

Appendix 3 - Equalities Impact Assessment

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Introduction

Equality, diversity and inclusion are an important part of the Council’s decision-making process, and this Equality Impact Assessment (EqIA) has been completed to help ensure the Council meets its duties under the Public Sector Equality Duty (PSED) within the Equality Act 2010.

The purpose of this EqIA is to identify and consider how the proposed changes to the Homeline service may affect people with protected characteristics, and to ensure these impacts are properly understood and considered before any final decisions are made.

The Council recognises that the Homeline service is used primarily by older residents and people with disabilities or care and support needs, and that changes to the service may therefore have a

greater impact on some groups than others. In making recommendations about the future of the service, the Council has had regard to the need to:

- eliminate discrimination between persons who share a protected characteristic and those who do not;
- advance equality of opportunity between persons who share a protected characteristic and those who do not; and
- foster good relations between persons who share a protected characteristic and those who do not.

This EqIA has been updated following the public consultation undertaken between January and February 2026. It reflects information gathered through consultation responses, demographic data, service analysis – including risk analysis, preliminary market engagement and wider options appraisal activity.

The consultation process formed an important part of the Council’s equality analysis. It provided residents, carers, tenants, staff, partners and other stakeholders with the opportunity to share their views, experiences and concerns about the future of the service and the potential impact of the options considered, as well as enabled the Council to find out more information about the Homeline service users.

This EqIA considers the potential impact of the proposals on persons with the protected characteristics set out in the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The EqIA also considers impacts on children in care and care leavers where relevant.

Section one - detail

No.	Question	Response
1.1	Name of policy/decision/service/project/programme being assessed	<p>This EqIA relates to the upcoming Cabinet decision (July 2026) on the future of the Homeline Service following public consultation undertaken between January and February 2026, and has been informed by information obtained during that consultation.</p> <p>The Homeline service provides reassurance and practical assistance to residents who may require help or support. Operating 24 hours a day, seven days a week, the service enables people, particularly older residents and those with care and support needs, to remain safe and independent in their own homes.</p>

		<p>The service currently includes:</p> <ul style="list-style-type: none">• telephone monitoring and support;• community alarm and pendant services;• technology enabled care equipment;• welfare checks; and• an in-person response service. <p>The Homeline service has two service levels: 'Homeline' and 'Homeline Plus'. The consultation and this EqlA covers the whole of the Homeline service.</p> <p>As of April 2026, the Homeline Service supports approximately 3,500 people including:</p> <ul style="list-style-type: none">• council tenants;• private customers; and• people supported by Adult Social Care. <p>The Council concluded that the current service model is no longer viable for the reasons set out in the Cabinet Member Decision Note in December 2025, and in the consultation information pack published by the Council.</p> <p>The public consultation considered four options:</p> <ol style="list-style-type: none">1. a council-run telephone only service with no in-person response;2. a mixed model where the physical response element is externally delivered but telephone support remains with the Council;3. a fully externally delivered service; and4. stopping the service. <p>The consultation also explored removing the requirement for Homeline to remain a mandatory part of certain tenancy agreements and moving to an opt-in model for tenants.</p>
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<p>1.2</p>	<p>Summary of aims and objectives of the policy/decision/service/project/programme</p>	<p>This primary objective of the consultation and subsequent decision is to improve the safety of the service, taking into account resident views about what they value from such a service as part of this decision making. An initial EqIA was completed prior to public consultation and can be found here: Homeline Service Public Consultation EqIA</p> <p>As part of that EqIA, the Council acknowledged that there were information gaps in some of the data it had about who used the Homeline service. As part of the consultation, the Council therefore sought to obtain more information about Homeline users to (amongst other matters) further inform its equality analysis.</p> <p>An options appraisal was completed considering a variety of important evidence bases, including the equalities impact of all 4 options. The outcome of the options appraisal is that Option 3 – Externally Provided Service, is being recommended to Cabinet in July 2026. As part of recommending Option 3, it is recommended to Cabinet that the externally provided service is jointly commissioned by the Council and the Integrated Care Board (ICB) to ensure the design and contract management of the service has clinical oversight from health colleagues.</p> <p>The council is also recommending that the reference to Homeline is removed from tenancy agreements, and the service moves to an ‘opt-in’ service rather than a mandatory service. As part of this recommendation, it is recommended to Cabinet that the wider HRA continues to partially subsidise the cost of the service for tenants living in Sheltered Housing and Bungalows where SBC is the landlord. It is also recommended that for those tenants who are currently subsidised, but fall outside of the newly defined cohort of tenants eligible for subsidisation, continue to be subsidised.</p> <p>This is therefore a detailed EqIA considering the combined equalities impacts of the proposed decision:</p> <ul style="list-style-type: none"> • The service being externally delivered • The service being jointly commissioned and contract managed with the ICB
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		<ul style="list-style-type: none"> • The service moving from a mandatory to an opt-in arrangement for tenants • A continued partial subsidisation of the service for any current or future tenants living in SBC owned Sheltered Housing and Bungalows • A continued partial subsidisation of the service for any currently subsidised tenants that fall outside of the newly defined cohort (Sheltered Housing and Bungalows were the council is the landlord). <p>This EQIA also references the potential equalities impacts of the alternative options which are not being recommended; telephone only, mixed model and stopping the service to demonstrate how the equalities impacts of these options have informed the proposed decision.</p>
<p>1.3</p>	<p>Who is affected by the policy/decision/service/project/programme? (For example, employees/service users/supplier/contractor)</p>	<p>People who will be affected by the decision:</p> <ul style="list-style-type: none"> • Current Homeline users, including: <ul style="list-style-type: none"> ○ council tenants; ○ private customers; and ○ people supported by Adult Social Care. • Potential future users of the service. • Unpaid carers, families and informal support networks of current, or potential new, Homeline users. • Colleagues who currently deliver the service. <p>The decision will also impact the provider market – with providers being given in the future an opportunity to participate in a competitive tender to provide the service. The decision will also impact the ICB who will now have an explicit and formal role in the joint commissioning, procurement, contract and contract management arrangements. This EqIA does not assess the impact on the provider market – see separate appendices summarising the Provider Market Engagement outcomes. This EqIA does not assess the impact on the ICB or SBC workforce, which would be considered separately as part of any proposed workforce change.</p> <p>Detailed demographic data on the people impacted can be found in the appendix of this EqIA. The headlines are as follows:</p>

		<p>Age: The service is predominantly used by older residents, with operational service data showing 76% of people using the service are aged 65 or over and the public consultation survey showing 56% of respondents (direct service users, carers and others) were aged 65 or over.</p> <p>Sex/Gender: The service is predominantly used by female residents, with operational service data showing 55.7% of service users are female and public consultation findings showing 64.8% of respondents identified as female.</p> <p>Disability: Operational service data relating to disability is not currently available. However, public consultation findings indicate that approximately 52% of respondents (direct service users, carers and others) identified as disabled or having a long-term health condition, mobility difficulty or care and support need. The nature of the service provided by Homeline is also one which would inherently be for the benefit of those with disabilities and health conditions which require additional care and support.</p> <p>Race/Ethnicity: Operational service data on the race and ethnicity of the people currently using the Homeline service is not currently available. Public consultation findings indicate that approximately 86% of respondents identified as White British (85.5%). This is broadly comparable with the demographic profile of Swindon. According to the Joint Strategic Needs Assessment (2024), approximately 81% of Swindon residents are from a White ethnic group, 12% are Asian or Asian British, and 7% are from Mixed, Black, or Other ethnic groups.</p> <p>Religion or Belief: Operational service data relating to religion or belief is not currently available. Public consultation findings indicate that approximately 37% of respondents identified as Christian, while approximately 60% did not specify a religion or belief.</p> <p>Sexual Orientation: Operational service data relating to sexual orientation is not currently available. Public consultation findings indicate that approximately 81% of respondents identified as heterosexual.</p>
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1.4	<p>What involvement and consultation has been done in relation to this proposal? (For example, with relevant groups and stakeholders)</p>	<p>A public consultation on the future of the Homeline service was undertaken between 1st January 2026 and 27th February 2026 following approval through the Cabinet Member Decision Notice dated 10th December 2025.</p> <p>The consultation was designed to gather feedback from people who currently use the service, tenants, carers, families, staff, health partners, voluntary and community organisations and other interested stakeholders. The consultation formed a key part of the Council’s decision-making process and informed this updated Equality Impact Assessment.</p> <p>To maximise opportunities for participation and ensure the consultation was accessible, the Council:</p> <ul style="list-style-type: none"> • Sent consultation information directly to current Homeline users, including tenants, private customers and people receiving support through Adult Social Care. • Contacted family members and carers where these details were recorded on the Homeline system. • Made the consultation survey available online, by paper copy, by telephone and in the Civic Offices.

- Offered support for residents to complete the consultation in person where required.
- Provided the public consultation information pack in English, Polish, Portuguese, Punjabi, Romanian and Turkish (the top 6 spoken languages in Swindon).
- Provided an option to request materials in easy read, large print and any other translation.
- Published consultation information on the Council's website and made copies available at the Civic Offices.
- Informed colleagues working across Homeline, Housing and Adult Social Care so they could support residents to participate, and/or participate themselves.
- Shared information directly with senior leadership representatives in health partners organisations such as the Integrated Care Board and South West Ambulance Service.

In addition to the consultation survey, the council also obtained feedback from the Sheltered Housing Team regarding the potential impacts of the proposed Homeline service options.

The consultation process helped the Council better understand:

- who uses the Homeline service;
- what residents value most about the service;
- views on different service models;
- whether residents would continue to use the service under alternative models;
- views on whether the service should remain mandatory within tenancy agreements; and
- how any future service can remain sustainable and affordable.

Following the consultation, the Council completed:

- detailed consultation analysis of both quantitative and free-text responses;
- preliminary market engagement with external providers;
- discussions with health partners, including the ICB; and

		<ul style="list-style-type: none"> further analysis of operational, safeguarding, workforce and delivery risks linked to each option. <p>The consultation generated 1,009 responses and identified several consistent themes. These included strong support for the service overall, concerns about removing the in-person response element, concerns about long waits following falls, the importance of helping people remain independent at home, and concerns about the impact any reduction in service could have on residents, carers, Adult Social Care and NHS services. The full consultation analysis can be found in Appendix 1 to the July 2026 Cabinet paper titled <i>Appendix 1 – Detailed Consultation results</i>. The Council’s response to the key themes raised by consultees can be found in Appendix 2 to the July 2026 Cabinet paper.</p>
1.5	What are the arrangements for monitoring and reviewing the actual impact of the policy/funding activity/event?	<p>Subject to Cabinet approval of the recommended decisions, the service specification will require the future external provider to collect equalities data. Through contract management of the externally provided service this data will be used to review whether there are any equalities impacts of the new service, looking at data on protected characteristics alongside other performance metrics such as service usage and demand, safeguarding concerns and incidents, response times and feedback, complaints and compliments from residents, carers and stakeholders.</p> <p>The Council will also be supported by the ICB, who will via contract management monitor outcomes and ensure services remain safe and effective.</p> <p>The next key milestone when the Equality Impact Assessment will be refreshed is at Gateway A – prior to proceeding to competitive tender for the procurement of an externally commissioned provider.</p>

Section two – protected characteristics

Protected characteristic group	Disability
Is there a potential for positive or negative impact? Is the impact neutral?	Mixed, but overall expected to be positive. Disabled residents and residents with long-term health conditions, mobility difficulties, dementia, frailty or care and

support needs are likely to be significantly affected by the decision because they are among the groups most likely to rely on Homeline services to remain safe and independent at home.

Positive impacts

- The recommended Option 3 (Fully Externally Delivered Service) is expected to have significant positive impacts for disabled residents compared with the other options considered.
- Unlike Option 1 (Telephone-Only Service), it retains the in-person response element that many residents identified as essential through the consultation process, including consultees who identified themselves as having a disability.
- Unlike Option 2 (Mixed Service Model – Council Monitoring and External Response Provider), it provides one accountable organisation responsible for monitoring, escalation and response, reducing risks associated with fragmented delivery, given the high proportion of people who use the services have a disability, this risk would affect people with this protected characteristic.
- Unlike Option 4 (Closure of the Service), it maintains a preventative service that supports residents with disabilities to remain independent at home.
- The PME demonstrated that providers generally operate with stronger governance arrangements, enhanced safeguarding oversight, more structured responder training, clearer escalation pathways and stronger links into health services than currently exist within the service. Joint commissioning with the ICB also provides opportunities for stronger clinical oversight and improved integration with health pathways.
- HRA subsidisation will continue to be offered for a defined cohort of tenants; the design of this cohort is deliberate to offer support to a cohort of tenants who are more likely to have a disability. The continued subsidisation makes the service more accessible than it would be if no subsidisation was available.

Risk of negative impacts

- The transition to a new provider may create anxiety for some disabled residents, particularly those who have

used the service for many years and value familiarity and continuity.

- There is also a risk that some disabled tenants may not opt into the future service despite benefiting from it, particularly where there are concerns regarding affordability, understanding of the changes or confidence in navigating the new arrangements.
- Although subsidisation is proposed to continue for sheltered housing and bungalow tenants and for currently subsidised tenants outside the new cohort, some residents may remain concerned about future affordability. There may also be concern for tenants who can access the subsidisation, due to the change in subsidisation approach. The change in approach is designed to increase consistency and transparency, but the impact is that some tenants will have to pay more than they currently pay.
- The Equality Impact Assessment identified that the alternative options considered could result in less favourable outcomes for disabled residents. Option 1 (Telephone-Only Service) would remove the physical response element of the service. Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) would introduce split accountability between organisations, increasing the potential for communication failures, delays in escalation and fragmented service delivery. Option 4 (Closure of the Service) would result in the complete withdrawal of the service and remove access to the preventative support, reassurance and response functions currently provided through Homeline. These impacts are likely to be particularly significant for disabled residents who rely on timely assistance following falls, welfare incidents or other emergencies, who have complex health, mobility or support needs, or who may be at increased risk of social isolation, safeguarding concerns or delayed intervention.
- For these reasons, Option 3 (Fully Externally Delivered Service) is considered to provide the strongest opportunity to maintain equitable access to support whilst minimising potential negative impacts for disabled residents.

<p>Please explain and give examples of any evidence/data used</p>	<ul style="list-style-type: none"> • Operational service data relating to disability is not currently available. However, consultation data shows that 52% of respondents identified as disabled or having a long-term health condition, mobility difficulty or care and support need. The nature of a service such as Homeline is also one that would more readily benefit those with disabilities and health conditions which require additional care and support. • Consultation responses repeatedly highlighted the importance of physical response, support following falls, welfare checks and rapid assistance during emergencies. Respondents consistently expressed concern about any reduction in support and identified reliability, consistency and timeliness of response as more important than who directly provides the service. • These findings indicate that disabled residents are more likely to rely heavily on the service and may therefore experience greater impacts from changes to service delivery arrangements. • By comparison, Option 3 (Fully Externally Delivered Service) maintains the full-service offer within a single accountable operating model, helping to ensure residents continue to receive consistent, reliable and equitable access to support regardless of their protected characteristics.
<p>Action to address negative impact (for example, adjustment to the proposal)</p>	<p>A key factor resulting in the recommendation to proceed with Option 3 (Fully Externally Delivered Service), rather than Option 1 (Telephone-Only Service), Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) or Option 4 (Closure of the Service), was the Equality Impact Assessment. Option 3 is assessed as providing the strongest opportunity to maximise positive outcomes whilst minimising potential negative impacts for disabled residents.</p> <p>To mitigate identified risks:</p> <ul style="list-style-type: none"> • The Council and ICB will work closely with residents, carers and support networks during implementation. • Clear and accessible communications will be provided throughout the transition period. • Existing subsidised cohorts will continue to receive support. • HRA subsidisation will continue for eligible tenants. • Adult Social Care referrals and Care Act reviews will continue where required.

	<ul style="list-style-type: none"> Equality, accessibility, safeguarding and service quality requirements will be embedded within future contractual arrangements.
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Protected characteristic group	Gender reassignment
Is there a potential for positive or negative impact? Is the impact neutral?	<p>Neutral to positive.</p> <p>No specific negative impacts have been identified in relation to gender reassignment.</p> <p>Positive impacts</p> <ul style="list-style-type: none"> Option 3 (Fully Externally Delivered Service) maintains the full service while strengthening governance, safeguarding arrangements, workforce resilience and links to wider health services. These improvements are expected to benefit all residents regardless of gender identity. <p>Risk of negative impacts</p> <ul style="list-style-type: none"> No specific negative impacts have been identified for this protected characteristic. However, as with all residents, there is a potential risk that service change may cause anxiety or uncertainty during transition. There may also be a general risk that residents do not opt in to future service arrangements because they do not understand the change, are anxious about dealing with a new provider, or have concerns about affordability. The Equality Impact Assessment identified that the alternative options considered could result in less favourable outcomes for residents, including those who share this protected characteristic. Option 1 (Telephone-Only Service) would remove the physical response element of the service and reduce the level of support available to residents. Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) would introduce split accountability between organisations, increasing the potential for communication failures, delays in escalation and fragmented service delivery. Option 4 (Closure of the Service) would result in the complete withdrawal of the service and remove access to the preventative support,

	<p>reassurance and response functions currently provided through Homeline.</p> <ul style="list-style-type: none"> • Whilst these impacts are not specific to gender reassignment, they may reduce access to support and increase the risk of vulnerable residents not receiving timely assistance when required. • For these reasons, Option 3 (Fully Externally Delivered Service) is considered to provide the strongest opportunity to maintain equitable access to support whilst minimising potential negative impacts for residents who share this protected characteristic.
<p>Please explain and give examples of any evidence/data used</p>	<ul style="list-style-type: none"> • Operational service data relating to gender reassignment is not currently available. Consultation data indicates that approximately 1% of respondents identified as transgender or having undergone gender reassignment, 7% preferred not to say and 92% answered no. • The available evidence does not indicate that the proposed arrangements would affect residents differently because of gender reassignment.
<p>Action to address negative impact (for example, adjustment to the proposal)</p>	<p>A key factor resulting in the recommendation to proceed with Option 3 (Fully Externally Delivered Service), rather than Option 1 (Telephone-Only Service), Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) or Option 4 (Closure of the Service), was the Equality Impact Assessment.</p> <ul style="list-style-type: none"> • Option 3 is assessed as providing the strongest opportunity to maintain positive outcomes whilst minimising potential negative impacts. • To mitigate identified risks: <ul style="list-style-type: none"> • Clear communications will be provided throughout implementation. • Existing subsidised cohorts will continue to receive support. • HRA subsidisation will support affordability for eligible tenants. • Residents requiring additional support will continue to be referred to Adult Social Care and wider support services where appropriate. • Equality and accessibility requirements will be incorporated into future contractual arrangements.
<p>Protected characteristic group</p>	<p>Marriage or civil partnership</p>

<p>Is there a potential for positive or negative impact? Is the impact neutral?</p>	<p>Neutral to positive.</p> <p>No specific negative impacts have been identified in relation to marriage or civil partnership. Residents who are married, in a civil partnership, widowed, divorced or separated are likely to benefit from the continuation of a safe, reliable and responsive service which supports independence and provides reassurance to both residents and their families.</p> <p>Positive impacts</p> <ul style="list-style-type: none"> • The recommended Option 3 (Fully Externally Delivered Service) is expected to have positive impacts for residents who are married, in a civil partnership, widowed, divorced or separated. • The proposed model maintains the full Homeline service, including monitoring, welfare support and physical response, helping residents to remain safe, independent and connected to their communities. The continuation of the service is also expected to provide reassurance to spouses, partners, family members and carers, particularly where there are concerns regarding falls, emergencies, welfare issues or declining health. • The proposed model also provides opportunities to strengthen service resilience, safeguarding arrangements, workforce capability, clinical oversight and links to wider health and care pathways. These improvements are expected to support more timely intervention, stronger preventative support and improved outcomes for residents who rely on the service, as well as those who help care for and support them. <p>Risk of negative impacts</p> <ul style="list-style-type: none"> • No specific negative impacts have been identified in relation to marriage or civil partnership status. • However, some residents may experience anxiety regarding changes to a familiar service or concerns about affordability and future arrangements. • As above, the Equality Impact Assessment identified that the alternative options considered could result in less favourable outcomes for residents. Option 1 (Telephone-Only Service) would remove the physical response element of the service and reduce the level of support
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	<p>available to residents. Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) would introduce split accountability between organisations, increasing the potential for communication failures, delays in escalation and fragmented service delivery. Option 4 (Closure of the Service) would result in the complete withdrawal of the service and remove access to the preventative support, reassurance and response functions currently provided through Homeline.</p> <ul style="list-style-type: none"> • Whilst these impacts are not specific to marriage or civil partnership status, they may increase reliance on partners, family members and carers to provide support and reassurance where assistance would previously have been available through the service. • For these reasons, Option 3 (Fully Externally Delivered Service) is considered to provide the strongest opportunity to maintain equitable access to support whilst minimising potential negative impacts for residents who share this protected characteristic.
<p>Please explain and give examples of any evidence/data used</p>	<ul style="list-style-type: none"> • Operational service data relating to marriage and civil partnership is not currently available. • Consultation data indicates that 32% of respondents were married, 28% were widowed, 14% were divorced, 12% had never married and 14% preferred not to say. • Consultation responses consistently highlighted the importance of maintaining a reliable, timely and responsive service. • However, the proportion of widowed and divorced respondents indicates that a number of people affected by the service may live alone or have reduced informal support. This reinforces the importance of maintaining a reliable and timely response service.
<p>Action to address negative impact (for example, adjustment to the proposal)</p>	<p>A key factor resulting in the recommendation to proceed with Option 3 (Fully Externally Delivered Service), rather than Option 1 (Telephone-Only Service), Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) or Option 4 (Closure of the Service), was the Equality Impact Assessment.</p> <ul style="list-style-type: none"> • Option 3 is assessed as providing the strongest opportunity to maintain positive outcomes whilst minimising potential negative impacts.

	<ul style="list-style-type: none"> • To mitigate identified risks: <ul style="list-style-type: none"> • Clear communications will be provided throughout implementation. • Existing subsidised cohorts will continue to receive support. • HRA subsidisation will support affordability for eligible tenants. • Residents requiring additional support will continue to be referred to Adult Social Care and wider support services where appropriate. • Equality and accessibility requirements will be incorporated into future contractual arrangements.
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Protected characteristic group	Pregnancy and maternity
Is there a potential for positive or negative impact? Is the impact neutral?	<p>Neutral to positive.</p> <p>No specific positive or negative impacts have been identified in relation to pregnancy or maternity. However, the continuation of a reliable and responsive service is expected to benefit any resident who may require support, reassurance or emergency assistance.</p> <p>Positive impacts</p> <ul style="list-style-type: none"> • The recommended Option 3 (Fully Externally Delivered Service) is expected to have positive impacts for residents who are pregnant, on maternity leave or who may be supporting vulnerable family members. • The proposed model maintains the full Homeline service, including monitoring, welfare support and physical response, helping to ensure residents continue to receive timely and appropriate support when required. The service will continue to provide reassurance, promote independence and support residents to remain safe within their own homes and communities. • The proposed model also provides opportunities to strengthen service quality through enhanced workforce training, safeguarding arrangements, governance and clinical oversight. These improvements are expected to support more consistent, reliable and person-centred service delivery and ensure residents continue to have access to responsive support when needed. <p>Risk of negative impacts</p> <ul style="list-style-type: none"> • No specific negative impacts have been identified.

	<ul style="list-style-type: none"> • As with all residents, some individuals may experience anxiety regarding service changes or transition to a new provider. • As above, the Equality Impact Assessment identified that the alternative options considered could result in less favourable outcomes for residents, including those who share this protected characteristic. Option 1 (Telephone-Only Service) would remove the physical response element of the service and reduce the level of support available to residents. Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) would introduce split accountability between organisations, increasing the potential for communication failures, delays in escalation and fragmented service delivery. Option 4 (Closure of the Service) would result in the complete withdrawal of the service and remove access to the preventative support, reassurance and response functions currently provided through Homeline. • Whilst these impacts are not specific to pregnancy or maternity, they may reduce access to support and increase the risk of vulnerable residents not receiving timely assistance when required. • For these reasons, Option 3 (Fully Externally Delivered Service) is considered to provide the strongest opportunity to maintain equitable access to support whilst minimising potential negative impacts for residents who share this protected characteristic.
<p>Please explain and give examples of any evidence/data used</p>	<ul style="list-style-type: none"> • Operational service data relating to pregnancy and maternity is not currently available. • Consultation data indicates that fewer than 1% of respondents were pregnant or on maternity leave, 93% answered no and 7% preferred not to say. • The available evidence does not indicate that the proposed arrangements would affect residents differently because of pregnancy or maternity.
<p>Action to address negative impact (for example, adjustment to the proposal)</p>	<p>A key factor resulting in the recommendation to proceed with Option 3 (Fully Externally Delivered Service) was the Equality Impact Assessment.</p> <ul style="list-style-type: none"> • Option 3 is assessed as providing the strongest opportunity to maintain positive outcomes whilst minimising potential negative impacts.

	<ul style="list-style-type: none"> • To mitigate identified risks: <ul style="list-style-type: none"> • Clear communications will be provided throughout implementation. • Existing subsidised cohorts will continue to receive support. • HRA subsidisation will support affordability for eligible tenants. • Residents requiring additional support will continue to be referred to Adult Social Care and wider support services where appropriate. • Equality and accessibility requirements will be incorporated into future contractual arrangements.
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Protected characteristic group	Race
Is there a potential for positive or negative impact? Is the impact neutral?	<p>Mixed, but overall expected to be positive.</p> <p>The proposed service model is expected to have a positive impact by maintaining the full Homeline service while improving resilience, governance, safeguarding and links to health pathways.</p> <p>Positive impacts</p> <ul style="list-style-type: none"> • The recommended Option 3 (Fully Externally Delivered Service) is expected to have positive impacts for residents from all racial and ethnic backgrounds. • The proposed model maintains the full Homeline service, including monitoring, welfare support and physical response, helping to ensure residents continue to receive timely and appropriate support when required. The service will continue to provide reassurance, promote independence and support residents to remain safe within their own homes and communities. • The proposed model also provides opportunities to strengthen service quality through enhanced workforce training, safeguarding arrangements, governance and clinical oversight. The PME demonstrated that providers generally operate more structured training programmes, stronger governance arrangements, clearer escalation pathways and greater workforce resilience than currently exists within the service. Joint commissioning with the ICB also creates opportunities for stronger integration with healthcare services and improved support for residents with complex needs. These improvements are

expected to support more consistent, reliable and person-centred service delivery for all residents regardless of race or ethnicity.

Risk of negative impacts

- Residents whose first language is not English may experience difficulties understanding service changes, opt-in arrangements, charging arrangements or subsidisation arrangements if information is not communicated clearly.
- There is also a risk that some residents may not opt into future service arrangements because they do not fully understand the changes being proposed, the support available to them or how to access the future service.
- Although subsidisation is proposed to continue for sheltered housing and bungalow tenants and for currently subsidised tenants outside the new cohort, some residents may remain concerned about future affordability. There may also be concern for tenants who can access the subsidisation, due to the change in subsidisation approach. The change in approach is designed to increase consistency and transparency, but the impact is that some tenants will have to pay more than they currently pay.
- As above, the Equality Impact Assessment identified that the alternative options considered could result in less favourable outcomes for residents, including those who share this protected characteristic. Option 1 (Telephone-Only Service) would remove the physical response element of the service and reduce the level of support available to residents. Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) would introduce split accountability between organisations, increasing the potential for communication failures, delays in escalation and fragmented service delivery. Option 4 (Closure of the Service) would result in the complete withdrawal of the service and remove access to the preventative support, reassurance and response functions currently provided through Homeline.
- For these reasons, Option 3 (Fully Externally Delivered Service) is considered to provide the strongest

	<p>opportunity to maintain equitable access to support whilst minimising potential negative impacts for residents who share this protected characteristic.</p>
<p>Please explain and give examples of any evidence/data used</p>	<ul style="list-style-type: none"> Operational service data relating to race and ethnicity is not currently available. Consultation data indicates that 86% of respondents identified as English, Welsh, Scottish, Northern Irish or British, 9% preferred not to say and smaller numbers identified with other ethnic groups. Consultation information was made available in multiple languages and alternative formats could be requested. Consultation responses demonstrated that residents prioritised reliability, consistency and timeliness of support over who directly delivers the service.
<p>Action to address negative impact (for example, adjustment to the proposal)</p>	<p>A key factor resulting in the recommendation to proceed with Option 3 (Fully Externally Delivered Service), rather than Option 1 (Telephone-Only Service), Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) or Option 4 (Closure of the Service), was the Equality Impact Assessment.</p> <ul style="list-style-type: none"> Option 3 is assessed as providing the strongest opportunity to maximise positive outcomes whilst minimising potential negative impacts. To mitigate identified risks: <ul style="list-style-type: none"> Information regarding service changes, opt-in arrangements, charges and subsidisation will be communicated clearly and in accessible formats. Translation support and alternative communication formats will continue to be available where required. Existing subsidisation arrangements and HRA subsidisation will help support affordability. Equality, accessibility and safeguarding requirements will form part of future contractual arrangements. Adult Social Care referrals and wider support services will remain available where required.

<p>Protected characteristic group</p>	<p>Religion or belief</p>
<p>Is there a potential for positive or negative impact? Is the impact neutral?</p>	<p>Neutral to positive. No specific negative impacts have been identified in relation to religion or belief.</p>

Positive impacts

- The recommended Option 3 (Fully Externally Delivered Service) is expected to have positive impacts for residents of all religions and beliefs.
- The proposed model maintains the full Homeline service, including monitoring, welfare support and physical response, helping to ensure residents continue to receive timely and appropriate support when required. The service will continue to provide reassurance, promote independence and support residents to remain safe within their own homes and communities.
- The proposed model also provides opportunities to strengthen service quality through enhanced workforce training, safeguarding arrangements, governance and clinical oversight. These improvements are expected to support more consistent, inclusive and person-centred service delivery and help ensure that all residents are treated with dignity, respect and fairness regardless of their religion or belief.

Risk of negative impacts

- No specific negative impacts have been identified for residents who share the protected characteristic of religion or belief.
- However, as with all residents, there is a potential risk that service change may cause anxiety or uncertainty during transition. There may also be a general risk that residents do not opt into future service arrangements because they do not understand the change, are anxious about dealing with a new provider, or have concerns about affordability.
- Although subsidisation is proposed to continue for sheltered housing and bungalow tenants and for currently subsidised tenants outside the new cohort, some residents may remain concerned about future affordability. There may also be concern for tenants who can access the subsidisation, due to the change in subsidisation approach. The change in approach is designed to increase consistency and transparency, but the impact is that some tenants will have to pay more than they currently pay.

	<ul style="list-style-type: none"> • As above, the Equality Impact Assessment identified that the alternative options considered could result in less favourable outcomes for residents, including those who share this protected characteristic. Option 1 (Telephone-Only Service) would remove the physical response element of the service and reduce the level of support available to residents. Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) would introduce split accountability between organisations, increasing the potential for communication failures, delays in escalation and fragmented service delivery. Option 4 (Closure of the Service) would result in the complete withdrawal of the service and remove access to the preventative support, reassurance and response functions currently provided through Homeline. • Whilst these impacts are not specific to religion or belief, it remains important that communication, engagement and service delivery continue to be inclusive, culturally sensitive and accessible to residents from all faith backgrounds and belief systems. • For these reasons, Option 3 (Fully Externally Delivered Service) is considered to provide the strongest opportunity to maintain equitable access to support whilst minimising potential negative impacts for residents who share this protected characteristic.
<p>Please explain and give examples of any evidence/data used</p>	<ul style="list-style-type: none"> • Operational service data relating to religion or belief is not currently available. • Consultation data indicates that 37% of respondents identified as Christian, approximately 3% identified with another religion or belief and around 60% were recorded as unknown or preferred not to say. • The available evidence does not indicate that the proposed arrangements would affect residents differently because of religion or belief.
<p>Action to address negative impact (for example, adjustment to the proposal)</p>	<p>A key factor resulting in the recommendation to proceed with Option 3 (Fully Externally Delivered Service) was the Equality Impact Assessment.</p> <ul style="list-style-type: none"> • Option 3 is assessed as providing the strongest opportunity to maintain positive outcomes whilst minimising potential negative impacts. • To mitigate identified risks:

	<ul style="list-style-type: none"> • Clear communications will be provided throughout implementation. • Existing subsidised cohorts will continue to receive support. • HRA subsidisation will support affordability for eligible tenants. • Residents requiring additional support will continue to be referred to Adult Social Care and wider support services where appropriate. • Equality and accessibility requirements will be incorporated into future contractual arrangements.
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Protected characteristic group	Sexual orientation
Is there a potential for positive or negative impact? Is the impact neutral?	<p>Neutral to positive.</p> <p>No specific positive or negative impacts have been identified in relation to sexual orientation.</p> <p>Positive impacts</p> <ul style="list-style-type: none"> • The recommended Option 3 (Fully Externally Delivered Service) is expected to have positive impacts for residents regardless of sexual orientation. • The proposed model maintains the full Homeline service, including monitoring, welfare support and physical response, helping to ensure residents continue to receive timely and appropriate support when required. The service will continue to provide reassurance, promote independence and support residents to remain safe within their own homes and communities. • The proposed model also provides opportunities to strengthen service quality through enhanced workforce training, safeguarding arrangements, governance and clinical oversight. These improvements are expected to support more consistent, inclusive and person-centred service delivery and help ensure that all residents are treated with dignity, respect and fairness regardless of their sexual orientation. <p>Risk of negative impacts</p> <ul style="list-style-type: none"> • No specific negative impacts have been identified for residents who share the protected characteristic of sexual orientation. • However, as with all residents, there is a potential risk that service change may cause anxiety or uncertainty

during transition. There may also be a general risk that residents do not opt into future service arrangements because they do not understand the change, are anxious about dealing with a new provider, or have concerns about affordability.

- Although subsidisation is proposed to continue for sheltered housing and bungalow tenants and for currently subsidised tenants outside the new cohort, some residents may remain concerned about future affordability. There may also be concern for tenants who can access the subsidisation, due to the change in subsidisation approach. The change in approach is designed to increase consistency and transparency, but the impact is that some tenants will have to pay more than they currently pay.
- The Equality Impact Assessment identified that the alternative options considered could result in less favourable outcomes for residents, including those who share this protected characteristic. Option 1 (Telephone-Only Service) would remove the physical response element of the service and reduce the level of support available to residents. Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) would introduce split accountability between organisations, increasing the potential for communication failures, delays in escalation and fragmented service delivery. Option 4 (Closure of the Service) would result in the complete withdrawal of the service and remove access to the preventative support, reassurance and response functions currently provided through Homeline.
- Whilst these impacts are not specific to sexual orientation, it remains important that communication, engagement and service delivery continue to be inclusive, respectful and accessible to all residents and that individuals feel confident accessing support regardless of their personal circumstances or identity.
- For these reasons, Option 3 (Fully Externally Delivered Service) is considered to provide the strongest opportunity to maintain equitable access to support whilst minimising potential negative impacts for residents who share this protected characteristic.

<p>Please explain and give examples of any evidence/data used</p>	<ul style="list-style-type: none"> Operational service data relating to sexual orientation is not currently available. Consultation data indicates that 81% of respondents identified as heterosexual, 16% preferred not to say and smaller numbers identified as bisexual, gay, lesbian, asexual or self-described. The available evidence does not indicate that the proposed arrangements would affect residents differently because of sexual orientation.
<p>Action to address negative impact (for example, adjustment to the proposal)</p>	<p>A key factor resulting in the recommendation to proceed with Option 3 (Fully Externally Delivered Service) was the Equality Impact Assessment.</p> <ul style="list-style-type: none"> Option 3 is assessed as providing the strongest opportunity to maintain positive outcomes whilst minimising potential negative impacts. To mitigate identified risks: <ul style="list-style-type: none"> Clear communications will be provided throughout implementation. Existing subsidised cohorts will continue to receive support. HRA subsidisation will support affordability for eligible tenants. Residents requiring additional support will continue to be referred to Adult Social Care and wider support services where appropriate. Equality and accessibility requirements will be incorporated into future contractual arrangements.

<p>Protected characteristic group</p>	<p>Sex (gender)</p>
<p>Is there a potential for positive or negative impact? Is the impact neutral?</p>	<p>Mixed, but overall expected to be positive.</p> <p>The proposed changes are expected to have a positive impact on both female and male residents by maintaining access to a preventative, responsive and reliable service while improving resilience, safeguarding arrangements and links to health and care services.</p> <p>Positive impacts</p> <ul style="list-style-type: none"> The recommended Option 3 (Fully Externally Delivered Service) is expected to have positive impacts regardless of a person's gender. The proposed model maintains the full Homeline service, including monitoring, welfare support and physical

response, helping to ensure residents continue to receive timely and appropriate support when required. The service will continue to provide reassurance, promote independence and support residents to remain safe within their own homes and communities.

- The proposed model also provides opportunities to strengthen service quality through enhanced workforce training, safeguarding arrangements, governance and clinical oversight. The PME demonstrated that providers generally operate with stronger governance arrangements, enhanced safeguarding oversight, more structured responder training, clearer escalation pathways and greater workforce resilience than currently exists within the service. Joint commissioning with the ICB also provides opportunities for stronger clinical oversight and improved integration with health pathways. These improvements are expected to support more consistent, reliable and person-centred service delivery for all residents regardless of sex or gender.

Risk of negative impacts

- No specific negative impacts have been identified in relation to sex or gender.
- However, as with all residents, there is a potential risk that service change may cause anxiety or uncertainty during transition. There may also be a general risk that residents do not opt into future service arrangements because they do not understand the change, are anxious about dealing with a new provider, or have concerns about affordability.
- Although subsidisation is proposed to continue for sheltered housing and bungalow tenants and for currently subsidised tenants outside the new cohort, some residents may remain concerned about future affordability. There may also be concern for tenants who can access the subsidisation, due to the change in subsidisation approach. The change in approach is designed to increase consistency and transparency, but the impact is that some tenants will have to pay more than they currently pay.
- The Equality Impact Assessment identified that the alternative options considered could result in less

	<p>favourable outcomes for residents, including those who share this protected characteristic. Option 1 (Telephone-Only Service) would remove the physical response element of the service and reduce the level of support available to residents. Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) would introduce split accountability between organisations, increasing the potential for communication failures, delays in escalation and fragmented service delivery. Option 4 (Closure of the Service) would result in the complete withdrawal of the service and remove access to the preventative support, reassurance and response functions currently provided through Homeline.</p> <ul style="list-style-type: none"> • Whilst these impacts are not specific to sex or gender, they may be particularly relevant given that women typically represent a higher proportion of Homeline service users and informal carers. Maintaining access to a reliable, responsive and preventative service is therefore important in supporting both residents who use the service and those who provide care and support to family members. • For these reasons, Option 3 (Fully Externally Delivered Service) is considered to provide the strongest opportunity to maintain equitable access to support whilst minimising potential negative impacts for residents who share this protected characteristic.
<p>Please explain and give examples of any evidence/data used</p>	<ul style="list-style-type: none"> • Operational service data shows that 56% of service users are female and 37% are male. • Consultation data shows that 65% of respondents identified as female and 29% identified as male. • Consultation responses consistently highlighted the importance of maintaining a reliable, consistent and timely service. Residents generally indicated that maintaining service quality and responsiveness was more important than who directly delivers the service. • As women represent the majority of both service users and consultation respondents, women may be more likely to experience the positive benefits associated with maintaining and strengthening the service.

<p>Action to address negative impact (for example, adjustment to the proposal)</p>	<p>A key factor resulting in the recommendation to proceed with Option 3 (Fully Externally Delivered Service), rather than Option 1 (Telephone-Only Service), Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) or Option 4 (Closure of the Service), was the Equality Impact Assessment.</p> <ul style="list-style-type: none"> • Option 3 is assessed as providing the strongest opportunity to maximise positive outcomes whilst minimising potential negative impacts. • To mitigate identified risks: <ul style="list-style-type: none"> • Clear and accessible communications will be provided before and during implementation. • Existing subsidised cohorts will continue to receive support. • HRA subsidisation will continue to support affordability for eligible tenants. • Adult Social Care referrals and Care Act reviews will continue where required. • Equality, safeguarding and accessibility requirements will be incorporated into future contractual arrangements.
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<p>Protected characteristic group</p>	<p>Age</p>
<p>Is there a potential for positive or negative impact? Is the impact neutral?</p>	<p>Mixed, but overall expected to be strongly positive.</p> <p>Older residents are likely to be one of the groups most significantly affected by changes to the Homeline service because they form the majority of current service users and are more likely to rely on telecare, welfare monitoring and physical response services to remain safe and independent at home.</p> <p>Positive impacts</p> <ul style="list-style-type: none"> • The recommended Option 3 (Fully Externally Delivered Service) is expected to have significant positive impacts for older residents. • The proposed model maintains the full Homeline service, including monitoring, welfare support and physical response, helping to ensure older residents continue to receive timely and appropriate support when required. The service will continue to provide reassurance, promote independence and support residents to remain safe within their own homes and communities.

- The proposed model also provides opportunities to strengthen service quality through enhanced workforce training, safeguarding arrangements, governance and clinical oversight. The PME demonstrated that providers generally operate with stronger governance arrangements, enhanced safeguarding oversight, more structured responder training, clearer escalation pathways and greater workforce resilience than currently exists within the service. Providers also described stronger links into health services, urgent community response pathways and access to clinical advice and support.
- These improvements are expected to particularly benefit older residents who may be at greater risk of falls, frailty, social isolation, safeguarding concerns or deteriorating health. The proposed model also supports wider objectives around preventing avoidable hospital admissions, reducing long-lie risks following falls and helping residents remain independent within their own homes for longer.
- HRA subsidisation will continue to be offered for a defined cohort of tenants; the design of this cohort is deliberate to offer support to a cohort of tenants who are more likely to be over the age of 55 – an age group who are most likely to want to access the service based on the consultation feedback. The continued subsidisation makes the service more accessible than it would be if no subsidisation was available.

Risk of negative impacts

- Older residents may experience anxiety regarding changes to a familiar service, particularly where they have used Homeline for many years and have established relationships with the current service.
- There is also a risk that some older tenants may not actively opt into future service arrangements despite benefiting from the service. This may arise because of affordability concerns, misunderstanding of the proposed changes, digital exclusion, cognitive impairment, sensory impairment or anxiety regarding a new provider.

- Older residents without strong family, carer or support networks may be particularly affected if communications are not clear, accessible and timely.
- Although subsidisation arrangements are proposed to continue, some residents may remain concerned about future affordability and charging arrangements. There may also be concern for tenants who can access the subsidisation, due to the change in subsidisation approach. The change in approach is designed to increase consistency and transparency, but the impact is that some tenants will have to pay more than they currently pay.
- The Equality Impact Assessment identified that the alternative options considered could result in less favourable outcomes for older residents. Option 1 (Telephone-Only Service) would remove the physical response element of the service, which consultation respondents consistently identified as one of the most valued aspects of Homeline. Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) would introduce split accountability between organisations, increasing the potential for communication failures, delays in escalation and fragmented service delivery. Option 4 (Closure of the Service) would result in the complete withdrawal of the service and remove access to the preventative support, reassurance and response functions currently provided through Homeline.
- These impacts are likely to be particularly significant for older residents who are more likely to rely on telecare, welfare monitoring and physical response services to remain safe and independent at home. Older residents are also more likely to experience falls, frailty, reduced mobility, cognitive impairment, social isolation or declining health, increasing the importance of timely intervention and coordinated support.
- For these reasons, Option 3 (Fully Externally Delivered Service) is considered to provide the strongest opportunity to maintain equitable access to support whilst minimising potential negative impacts for older residents.

<p>Please explain and give examples of any evidence/data used</p>	<ul style="list-style-type: none"> Operational service data demonstrates that 76% of current Homeline users are aged 65 or over. Consultation data demonstrates that 56% of respondents were aged 65 or over. Consultation responses consistently highlighted the importance of maintaining a reliable, consistent and timely service. Respondents repeatedly identified physical response capability as one of the most important aspects of the service and many expressed concern regarding any reduction in support. Residents also highlighted the importance of the service in helping people remain independent at home, providing reassurance to family members and reducing anxiety regarding falls and emergencies. Consultation findings demonstrated that residents generally considered reliability, continuity and responsiveness to be more important than who directly delivers the service. The PME exercise demonstrated that specialist providers generally operate with stronger workforce resilience, governance arrangements, safeguarding oversight and clinical support than currently exists within the service.
<p>Action to address negative impact (for example, adjustment to the proposal)</p>	<p>A key factor resulting in the recommendation to proceed with Option 3 (Fully Externally Delivered Service), rather than Option 1 (Telephone-Only Service), Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) or Option 4 (Closure of the Service), was the Equality Impact Assessment.</p> <ul style="list-style-type: none"> Option 3 is assessed as providing the strongest opportunity to maximise positive outcomes whilst minimising potential negative impacts for older residents. To mitigate identified risks: <ul style="list-style-type: none"> Clear, targeted and accessible communications will be provided before and during implementation. Residents, carers and support networks will be actively engaged throughout the transition process. Existing subsidised cohorts will continue to receive support. HRA subsidisation will continue to support affordability for eligible tenants. Adult Social Care referrals, Care Act reviews and wider support services will continue where required.

	<ul style="list-style-type: none"> • Information will be available in accessible formats where needed. • Equality, accessibility, safeguarding and service quality requirements will be incorporated into future contractual arrangements. • The in-person response element of the service will be retained.
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Protected characteristic group	Children in care and care leavers
Is there a potential for positive or negative impact? Is the impact neutral?	<p>Neutral to positive.</p> <p>No specific positive or negative impacts have been identified in relation to children in care and care leavers. However, the continuation of a reliable, responsive and resilient Homeline service will ensure that any care experienced young person or care leaver who may require support, either now or in the future, continues to have access to a service that promotes safety, independence and wellbeing.</p> <p>Positive impacts</p> <ul style="list-style-type: none"> • Option 3 (Fully Externally Delivered Service) maintains the full Homeline service while strengthening governance arrangements, safeguarding oversight, workforce resilience and links to wider health and care services. • Although children in care and care leavers are not a significant user group within the current Homeline service, the proposed model ensures that any eligible care experienced person who requires support to live independently can continue to access a responsive service with access to monitoring, welfare support and in-person response where required. • The proposed model also provides stronger safeguarding arrangements and clearer escalation pathways than currently exist within the service, which is particularly important given the vulnerabilities that some care experienced young people and care leavers may face. <p>Risk of negative impacts</p> <ul style="list-style-type: none"> • No specific negative impacts have been identified in relation to children in care and care leavers.

- However, as with all residents, there is a potential risk that individuals may experience anxiety or uncertainty regarding service changes and future service arrangements. There may also be a risk that eligible care leavers living independently do not fully understand the proposed changes, the support available to them or how to access future service arrangements.
- Although subsidisation arrangements are proposed to continue, some residents may remain concerned about future affordability and charging arrangements. There may also be concern for tenants who can access the subsidisation, due to the change in subsidisation approach. The change in approach is designed to increase consistency and transparency, but the impact is that some tenants will have to pay more than they currently pay.
- The Equality Impact Assessment identified that the alternative options considered could result in less favourable outcomes for residents, including those who share this protected characteristic. Option 1 (Telephone-Only Service) would remove the physical response element of the service and reduce the level of support available to residents. Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) would introduce split accountability between organisations, increasing the potential for communication failures, delays in escalation and fragmented service delivery. Option 4 (Closure of the Service) would result in the complete withdrawal of the service and remove access to the preventative support, reassurance and response functions currently provided through Homeline.
- Whilst these impacts are not unique to children in care and care leavers, they may be particularly relevant for care experienced young people who are living independently, have limited support networks or require additional reassurance and support to maintain their wellbeing and independence.
- For these reasons, Option 3 (Fully Externally Delivered Service) is considered to provide the strongest opportunity to maintain equitable access to support

	<p>whilst minimising potential negative impacts for children in care and care leavers.</p>
<p>Please explain and give examples of any evidence/data used</p>	<ul style="list-style-type: none"> • The Council does not currently hold operational service data identifying whether current Homeline users are children in care or care leavers. • Consultation feedback did not identify any specific concerns relating to children in care or care leavers. However, consultation responses consistently highlighted the importance of maintaining a reliable, consistent and timely service that supports independence and provides reassurance to residents and their support networks. • The available evidence does not indicate that the proposed arrangements would affect people differently because they are children in care or care leavers. However, maintaining access to preventative support services remains important for vulnerable residents, including those who may have experienced care.
<p>Action to address negative impact (for example, adjustment to the proposal)</p>	<p>A key factor resulting in the recommendation to proceed with Option 3 (Fully Externally Delivered Service), rather than Option 1 (Telephone-Only Service), Option 2 (Mixed Service Model – Council Monitoring and External Response Provider) or Option 4 (Closure of the Service), was the Equality Impact Assessment.</p> <ul style="list-style-type: none"> • Option 3 is assessed as providing the strongest opportunity to maximise positive outcomes whilst minimising potential negative impacts across all protected characteristic groups, including children in care and care leavers. • To mitigate identified risks: <ul style="list-style-type: none"> • Clear and accessible communications will be provided regarding future service arrangements, eligibility, charges and available support. • Existing subsidisation arrangements and support mechanisms will continue where applicable. • Referrals to Adult Social Care, housing support services and other relevant Council services will continue where additional support needs are identified. • Equality, safeguarding, accessibility and service quality requirements will be incorporated into future contractual arrangements and contract monitoring processes. • The future provider will be expected to work collaboratively with Council services and partner agencies to ensure vulnerable residents receive appropriate support and safeguarding where required. <p>This option is therefore considered to provide the strongest opportunity to maintain equitable access to support while</p>

	minimising potential risks for vulnerable residents, including any current or future care experienced young people and care leavers.
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Section three – evaluation

No.	Question	Explanation/justification
3.1	<p>Is it possible the proposed policy or activity or change in policy or activity could discriminate or unfairly disadvantage people?</p>	<p>Yes, there is potential for the proposed changes to have a greater impact on some groups with protected characteristics under the Equality Act 2010, particularly older people and disabled people, because these groups make up a significant proportion of current Homeline users.</p> <p>Current service data shows that most people using the service are aged over 65, and consultation feedback consistently highlighted the importance of the service in helping older and disabled residents remain safe, independent and supported at home. Respondents also raised concerns about falls, long waits for help, isolation and the impact any reduction in support could have on wellbeing and independence.</p> <p>However, the recommended option of jointly commissioning the service with the ICB has been developed specifically to address many of the concerns raised through the consultation and operational review. The proposed model aims to improve clinical oversight, strengthen links with health services, maintain an in-person response service and improve the overall safety and resilience of the service. It is also expected to create opportunities to reopen access to the service for other residents, including people with protected characteristics who have been unable to access Homeline in recent years.</p> <p>The Council recognises that any service change or transition process may still affect some residents differently. To help reduce potential negative impacts the council will take the following mitigating actions:</p> <ul style="list-style-type: none"> • Clear communication at key milestones. • Opportunities for users of the service to engage in the design and transition plans for the new service. • Equality requirements will form part of any future commissioned service; and

		<ul style="list-style-type: none"> the Council and ICB will continue to monitor the impact of implementation on residents and protected groups.
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No.	Final Decision	Tick the relevant box	Include any explanation / justification required
1	No barriers identified; therefore, activity will proceed		
2	Stop at some point because the data shows bias towards one or more groups		
3	Adapt or change the event in a way which you think will eliminate the bias		

4	Barriers and impact have been identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice (for example, in extreme cases or where positive action is taken). Therefore, proceed with caution with this knowing that it may favour some people less than others, providing justification for this decision	X	The Equality Impact Assessment has identified that the proposed changes are likely to have a greater impact on older people and disabled people because these groups form a significant proportion of current Homeline users. However, the recommended option of jointly commissioning the service with the Integrated Care Board ICB has been developed specifically to improve safety, strengthen clinical oversight, maintain an in-person response service and improve integration with health services. The Council considers that the recommended option is a more proportionate and safer response than retaining the current model, which has known operational and safeguarding risks. Mitigations are set out in 3.1 above.
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Section four – record keeping

Question	Response
Will this EqIA be published* (*EqIA's should be published alongside relevant event paperwork including cabinet papers):	Yes. The updated EqIA will be published alongside the Cabinet report and supporting appendices relating to the future of the Homeline service.
Date completed	17 th June 2026
Review date (if applicable)	The next key milestone when the Equality Impact Assessment will be refreshed is at Gateway A – prior to proceeding to competitive tender for the procurement.

Change log

Name	Date	Version	Change made
Carolyn Wakeman	07.05.2026	1	First draft

Tonya Bozzuto	11.05.2026	2	<ul style="list-style-type: none"> Added in the positive benefit of an external provider running the service that the service can be re-opened to new customers, some of whom may have protected characteristics. Updated current customer numbers based.
Grace Lynch	24.05.2026	3	<ul style="list-style-type: none"> Updated section one to make it clearer and more explicit that the EqIA is considering the combined equalities impacts of all of the decisions recommended to Cabinet in July 2026. Built in an explicit milestone for when the EqIA will next be updated i.e. at Gateway A.
Carolyn Wakeman	29.5.2026	4	<ul style="list-style-type: none"> Moved detailed demographics to an appendix and updated section one to include headline statement in relation to each protected characteristic.
Grace Lynch	30.05.2026	5	<ul style="list-style-type: none"> Updated section two to ensure this clearly reflects impacts of the HRA subsidisation decision, as well as the other decisions (e.g. move to external provider) recommended to Cabinet in July 2026. Updated template to enable more detailed narrative to be captured in section 2.
Carolyn Wakeman	1.06.2026	6	<ul style="list-style-type: none"> Added more detail to section 2, now template allows for this.

Responsibilities

Question	Response	Date completed
Name of person leading this EqIA	Carolyn Wakeman	17/06/2026

Question	Response
Names and roles of people involved in the consideration of impact	<p>This EQIA was informed by:</p> <ul style="list-style-type: none"> Residents via Public Consultation undertaken between January and February 2026, which includes feedback from residents, tenants, carers, staff, sheltered housing representatives, health partners and wider stakeholders who may be affected by changes to the Homeline service. Engagement session with Sheltered Housing Officers on 22nd February 2026.

	<ul style="list-style-type: none"> • Carolyn Wakeman – Service Development Manager, Swindon Borough Council • Grace Lynch – Director of Commissioning – People, Swindon Borough Council • Tonya Bozzutto – Head of Homeline & Business Support Services, Swindon Borough Council • Emma Higgins – Head of Combined Place, Integrated Care Board • Swindon Locality Commissioning Group (Operations)
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Question	Response	Date signed
Name of Director signing EqIA	Grace Lynch – Director of Commissioning - People	17/06/2026

Appendix – detailed demographics

The Council does not currently hold complete information for all protected characteristics across the full Homeline customer base in its operational service data. As part of the public consultation data was therefore collected against each of the protected characteristics, to enable this EqIA to be completed. Where operational service data is not available, and only public consultation data is available this has been identified below. Where both data sets are available, both have been provided below.

Age

Public Consultation Data

Age Group	Total	%
18–24	8	1%
25–34	38	4%
35–44	49	5%
45–54	88	9%
55–64	197	20%
65+	570	56%
Prefer not to say	59	6%
Grand Total	1009	100%

Operational Service Data

Age Group	%
0–15	1%

16–24	1%
25–34	1%
35–44	2%
45–54	4%
55–64	15%
65–74	24%
75–84	27%
85–94	22%
95+	4%

Gender Composition

Public Consultation Data

Gender	Total	%
Female	654	65%
Male	289	29%
Non-binary	2	0%
Genderfluid	1	0%
No gender	1	0%
Prefer to self-describe	8	1%
Prefer not to say	53	5%
Unknown	1	0%
Grand Total	1009	100%

Operational Service Data

Gender Composition	%
Female	56%
Identifies as female	0%
Identifies as non-binary	0%
Male	37%
Unknown	7%

Disability

Public Consultation Data

Disability	Total	%
Yes	529	52%
No	361	36%
Prefer not to say	119	12%

Grand Total	1009	100%
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Operational Service Data

Operational service data relating to disability is not currently available.

Race and Ethnicity

Public Consultation Data

Race/Ethnicity	Total	%
English, Welsh, Scottish, Northern Irish or British	863	86%
Other White	18	2%
Indian	6	1%
White and Asian	8	1%
Irish	7	1%
Other Asian	7	1%
Prefer not to say	86	9%
Other responses	14	1%
Grand Total	1009	100%

Operational Service Data

Operational service data relating to race and ethnicity is not currently available.

Religion or Belief

Public Consultation Data

Religion or Belief	Total	%
Christian	370	37%
Prefer not to say / Unknown	605	60%
Other religions/beliefs	34	3%
Grand Total	1009	100%

Operational Service Data

Operational service data relating to religion or belief is not currently available.

Sexual Orientation

Public Consultation Data

Sexual Orientation	Total	%
Heterosexual (straight)	813	81%
Prefer not to say	162	16%
Bisexual	11	1%
Gay man	6	1%

Gay woman / Lesbian	3	0%
Asexual	4	0%
Other/self-described responses	10	1%
Grand Total	1009	100%

Operational Service Data

Operational service data relating to sexual orientation is not currently available.

Pregnancy and Maternity

Public Consultation Data

Pregnancy	Total	%
No	939	93%
Prefer not to say	67	7%
Yes	3	0%
Grand Total	1009	100%

Operational Service Data

Operational service data relating to pregnancy and maternity is not currently available.

Gender Reassignment

Public Consultation Data

Gender Reassignment	Total	%
No	929	92.07%
Prefer not to say	70	6.94%
Yes	10	0.99%
Grand Total	1009	100%

Operational Service Data

Operational service data relating to gender reassignment is not currently available.

Marriage and Civil Partnership

Public Consultation Data

Marriage and Civil Partnership Status	Total	%
Married	319	32%
Widowed	280	28%
Divorced	141	14%
Prefer not to say	141	14%

Never married and never registered in a civil partnership	121	12%
Other responses	7	1%
Grand Total	1009	100%

Operational Service Data

Operational service data relating to marriage and civil partnerships is not currently available.

Additional Equalities Considerations

- Residents rely heavily on the in-person response service.
- Residents are concerned about long waits after falls.
- Many residents live alone or have limited informal support available.
- Residents value the service because it helps them remain independent.
- Residents are concerned about the impact on their safety and wellbeing if the service changes significantly or stops.