

INVITATION TO TENDER (TEN1046)

Culturally adapted dementia care for Black, Asian and ethnic minority communities

Date: October 2025

About the NHS Race and Health Observatory

The NHS Race and Health Observatory (RHO) is an independent organisation, supported by the Department of Health and Social Care and NHS England, set up to explore ethnic inequalities in access to healthcare, experiences of healthcare, health outcomes, and inequalities experienced by Black and other ethnic minority members of the healthcare workforce. This includes assessing the aspirations to tackle ethnic health inequalities outlined in national healthcare policy. The RHO is a proactive investigator, providing strong recommendations that inform policymaking and facilitate change. The RHO is evidence-driven and solutions-focused.

The RHO is hosted by NHS Confederation. Its board and team are independent, and it dictates its own direction and areas of focus. The RHO has three main functions:

- facilitating new, high-quality, and innovative research and evidence
- making strategic policy recommendations for change
- supporting the practical implementation of those recommendations and of anti-racism focused interventions more widely, within the NHS.

Scope of the work

Background

Dementia care is complex. From diagnosis, to end of life, it includes involvement from health and care professionals across acute, social and community care settings. Adding to this complexity, experiences of aging vary dramatically across cultures, as do conceptualisations of mental health. In the UK, we also know that structural racism can inform the access to and experiences of healthcare for different ethnic minority groups.¹

Population projections for 2050 estimate that 27% of those aged 60 and older will be from minority ethnic groups compared with 5% in 2021.² This suggests a fifteen-fold increase in the number of ethnic minority older people with dementia from 26,000 to 400,000 by 2050. Also, risk factors for dementia such as hypertension, obesity and diabetes are more common in people from Black and South Asian ethnic groups.³⁴

Concerningly, research has also shown that ethnic minority communities tend to present later to specialist diagnostic and therapeutic dementia services.⁵ The causes for this are thought to

¹ Kapadia, Dharmi, et al. "Ethnic inequalities in healthcare: a rapid evidence review." (2022).

² Victor, C. et al. (2024). Living well with dementia: an exploratory matched analysis of minority ethnic and white people with dementia and carers participating in the IDEAL programme. *International Journal of Geriatric Psychiatry*, 39(1).

³ Mukadam, Naaheed, et al. "Incidence, Age at Diagnosis and Survival with Dementia Across Ethnic Groups in England: A Longitudinal Study Using Electronic Health Records." *Age at Diagnosis and Survival with Dementia Across Ethnic Groups in England: A Longitudinal Study Using Electronic Health Records*. <https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.12774#alz12774-bib-0011>

⁴ Mukadam, N. et al. (2023). South Asian, Black and White ethnicity and the effect of potentially modifiable risk factors for dementia: A study in English electronic health records. *PLoS ONE*, 18(10).

⁵ Mukadam, Naaheed, Claudia Cooper, and Gill Livingston. "A systematic review of ethnicity and pathways to care in dementia." *International journal of geriatric psychiatry* 26.1 (2011): 12-20.

be complex, including the tendency in some cultures not to conceptualise dementia as an illness, experiences of shame or stigma within communities, and negative experiences with healthcare services. Many of these barriers to diagnosis and specialist treatment are systemic and structural, and therefore attention is required to ensure that these barriers are identified and dismantled. There has been some research exploring the impacts of structural inequality on dementia, exploring, for example, the relationship between residential segregation and later life cognition.⁶

It has also been widely hypothesised that a range of ‘stressors’ including socioeconomic deprivation, racism, and low social capital are a risk factor in a range of mental health issues.⁷ One study, launched in the Autumn of 2024 aims [to improve dementia assessments for the Chinese, Caribbean and South Asian communities in Bristol](#). While lessons from that study might apply to other places, there is a need to widen the scope to other parts of the UK so that policy and service organisers can start prioritising dementia care for ethnic communities as part of the Labour government’s [Change NHS](#) plan.

Across both diagnosis and treatment, there has been recent discussion about whether diagnostic practices in the UK are culturally appropriate. It has been suggested, for example, that processes for detecting dementia are primarily based on norms in performance for the White British majority population. Similarly, it has been contested that interventions and care pathways for people with dementia tend not to be tailored or adapted as a matter of course.⁸⁹ Alzheimer Europe released a report in 2018 stressing the need for “intercultural care and support” for people from minority ethnic groups living with dementia.¹⁰

These questions of race inequity in diagnostics are more pressing than ever given the roll-out of new [blood biomarker approaches](#) to diagnosis which, by enabling clinicians to detect Alzheimer’s disease before symptoms show, has the potential to revolutionise dementia diagnosis and care. With so many patients reporting negative experiences of diagnosis, it is essential that these new processes are rolled out effectively and equitably, with explicit consideration given to the experiences of Black, Asian, and minority ethnic patients.

⁶ Pohl, Daniel J., et al. "Relationship between residential segregation, later-life cognition, and incident dementia across race/ethnicity." *International Journal of Environmental Research and Public Health* 18.21 (2021): 11233.

⁷ King, Michael, et al. "Incidence of psychotic illness in London: comparison of ethnic groups." *Bmj* 309.6962 (1994): 1115-1119.

⁸ Europe, Alzheimer. "The development of intercultural care and support for people with dementia from minority ethnic groups." Luxembourg: Alzheimer Europe (2018).

⁹ Kirkbride, James B., et al. "Testing the association between the incidence of schizophrenia and social capital in an urban area." *Psychological medicine* 38.8 (2008): 1083-1094.

¹⁰ Europe, Alzheimer. "The development of intercultural care and support for people with dementia from minority ethnic groups." Luxembourg: Alzheimer Europe (2018).

Definitions

The NHS Race and Health Observatory uses the following definitions relating to racism and inequities in healthcare.

- **interpersonal racism**, where a person experiences direct discrimination, bullying, harassment, or stigmatisation based on their race or ethnicity.
- **structural racism**, where a person's access to vital resources, and their experiences with housing, education, employment, and the justice system are impacted by their race and ethnicity, often because discriminatory practices are deeply embedded in legislation, or historical policies of colonisation and segregation continuing to have damaging legacies.
- **institutional racism**, where these above forms of racism combine and are enshrined in policies and practice, limiting an individual's ability to access fair treatment, to get ahead in their careers, or to access the vital services they're entitled to.
- **Ethnic and racial health inequity** – avoidable, unfair, and systemic differences in health and access to, experience of, and outcomes in healthcare based on a person's race or ethnicity. This is distinct from health inequality or health disparity, which are usually used to describe difference without engaging with the systemic causes of those differences.

Project outline

A number of the above cited pieces of research have recommended a greater focus on culturally adapted diagnostic approaches for dementia. As such, the Observatory is looking to commission an organisation (or group of organisations) to complete **a review exploring routes to access for dementia diagnosis and services in England**. The review should:

- identify where culturally adapted practices and tools have been enacted to support both the initial diagnosis of dementia, and access to dementia services.
- assess their impact on access and experiences for racially marginalised groups, and
- make practically actionable recommendations to support their scale and spread in the health and care system.

While we are content for bidding organisations to suggest methodologies based on their own strengths, the review should include:

- The establishment of a reference group to support with steering the project. The group should include people with both lived experience and learned experience.
- A high-level review of data and information on diagnosis, treatment and mortality rates in dementia, with comparisons across different ethnic groups.
- A review of current literature and evidence on ethnic and racial inequalities in access to and experiences of dementia care, including day care and residential/nursing home care.
- Engagement with members of Black, Asian, and ethnic minority communities to explore barriers faced by ethnic minority and migrant communities in getting a diagnosis and accessing dementia care.
- Engagement with clinicians and professionals (e.g. primary care, geriatricians etc)
- Between three and five evaluated case studies exploring the effectiveness of culturally adapted dementia services (or similar interventions focused on improving access to dementia services for marginalised communities), with a focus on replicable practice.

This may include effective quality improvement (QI) methodologies and should consider both NHS-led and community-led initiatives.

- A synthesis of barriers and facilitators of implementation of effective interventions.

It is essential that this work considers the lived and learned experiences of various stakeholders throughout the course of the project and that outputs are co-produced. We would expect extensive engagement to take place, including, but not limited to:

- Representatives of a diverse range of racially minoritised groups with relevant lived experience to better understand the landscape of dementia care (either personally or for a family member/friend). People with relevant lived experience should be consulted throughout the project, including in the problem definition stage, and in the development of conclusions and recommendations.
- Key policymakers in these areas across health and social care, in order that any recommendations deriving from the work are appropriately targeted for maximum impact.
- Representatives of voluntary, community and social enterprises (VCSEs), and local health and care organisations.

Outputs

At the end of the research period, the successful organisation should produce a report including:

- An executive summary.
- Detailed findings of the research in an accessible format (including a report of c. 40 pages in length).
- A summary of methodologies.
- Evidence-based and co-designed recommendations for interventions to address these issues. These recommendations should be validated by a broad range of experts and stakeholders. It is important that all recommendations are targeted at specific organisations and are practically actionable.
- Technical appendices outlining sources of evidence and detailed methodologies.
- We would expect the result to be presented at an appropriate externally facing meeting.

The successful applicant/s will be required to work collaboratively and specifically commit to regular meetings with NHS RHO and with the project Task and Finish Group, as needed. The Task and Finish Group includes: members of our Mental Health Advisory Group, [Stakeholder Engagement Advisory Group](#), and independent experts, and they will meet roughly every 2 months.

The successful applicant/s will be expected to be guided by the NHS RHO Implementation Model throughout the project.

NHS RHO recognises the power of collaboration and the potential for multiple experts, initiatives, and organisations to pool their expertise and resources to achieve a greater impact. If you believe you can fulfil some aspects of the project but not all, we encourage you to consider a collaborative approach.

Detailed specifications

- The initial research period will be **12 months** from the date of award.
- The review should include both academic and grey literature (e.g. government, publications NHS reports, think tank publications, as well as community-produced and experience-based evidence if appropriately validated).
- The research should include extensive and meaningful community engagement at all stages, including initial scoping and assurance of final conclusions and recommendations.
- Quality criteria should be applied to evidence including, where appropriate, evidence of user-validation and stakeholder validity.
- The final report should take the form of a word document and will be primarily branded in the NHS Race and Health Observatory's house style (with co-branding considered where appropriate).
- We welcome bids **up to £150,000**. Higher value bids may be considered if adequate justification can be given for the additional amount.
- The report will be for external publication.

Tender submission

Your tender submission should be organised under the following headings:

'Project plan' to include:

- An introduction illustrating your understanding of the brief, the role that race and racism play in determining differential experience and outcomes, and your understanding of the dementia and how it may inform your approach to certain aspects of the project.
- A summary project plan including details of your proposed methodology and approach to community engagement.
- A timeline including key dates to demonstrate how you would meet the proposed deadline.
- An indication of how much input and capacity would be required from the Observatory team, including review points to check in on progress with research and to understand emerging findings.
- Details of key personnel who will be involved in the project.
- Key risks and mitigating actions for the project

'Fee proposal' to include:

- Costings for the work including VAT.
- A detailed budget covering both personnel costs and any non-pay expenses.
- The costs of any elements of the work that would be provided by another company/freelance staff.

'Company information' to include:

- A brief outline your values, structure, size, and capabilities in general.
- Detail of any elements of the work that would be provided by another company/freelance staff.
- An explanation of the unique benefit you will bring to this work.
- An explanation of how you will approach safeguarding, especially in engaging with people affected by dementia.
- Details of how you propose to ensure GDPR compliance, as appropriate.

‘Supporting Evidence’ to include:

- Examples of at least two similar tenders you have won and delivered.
- The details of two previous clients (preferably not for profit) that we can contact for reference purposes (references will be taken up for firms shortlisted).
- Two examples of written work completed by the primary proposed authors.
- A completed equalities questionnaire (see schedule 1).

Selection criteria

We will rank tenders on the basis of:

1. Overall fit to requirements of the brief and proposed methods.
2. A proven track record of impactful high quality previous work in the area.
3. Relevant experience of team, including a demonstration of cultural competence, understanding of dementia care, and an ability to engage with issues around ethnic health inequality and racism.
4. Value for money to the Observatory.
5. Your approach to equality, diversity and inclusion.

Key Dates

ITT released	1 st October 2025
Drop in Session	10 th October 2025
Deadline for bids	28 th October 2025
Potential follow-up interviews	w/c 10 th November 2025
Contract awarded	w/c 3 rd December
Draft full report	December 2026
Final report	January 2027

Instructions for the return of the tenders

Tenders should be submitted by email to info@nhsrho.org

Tender ref: RHO_ Dementia 2025_ TEN1046

Tenders must be received by 23:59 on 28th October 2025. Tenders received after this date will not be considered.

It is incumbent on tenders to ensure they have all of the information required for the preparation of their tenders.

Further information about this tender can be obtained from:

Name	Lina Soura
Title	Business Manager
Email address	Lina.soura@nhsrho.org

Schedule 1- Equalities questionnaire

This questionnaire must be completed satisfactorily in order for any company to be considered to tender for this NHS Confederation contract. In most cases, references to legislation below refer to the Equality Act 2010.

1. Is it your policy as an employer and as a service provider to comply with your statutory obligations under the equality legislation, which applies to Great Britain, or equivalent legislation in the countries in which your firm employs staff?

Yes No

2. Accordingly, is it your practice not to discriminate directly or indirectly in breach of equality legislation which applies in Great Britain and legislation in the countries in which your firm employs staff:

- In relation to decisions to recruit, select, remunerate, train, transfer and promote employees?

Yes No

- In relation to delivering services?

Yes No

3. Do you have a written equality policy?

Yes No

4. Does your equality policy cover:

- Recruitment, selection, training, promotion, discipline and dismissal?

Yes No

- Victimisation, discrimination and harassment making it clear that these are disciplinary offences?

Yes No

- Identify the senior position for responsibility for the policy and its effective implementation?

Yes No

5. Is your policy on equality set out:

- In documents available and communicated to employees, managers, recognised trade unions or other representative groups?

Yes No

- In recruitment advertisements or other literature?

Yes No

- In materials promoting your services?

Yes No

Please evidence all questions.

If you answered NO to any part of questions 4 or 5 can you provide (and if so, please do) other evidence to show how you promote equalities in employment and service delivery.

6. In the last three years, have any findings of unlawful discrimination been made against your firm by the Employment Tribunal, the Employment Appeal Tribunal or any other court or in comparable proceedings in any other jurisdiction?

Yes No

7. In the last three years, has any contract with your organisation been terminated on grounds of your failure to comply with:

- Legislation prohibiting discrimination; or

Yes No

- Contract conditions relating to equality in the provision of services

Yes

No

8. In the last three years, has your firm been the subject of formal investigations by the Equality and Human Rights Commission or a comparable body, on grounds of alleged unlawful discrimination?

Yes

No

9. If the answer to question 6 and 7 is YES, or, in relation to question 8, a finding adverse to your organisation has been made, what steps have you taken as a result of that finding? Please summarise the details below and provide full details as an attachment.

10. If you are not currently subject to UK employment law, please supply details of your experience in complying with equivalent legislation that is designed to eliminate discrimination and to promote equality of opportunity. List any attached documents.

Guidance in answering the equality questionnaire

When completing the questionnaire, all companies must answer each question fully and supply any documentary evidence requested. Failure to fully answer each question or failure to submit any documentary evidence required may lead the NHS Confederation to consider the answer unsatisfactory.

Question 1 and 2

If your firm has implemented an effective equality policy, you will be able to answer yes to these questions. You will be able to confirm your answers by submitting your equality policy and supporting evidence as for as part of this section.

Question 3 and 4

You will need to submit a copy of your firm's equality policy. You will need to ensure that your policy covers:

- Recruitment, selection, training, promotion, discipline and dismissal
- Victimisation, discrimination and harassment
- Identifies the senior position responsibly for the policy

Question 5

Documents available and method of communication to staff. You will be required to submit examples of any documents, which explain your firm's policies in respect of recruitment, selection, remuneration, training and promotion outside of the equality policy asked for in Question 3 and 4.

You will also need evidence of how your firm has communicated this document to staff i.e. notice boards or issue individual employees with a copy. There is no prescribed evidence here. You will need to submit whatever documents your firm uses for these purposes.

In recruitment advertisements or other literature, you will need to submit evidence that makes public your firm's commitment to equality in employment and service delivery.

Small firms may not have detailed procedures, but you must ensure that evidence is provided which demonstrates that personnel operate in accordance with a written equality policy that includes:

- Open recruitment practices such as using job centres and local newspapers to advertise vacancies
- Instructions about how the firm ensures that all job applicants are treated fairly.

In material promoting your services This relates to how your firm provides information in materials promoting your services e.g. in different languages, making information accessible to people with hearing and visual impairment and physical access for disabled users.

Question 6

This question's concern is whether any court or industrial tribunal has found your firm guilty of unlawful discrimination in the last three years. It is important to be honest with your answers. The NHS Confederation may check your responses. If the answer is yes, you may wish to insert additional information which details the actions your firm has undertaken to prevent a repeat occurrence.

Answering yes will not automatically mean that you do not get the contract; you need to ensure that the NHS Confederation feels confident that you have sufficient measures put in place to prevent a re-occurrence.

Question 7

This question's concern is whether your firm has ever had a contract terminated for noncompliance with equality legislation or equality contract conditions. If the answer is yes, your firm may wish to submit additional information which details the actions they have taken to prevent a repeat occurrence.

Question 8

This question asks whether your firm has had any investigation carried out, whatever the outcome. The NHS Confederation can check a contractor's answer from lists that the CRE and EOC produce, so please be honest. The NHS Confederation is aware that because a firm has been investigated does not mean that it is guilty of discrimination. The result of the investigation will be taken into account when assessing your firm's answers to the questionnaire.

Question 9

If your firm has been found guilty of unlawful discrimination, you will need to provide evidence that details the steps your firm has taken to correct the situation. The Court, Industrial Tribunal or CRE will have made recommendations about steps your firm should take to eliminate the discrimination. If no action or inadequate action has been taken in this respect, only then will your firm be considered refusal onto the tender list.

Question 10

If your firm is not subject to UK employment law, you must ensure that you supply details of equivalent legislation that you adhere to.