25	47	19%
	Widowed	X	X	X	X	X	X	X	X
<p>Key findings</p> <ul style="list-style-type: none"> • Most tenants where their marital status is known are single, widowed, divorced, or separated. However, there have been 14 tenants who were married. • Under 10 tenants listed are married and cohabiting in either Chestnut House or Ensham House. • Data on sexual health and relationships is not collected. Work will commence on addressing this with care providers through the specification. • Relationships and social connections are an important part of every person’s life. People who live in extra care should be supported and encouraged to maintain their social life and, where wanted, support people to meet and live with a partner. <p>Impact on new service</p> <ul style="list-style-type: none"> • Feedback gathered through internal meetings with operational teams suggest there is not enough provision at present for cohabiting relationships. This would include married couples and unpaid carers where a second bedroom is required. However, this does not correspond with the low number of referrals for 2 bed room properties and past history of number of void 2 bed flats. There are 7 two-bedroom properties for Chestnut House out of 41 and 5 two-bedroom properties out of 40 for Ensham House. People should be supported to access the local community and develop relationships. Maintaining a local directory of services will enable service users to connect with their community. • Partnership working with voluntary organisations could open support and respite for partners of extra care tenants. • Preparation for death and end of life care is important, including for the unpaid carer, staff training will be required to support. 									
Pregnancy and maternity	<p>Data</p> <p>No data on pregnancy and maternity is available on Mosaic.</p> <p>In Wandsworth there are over 5,300 conceptions a year amongst women aged 16-50 of which about 28.1% end in abortion¹⁵.</p> <p>Key findings</p> <ul style="list-style-type: none"> • While most female tenants in extra care are above the age of childbearing, there are some for whom pregnancy may be a possibility, particularly those under 50 (see across groups below) <p>Impact on new service</p>								

¹⁵ Office of Health Improvement and Disparities (OHID) Public Health Outcomes Framework

- Although fertility starts to decline as women age, women can still carry a pregnancy, through a perceived or mistaken post-menopausal phase, which is typically between the ages of 45-55.
- Pregnancy in older women carry increased risk of health complications for both mother and child. This is likely to be low given extra care demographics are 55+.
- Any necessary adjustments to the support provided to the individual during pregnancy will be assessed by the allocated social worker employed by the Council.

Race/ethnicity

Data

Figure 6: Chestnut House and Ensham House tenants by ethnicity at snapshot dates, 2021-2024¹⁶

	Mar-21	Jan-22	Jan-23	Jan-24	Ave annual change	Average snapshot	Total tenants	Wandsworth population aged 55+ ¹⁷
Asian or Asian British	X	X	X	X	X	X	X	X
Black or Black British	22	21	21	23	0.33	21.75	36	13%
Mixed	X	X	X	X	X	X	X	X
Other Ethnic Groups	X	X	X	X	X	X	X	X
White	38	35	38	41	1.00	38.00	64	69%
Unknown	X	X	X	X	X	X	X	X

Figure 7: Ward tenants in Roehampton and Tooting Bec by ethnicity¹⁸

	Roehampton	Tooting Bec
Asian or Asian British	16%	22%
Black or Black British	15%	10%
Mixed	8%	7%
Other Ethnic Groups	7%	3%
White	54%	58%

1st language of extra care residents

	Mar-21	Jan-22	Jan-23	Jan-24	Ave annual change	Average snapshot	Total tenants
English	56	55	64	66	3.33	60.25	101
Arabic	X	X	X	X	X	X	X
Farsi/Persian	X	X	X	X	X	X	X
Gujarati	X	X	X	X	X	X	X

¹⁶ Mosaic data, 2021-2024

¹⁷ ONS Census, 2021

¹⁸ ONS Census, 2021

Polish	X	X	X	X	X	X	X	X
Tamil	X	X	X	X	X	X	X	X
Urdu	X	X	X	X	X	X	X	X
Unknown	X	X	X	X	X	X	X	X

Key findings

- Compared to Wandsworth’s population (and to the Ward populations where the facilities are based) there is an under-representation of Asian tenants in extra care and an over-representation of black tenants.
- Under 10 tenants under 55 during the period, are black or black British. Although the numbers aged 40-55 are not statistically significant, if only tenants over 55 were counted, black tenants would still be proportionately over-represented compared to the 55+ population, the proportion who were black would be similar to that of the home care population.
- Neither extra care service is designed as a standalone extra care service for the black community or Asian community.

Impact on new service

- Consideration needs to be given to why there is an under representation of Asian tenants given this demographic is more highly represented within the community.
- Feedback from internal operational teams suggests extra care services need to strengthen their approach to providing culturally appropriate support to be an attractive prospect. An example provided was with supporting service users with their grocery shop in local food markets rather than a generic supermarket. It is important that this is captured in Council care plans and the providers assessment and support planning to support with delivering person centred care.
- Culturally appropriate care is also relevant to a number of CQC regulations, person centred care, dignity in care, need for consent. Extra care providers are domiciliary care agencies, therefore will be required to comply with these regulations.
- Employing bilingual staff would benefit future proofing tenants whose first language is not English and allow for a more conducive environment where tenants felt they were able to participate more freely without language being a barrier to interaction.
- Access to translation services would benefit the service, where bilingual staffing was not a possibility, but new tenants required language support.
- Black tenants at present are overrepresented within the schemes in comparison to Asian and similar considerations need to be given to services being culturally responsive to the needs of ethnic minority groups.

Religion and belief, including non-belief

Data

Figure 8: Chestnut House and Ensham House tenants by religion at snapshot dates, 2021-2024¹⁹

	Mar-21	Jan-22	Jan-23	Jan-24	Ave annual change	Average snapshot	Total tenants	Wandsworth population aged 55+ ²⁰
Christian	25	23	28	31	2.00	26.75	45	57%
Buddhist	X	X	X	X	X	X	X	X

¹⁹ Mosaic data, 2021-2024

²⁰ ONS Census, 2021

Hindu	X	X	X	X	X	X	X	X	X
Jewish	X	X	X	X	X	X	X	X	X
Muslim	X	X	X	X	X	X	X	X	X
Sikh	X	X	X	X	X	X	X	X	X
Other	X	X	X	X	X	X	X	X	X
No Religion	X	X	X	X	X	X	X	X	X
Unknown	35	34	36	32	-1.00	34.25	57	7%	

Figure 9: Places of worship near House²¹

Ensham House²²

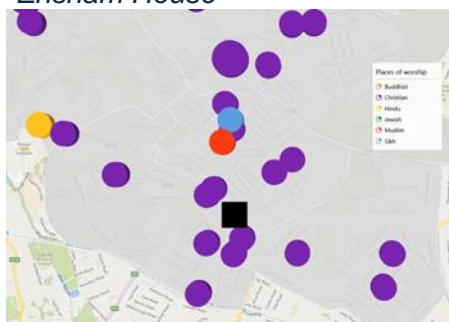
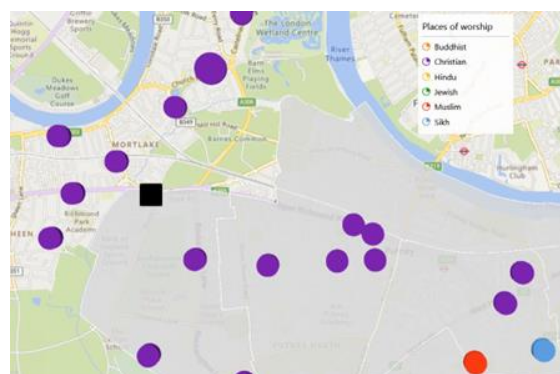


Figure 10: Places of worship near Chestnut



Key findings

- There are a high proportion of tenants where the religious affiliation is unknown on Mosaic and therefore it is difficult to draw conclusions.
- The maps show that Ensham House is well served with nearby places of worship with a few churches of various denominations, Sikh and Hindu temples and a mosque within a short distance. Chestnut House is also well served by churches both in Wandsworth and across the border in Richmond. However other places of worship are further away.

Impact on new service

- For Ensham House the impact on service is low, given the accessibility to places of worship, which tenants can attend. For Chestnut House this impact rises slightly for those not of the Christian faith, who may require support to observe religious practice further away from the service.
- Balancing the beliefs of all tenants can be supported by clear information provided to tenants of where they can attend, transport information and maintaining a neutrality within communal areas, to present a homely environment which is not dominated by one or other religious beliefs.
- Supporting tenants to attend their chosen place of worship needs to be built into care-plans and support with transport options such as supported taxis or dial-a-ride.

Sexual orientation

Data

²¹ [IBID](#)

²² [All places of worship in the borough - Wandsworth Borough Council](#)

Figure 11: Chestnut House and Ensham House tenants by sexual orientation at snapshot dates, 2021-2024²³

	Mar-21	Jan-22	Jan-23	Jan-24	Ave annual change	Average snapshot	Total tenants
Straight / Heterosexual	30	28	44	59	9.67	40.25	58%
Unknown	38	36	28	17	-7.00	29.75	43%

Figure 12: Percentage of Wandsworth population by sexual orientation²⁴

	Wandsworth	Inner London	Greater London	England and Wales
Heterosexual	86.5	83.5	86.2	89.4
Question not answered	8.3	10.1	9.5	7.5
Gay or Lesbian	3.0	3.6	2.2	1.5
Bisexual	1.7	2.2	1.5	1.3
Other	0.4	0.7	0.5	0.3

Key findings

- There is limited data available on sexual orientation of extra care tenants on reporting systems although the proportion of people that are “unknown” is decreasing, no resident has been identified as anything other than straight / heterosexual.
- 5.2% of Wandsworth tenants identified as LGBTQ+ which is lower than the inner London (6.4%) average but higher than the Greater London (4.3%) and England and Wales (3.1%) averages.
- Using the Wandsworth averages with a reasonable margin of error for the small numbers involved would suggest that, at any one time, 2-6 tenants who identify as LGBTQ+
- Data shows that LGBTQ+ people aged 55+ are more likely to be single and less likely to have regular contact with family members²⁵. Lack of support from conventional family can therefore lead to greater reliance on statutory care services and the proportion in extra care may, therefore, be higher than that in the general population.
- There is an assumption sometimes made that sexual identity and relationships are no longer important to older people; alternatively, that a person's sexual identity is none of the business of care providers. However, sexual identity can also impact a person's interests and attitudes which is a key part of providing support to people to retain their independence as far as possible²⁶.
- A joint statement made by the United Nations Independent Expert on the Enjoyment of all Human Rights by Older People, October 2023, highlighted those from the LGBTQI+ community, face human rights challenges against a backdrop of negative societal stereotypes. Accessing the community and developing relationships can be hindered by assumptions based on these stereotypes²⁷. The service will need to be a safe and open environment, which fosters community cohesion.

Impact on new service

- For many LGBTQI+ individuals moving away from family and friends can be more daunting, as links to a safe and secure network will be affected, which presents a high risk of social isolation. Care providers should support people to maintain their networks, build positive relationships themselves with person's support systems

	<p>and working to understand the needs of LGBTQI+ individuals through their interactions with the network.</p> <ul style="list-style-type: none"> • Care providers will need to be aware of sexual health issues, older people and orientation. Staff training in this area would prove beneficial to creating a supportive environment. • Bringing services into extra care outside of the commissioned service, such as LGBTQI+ healthcare and social activities would benefit those who identify as community members and the wider community. 																																																
<p>Across groups i.e older LGBT service users or Black, Asian & Minority Ethnic young men.</p>	<p>Data</p> <p>Younger tenants</p> <ul style="list-style-type: none"> • As identified above, on the snapshot dates analysed there are under 10 tenants under the usual age of admittance to extra care including those who were under 50 at the time of admittance. • There were 21 under the age of 60. <p><i>Figure 13: Chestnut House and Ensham House tenants under 60 at snapshot dates, 2021-2024²⁸</i></p> <table border="1" data-bbox="438 862 1037 1769"> <thead> <tr> <th></th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Disability:</td> <td></td> </tr> <tr> <td>• Personal care</td> <td>13</td> </tr> <tr> <td>• Access and mobility only</td> <td>X</td> </tr> <tr> <td>• Memory and cognition</td> <td>X</td> </tr> <tr> <td>• Social isolation</td> <td>X</td> </tr> <tr> <td>• Mental Health Support</td> <td>X</td> </tr> <tr> <td>• Learning Disability Support</td> <td>X</td> </tr> <tr> <td>• Visual Impairment</td> <td>X</td> </tr> <tr> <td>Gender</td> <td>X</td> </tr> <tr> <td>• Male</td> <td>11</td> </tr> <tr> <td>• Female</td> <td>10</td> </tr> <tr> <td>Ethnicity</td> <td>X</td> </tr> <tr> <td>• White</td> <td>X</td> </tr> <tr> <td>• Black or black British</td> <td>X</td> </tr> <tr> <td>• Not stated</td> <td>X</td> </tr> <tr> <td>Religion</td> <td>X</td> </tr> <tr> <td>• Christian</td> <td>X</td> </tr> <tr> <td>• Not stated</td> <td>14</td> </tr> <tr> <td>Marital status</td> <td>X</td> </tr> <tr> <td>• Single</td> <td>13</td> </tr> <tr> <td>• Married</td> <td>X</td> </tr> <tr> <td>• Separated</td> <td>X</td> </tr> <tr> <td>• Not stated</td> <td>X</td> </tr> </tbody> </table>		Number	Disability:		• Personal care	13	• Access and mobility only	X	• Memory and cognition	X	• Social isolation	X	• Mental Health Support	X	• Learning Disability Support	X	• Visual Impairment	X	Gender	X	• Male	11	• Female	10	Ethnicity	X	• White	X	• Black or black British	X	• Not stated	X	Religion	X	• Christian	X	• Not stated	14	Marital status	X	• Single	13	• Married	X	• Separated	X	• Not stated	X
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²³ Mosaic data, 2021-2024

²⁴ ONS Census, 2021

²⁵ [Safe to be me.pdf \(ageuk.org.uk\)](#)

²⁶ [IBID](#)

²⁷ <https://www.ohchr.org/sites/default/files/documents/issues/sexualorientation/statements/2023-10-24-statement-SOGI-older-persons.pdf>

²⁸ Mosaic data, 2021-2024

	<table border="1" data-bbox="438 190 1037 302"> <tr> <td>Sexual orientation</td> <td>X</td> </tr> <tr> <td>• Straight/heterosexual</td> <td>14</td> </tr> <tr> <td>• Unknown</td> <td>X</td> </tr> </table> <p>Key findings</p> <ul style="list-style-type: none"> • The younger tenants in extra care are all single, a mix of men and women and mostly have personal care as their primary support reason. • There are supported living facilities in borough for people with the primary support need of learning disability or mental health but there are none for adults with physical health needs only. • Data given on Wandsworth Housing list, correct as of March 2023, shows general needs housing in Wandsworth has 6,464 applicants currently in the queue, 64 applicants in the physical disability queue. The waiting times for Band A and B, priority lists may still take several years due to a shortage of properties. • Extra care can be an alternative to supported living services for younger adults age 45+ by exception. Whilst extra care is primarily focused on older adults and their needs, the differing needs of younger adults without cognitive or mental health issues presents an interesting challenge in future housing needs. <p>Impact on new service</p> <ul style="list-style-type: none"> • Bearing in mind tenants needs, which are relevant to their age, gender, orientation, physical and mental ability, provision of care would need to take these factors into account. The future needs of potential tenants are unknown at this stage. For example, extra care could see an increase in those impacted by low level dementia or who identify as LGBTQI+. Staff training in these areas would be of benefit to ensure care-plans could be met in providing the personal care required. 	Sexual orientation	X	• Straight/heterosexual	14	• Unknown	X						
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<p>Socio-economic status (to be treated as a protected characteristic under Section 1 of the Equality Act 2010) Include the following groups:</p> <ul style="list-style-type: none"> • Deprivation (measured by the 2019 English Indices of Deprivation) • Low-income groups & employment • Carers 	<p>Data</p> <p><i>Deprivation, Low income groups and employment</i></p> <p><i>Figure 14: Wandsworth population by Acorn category²⁹</i></p> <table border="1" data-bbox="359 1332 869 1579"> <thead> <tr> <th>Category</th> <th>Wandsworth</th> </tr> </thead> <tbody> <tr> <td>Affluent achievers</td> <td>4.5%</td> </tr> <tr> <td>Rising prosperity</td> <td>73.2%</td> </tr> <tr> <td>Comfortable communities</td> <td>2.0%</td> </tr> <tr> <td>Financially stretched</td> <td>7.7%</td> </tr> <tr> <td>Urban adversity</td> <td>12.6%</td> </tr> </tbody> </table> <p><i>Carers</i> No data available.</p> <p><i>Care experienced people.</i> No data available.</p> <p><i>Single parents</i> Data provided by EINA recorded May 2023 as part of the Wandsworth Borough of Sanctuary application showed a large proportion of Homes for Ukraine visa holders are women, with working aged men generally restricted from leaving the Ukraine unless they</p>	Category	Wandsworth	Affluent achievers	4.5%	Rising prosperity	73.2%	Comfortable communities	2.0%	Financially stretched	7.7%	Urban adversity	12.6%
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²⁹ CACI Household Acorn profiler, 2023

- **Care experienced people**
- **Single parents**
- **Health inequalities**
- **Refugee status**

qualify for specific exemptions. This effectively means many of these households will be temporarily single parents. The data available is incomplete but analysis at the time suggested around 15% of Homes for Ukraine groups in the borough are single parent groups.

The 2021 Census tells us that for Wandsworth there are 14,041 lone parent households not inclusive of Homes for Ukraine. There is no data available on single parents in extra care.

Refugee status

Figure 15: Refugees and Asylum Seekers in Wandsworth, November 2023³⁰

Local authority	Wandsworth
Homes for Ukraine - not including super sponsors (arrivals)	1005
Afghan Resettlement Programme (total) (population)	77
interim	0
settled in LA housing	48
settled in PRS housing	29
Supported Asylum (total) (population)	98
Initial Accommodation	0
Dispersed Accommodation	12
Contingency Accommodation	59
Other Accommodation	0
Subsistence only	27
All 3 pathways (total)	1180
Borough population	328,367
Per capita (%)	0.36%

Key findings

Deprivation, low income groups and employment

- There is no data on socio-economic status of extra care tenants.
- CACI Acorn is a tool that uses a range of sources to categorise individual postcode areas around the country into 5 categories under which there are individual profile 60 types, based on the average household of that postcode. While individual households may not match the average in the area, it provides a useful tool for a general profile of the postcode tenants.
- CACI Acorn shows that the neighbourhood around Chestnut House is mainly occupied by the category “Financially stretched”. This category contains a mix of traditional areas of Britain, including social housing developments specifically for the elderly. It also includes student term-time areas. In Wandsworth this category makes up 7.7% of the neighbourhoods.
- CACI Acorn shows the neighbourhood around Ensham House is mainly occupied by the category “Rising Prosperity”. These are generally younger, well educated, professionals moving up the career ladder, living in our major towns and cities.

	<p>Singles or couples, some are yet to start a family, others will have younger children. In Wandsworth this category makes up 73.2% of the neighbourhoods</p> <ul style="list-style-type: none"> • Because Extra Care services are not designed to support people who are in employment, it can be assumed that no tenants are likely to be in full or part-time work. <p>Unpaid Carers</p> <ul style="list-style-type: none"> • The 2021 Census tells us around 2.3% of unpaid carers provide 9 hours or less of care and 1.4% provide 50 hours or more of care to their significant others, however mosaic data is limited on those who may reside within extra care. <p>Care experienced people</p> <ul style="list-style-type: none"> • There is no data on whether extra care tenants are also care experienced people. • The majority of the research and evidence relating to care experienced people focusses on people aged 25 or under and there is little evidence about later life. <p>Single parents</p> <ul style="list-style-type: none"> • Tenants who enter extra care are predominantly above 55+ with care need needs. It is unlikely for single parents with small children to be referred into the scheme. <p>Refugee status</p> <ul style="list-style-type: none"> • There is no data on the refugee status of extra care tenants. • The data above show 0.36% of Wandsworth tenants are known to be refugees. <p>Impact on new service</p> <ul style="list-style-type: none"> • Impact of each neighbourhood can be assumed to be different for each service. For Chestnut House, which is less centrally located but also classified as 'Financially stretched' with social housing for the elderly being more prevalent, would suggest there to be a potential for higher need in extra care housing further down the line as this cohort of tenants age, and may not be able to maintain independent living in the community. Where there are more financial stressors within a community, higher levels of health concerns and social isolation can be seen, impacting on psychological wellbeing (Bergeman & Wallace, 1999)³¹. • For Ensham House, which is more centrally located in Wandsworth, and with a younger population the need is still relevant but not as prolific. It can be surmised an upwardly mobile population, which is more affluent will have less social and economic deprivation, placing a lesser need on long-term social care. • Neither Chestnut House nor Ensham House are schemes developed for families with minor dependants. The impact therefore of this cohort on service provision is minimal.
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Data gaps

Data gap(s)	How will this be addressed?
Gender reassignment: no data available on Mosaic	Gender identity policy came into effect December 2022, which means a second record needs to be completed and linked to current client data.
Marriage and civil partnership: incomplete data on Mosaic	In developing this EINA records checked by commissioning and where unclear updated. However

³¹ Bergeman CS, Wallace KA. Resiliency in later life. In: Whitman T, Merluzzi T, White R, editors. *Life-span perspectives on health and illness*. Mahwah, NJ: Lawrence Erlbaum Associates; 1999. pp. 207–225.

	ongoing data quality needs to be led by operational teams.
Religion: high proportion of 'Not stated' Mosaic	Clients may wish to not disclose certain information. Therefore, this is not classified as 'Unknown' but client preference.
Sexual orientation: no data on Mosaic	This data is not mandatory collection, though could be gathered through the course of work at the clients discretion to disclose.
Care experienced people: no data on Mosaic	
Refugee status: no data available on Mosaic relevant to current client group.	This data is collected but was not relevant to current group.

4. Impact

Protected group	Positive	Negative
Age	<p>Extra Care supports aging in place within a resident's own home. The predominant age group is 55+ and through exception landlords will facilitate nominations for people age 45+. This ensures we retain a balanced community in the scheme. Section 106 notices for the extra care schemes set the age criteria.</p> <p>The service will support people to remain at home for longer. It is one of a range of options available to people who seek the support of adult social care to remain safe at home.</p>	<p>The data shows there are more residents age 65+ who are in receipt of extra care more than other age groups. Therefore, this group are more likely to be impacted by any changes made to the service.</p> <p>Ongoing engagement will take place with service users during the commissioning and procurement process.</p>
Disability	<p>The service will be required to comply with the Equality Act 2010 and support those with disabilities without prejudice to maintain a standard of independence. This is achieved currently by providing self-contained accommodation suitable to their needs. Disability access and smart homes using technology will enable tenants to remain as self-sufficient as possible.</p>	No negative impact identified
Sex	<p>Representation between the sexes is evenly split however their needs differ. The service areas which are communal should be neutral environments, which promote inclusivity, neither overtly nor covertly promoting one sex over another. Access to services for males and females is equally promoted and is inclusive of the chosen provider ensuring they have a good split of</p>	No negative impact identified

	male to female staffing to meet personal care needs.	
Gender reassignment	Although local data is currently limited UK rates of transgender identity have risen 5-fold since 2000, according to the BJM. It therefore can be surmised if this trend continues, numbers will increase in Wandsworth, although this may be smaller than other parts of London or the UK. Therefore, we envision a responsive service in recognition of the Equality Act 2010 Section 7, committed to training and informing staff to meet the needs of tenants who have either transitioned or are to undertake transitioning whilst residing in extra care without prejudice or discrimination.	No negative impact identified
Marriage and civil partnership	As the data shows there is a high proportion of tenants classified as single. It is envisioned through the service specification requirements, support within the community will be encouraged to reduce isolation of tenants and to offer respite for those cohabiting within the service. Where identified the use of technology to engage in groups, which support emotional and physical wellbeing.	No negative impact identified
Pregnancy and maternity	Due to the age profile of the dominant resident group the impact of this is extremely low. Any necessary adjustments to the support provided to the individual during pregnancy will be assessed by the allocated social worker employed by the Council.	No negative impact identified
Race/ethnicity	The service will endeavour to promote race equality through ensuring tenants have access to culturally significant materials such as listings for food, cultural centres, and groups. The model will include a focus on fostering good community relationships through engagement with the voluntary sector, supporting tenants to access activities relevant to their cultural needs. CQC regulations require providers to deliver culturally appropriate care.	No negative impact identified
Religion and belief, including non-belief	The services are located in two different areas of Wandsworth, which	No negative impact identified

	<p>provide varying access to places of worship.</p> <p>Social work assessment and care provider assessment, and ongoing review will identify a person's faith (should they wish to disclose) and explore how they can be supported to participate.</p>	
Sexual orientation	<p>Extra care ensures all potential tenants have equal access to the service if they meet the criteria under the Care Act. Information gathering will be a focus in capturing this demographic through internal systems and provider assessments. This will enable a better understanding of needs and help to facilitate provision to meet these needs.</p>	No negative impact identified
<p>Socio-economic status (to be treated as a protected characteristic under Section 1 of the Equality Act 2010)</p> <p>Include the following groups:</p> <ul style="list-style-type: none"> • Deprivation (measured by the 2019 English Indices of Deprivation) • Low-income groups & employment • Carers • Care experienced people • Single parents • Health inequalities • Refugee status 	<p>Chestnut House sits within an area classified as 'Financially Stretched', and with a greater proportion of social housing for older people. Extra care plays a more crucial role here, in helping tenants to remain independent as this population becomes more vulnerable to health and social economic constraints.</p> <p>The continued operation of the service will help to ensure a safe tenancy for tenants no longer able to maintain total independence on their own, in the community.</p>	No negative impact identified

5. Actions to advance equality, diversity and inclusion

Action	Lead Officer	Deadline
Data for gaps identified to be captured on mosaic by social workers to ensure equality needs can be met.	Operational social work teams	Ongoing
Ensure the contract monitoring framework includes an emphasis on ED&I reporting and that training has been identified by the provider for their	Commissioning Team	December 2024

staff to enhance their knowledge on LGBTQI+ and Transgender issues in health. To be included in ITT pack.		
Ensure people are fully informed of any changes to the service costs, if they are required to pay more for their care.	Financial Assessments Team Manager, Commissioning Team	July 2025

6. Further Engagement

Engagement planned	Date of engagement
One to one engagement meetings with current clients.	1 st , 2 nd , 9 th , 10 th July 2024