

Tameside Metropolitan Borough Council Equality Impact Assessment Form



Subject / Title	Tameside Carer's Strategy 2024-2027
Project Lead Officer (Name and Job Title)	Jennifer Cocker
Assistant Director / Director	Tracey Harrison / Steph Butterworth
Department	Operations - Adults Carer's Service
Directorate	Adults

EIA Start Date	EIA Completion Date
June 2022	September 2023

This Equality Impact Assessment template contains collapsible advice and instructions. **Whenever you see a triangle pictured here, ► click on it to reveal or collapse advice and instructions.**

PURPOSE OF THE EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) aims to examine whether a proposal will contribute to or alleviate inequalities in Tameside through assessing the potential impacts the proposal may have on people with 'protected characteristics'. (A 'proposal' here includes any strategy, policy, service change, or project).

'Protected characteristics' are attributes that people have or experiences that people may go through which can result in marginalisation or disadvantage. Under the Equality Act 2010, there are nine legally mandated protected characteristics to consider:

- Age
- Sex
- Race (including colour, nationality, and ethnicity)
- Religion or belief
- Disability
- Sexual orientation
- Gender identity¹

¹ We have rearticulated 'gender reassignment' under the Equality Act 2010 as 'gender identity'. An explanation for this is given in the definitions of protected characteristics in STEP FIVE.

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- Pregnancy and maternity
- Being married or in a civil partnership

Tameside Council has classified further characteristics as protected, referred to as 'extra protected characteristics'. These are below:

- Carers
- Cared for Children and Care Leavers
- Ill Mental Health
- Neurodivergence
- Socio-Economic Disadvantage

Conducting an Equality Impact Assessment based on these protected characteristics will aid compliance with the Public Sector Equality Duty (Equality Act 2010, section 149), which requires that all public bodies pay 'due regard' to the three general aims of the Public Sector Equality Duty:

- i. Eliminate unlawful discrimination, harassment, and victimisation
- ii. Advance equality of opportunity between people who share a protected characteristic and those who do not
- iii. Foster good relations between people who share a protected characteristic and those who do not

Having 'due regard' involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

EQUALITY IMPACT ASSESSMENT CORPORATE STANDARDS

Due to the important ethical and legal aims of the Equality Impact Assessment (EIA), there are several corporately agreed criteria which should be fulfilled when completing EIAs:

- An EIA is required for all formal decisions that involve changes to service delivery. For all other proposals, an EIA must be considered.
- The decision as to whether an EIA is undertaken rests with the Project Lead Officer in consultation with the appropriate Assistant Director / Director where necessary. Where an EIA is not completed, the reason(s) for this must be detailed within the appropriate report.

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- EIAs must be timely and completed alongside the development of any proposal. The findings of any potential detrimental or inequitable impact that may occur through the implementation of the proposal on residents, service users, or staff must be brought to the attention of the decision maker in the accompanying report. Appropriate mitigations must be integrated into the development of the proposal.
- EIAs should be carried out by at least two people. Guidance from case law indicates that judgements arrived at in isolation are not consistent with showing ‘due regard’ to the necessary equality duties.

INITIAL SCREENING

Purpose:	To identify which proposals need to proceed to Part II of the EIA Process – the full EIA.
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Step 1: Summarise the proposal

1a.	Proposal Title:	Tameside Carers’ Strategy 2024-27
1b.	Proposal Aims:	<p>We propose the development of a 3 year strategy from 2024 – 2027, to show our commitment to Carers across Tameside. Our Priorities over the next 3 years are:</p> <ul style="list-style-type: none"> Identifying and Recognising Carers Supporting Carers to stay healthy and well Carers as real and expert partners Getting the right help at the right time Younger Carers Carers in/into Employment

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1c.	Context:	<p>This proposal is contextualised by identified needs within the borough and gaps within the current service provision, which have been identified through the engagement work as detailed below.</p> <p>National work and legislation:</p> <ul style="list-style-type: none"> • The whitepaper ‘people at the heart of care’ set out a 10 year vision for adult social care. Informal carers featured heavily within this white paper and the proposal shows the commitment to Carers. . • The latest ONS census data (2021) relating to Carers - Office for National Statistics (ONS), released 13 February 2023, ONS website, article Unpaid care by age, sex and deprivation, England and Wales - Office for National Statistics (ons.gov.uk) • In May 2023, the Carer’s Leave Bill, gained Royal Assent and became the Carer’s Leave Act meaning it will become law in future. Carer's Leave Act 2023 - Parliamentary Bills - UK Parliament. Carers In Employment is a priority identified in our Strategy. <p>Regional work:</p> <ul style="list-style-type: none"> • GM Carers Delivery Group as part of the GM Adult Social Care Transformation Programme <p>Local work:</p> <ul style="list-style-type: none"> • The Council’s Corporate Plan, development of the Tameside Adult Social Care Strategy, the future Ageing Well Strategy, Tackling Poverty Strategy, Equalities Strategy and Building Back Fairer, Stronger and Together Strategy
1d.	Stakeholders:	<p>The key stakeholders for this strategy are:</p> <ul style="list-style-type: none"> • the carers at whom the strategy is aimed. • Adult Social Care – who carry out the Carers Care Act Assessment of need and support plans • Health colleagues across the primary care, secondary care and mental health services that we want to work with to strengthen our place based offer and recognition of carers early • Young Carers Project in Children’s Services • Third Sector organisations that support local carers • Employment, Economy and Skills Team as well as HR to support Carers policies in work and helping Carers in to work • Communications – to ensure our information is robust, accessible and meaningful and to promote services

Step 2: Impact Analysis – identify the impacts

Purpose:	To identify potential impacts the proposal may have on people with protected characteristics.
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SEE INSTRUCTION:

Each potential impact can be classified as ‘direct’ or ‘indirect’.

A **direct impact** occurs when the proposal is targeted at a particular group. For example, if libraries closed down children’s areas, this would directly impact children under ‘Age’.

An **indirect impact** occurs when the proposal is more general or universal, but it has a knock-on effect on people with particular protected characteristics. For example, if a pelican crossing is removed due to construction or highway changes, this would indirectly impact people with disabilities (‘Disability’), the elderly (‘Age’), people with children or who are pregnant (‘Pregnancy/Maternity’).

If a detrimental direct or indirect impact is identified, an appropriate **mitigating action** should be integrated into the development of the proposal. A mitigating action is an adjustment to the proposal that will reduce or minimise the impact. This is covered in STEP SIX of the EIA Process.

The Impact Analysis is separated between two steps: STEP TWO (here) and STEP FIVE (below). In this step:

- State whether any direct or indirect impacts have been identified under each protected characteristic.
- List the impacts identified under each protected characteristic.
- Identify whether a mitigation action is required.

There is **no requirement** at this stage to provide the detailed evidence about each impact or identify specific mitigating actions.

When identifying impacts, think about:

- Information and intelligence you have access to (e.g. data that is publicly available)
- Experiences and knowledge of residents and service users
- Experiences and knowledge of colleagues, including frontline staff
- Experiences in other local boroughs, particularly Greater Manchester and statistical neighbours

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- Research reports from think tanks, academia, government organisations, and charities
- **‘Multiple marginalisation’** – how the proposal may impact people with combinations of protected characteristics (e.g. Age and Race/Ethnicity) rather than consider each protected characteristic singularly. A proposal may impact people with one combination of protected characteristics more than another combination of protected characteristics. For example, moving a service from physical to digital provision may detrimentally affect elderly people of Bangladeshi backgrounds more than elderly people of a White British background.

Protected Characteristic	Direct Impact	Indirect Impact	Mitigation Required
<i>Select yes or no from the drop-down list in each box to identify whether any direct or indirect have been identified under each protected characteristic, and also select yes or no to determine whether a mitigating action is required. Subsequently, list these impacts.</i>			
Age	Yes	Yes/No	Yes/No
	Children’s Centre services are aimed at the 0 to 5 age group, there is a dedicated Young Carers Project in Children’s Services supporting young carers and providing activities and respite, also a majority of carers are over 50, hence these age groups will be directly affected		
Sex	Yes	Yes/No	Yes/No
	A majority of carers identify as female, similarly evidence shows that Children’s Centre users are predominantly female		
Race (including colour, nationality, and ethnicity)	Yes/No	Yes	Yes/No
	The carers whom the strategy is aimed to support represent a range of ethnic backgrounds – the Care Act statutory duties are to provide person centred care.		
Religion or Belief	No	No	Yes/No
Disability	Yes/No	Yes	Yes/No
	A proportion of carers will be disabled		
Sexual Orientation	Yes/No	No	Yes/No
Gender Identity	Yes/No	No	Yes/No
Pregnancy/Maternity	Yes/No	No	Yes/No
Marriage/Civil Partnership	Yes/No	No	Yes/No
Carers	Yes	Yes/No	Yes/No

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	Cares are the core group the strategy is aiming to support.		
Cared for Children and Care Leavers	Yes/No	Yes	Yes/No
	The parents/carers are actively encouraged to attend/engage with carer support.		
Ill Mental Health	No	Yes/No	Yes/No
Neurodivergence	No	Yes/No	Yes/No
Socio-Economic Disadvantage	Yes	No	Yes/No
	Service users come from a range of socio-economic backgrounds – but where carers are eligible for support, they will be financially assessed and will only be asked to contribute what they can afford to pay for their care.		
Multiple Marginalisation	Yes	Yes/No	Yes/No
	Some carers will fall under multiple protected characteristics simultaneously		

Step 3: Initial Screening Sign Off

Purpose:	To determine whether a proposal should proceed from the Initial Screening to the Full Equality Impact Assessment.
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SEE INSTRUCTION:

A full Equality Impact Assessment should be undertaken when:

- There is a formal decision relating to changes in service delivery
- A detrimental impact against a protected group has been identified, irrespective of whether the impact is direct or indirect
- There are substantial, important gaps in knowledge that prevent proper consideration of the proposal's potential impacts



Sign off is only required if the Initial Screening does not proceed to the Full Equality Impact Assessment.

1e.	Does the proposal require a full EIA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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1f.	If you are not undertaking a full EIA, please provide justification as to why not.	
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This initial screening has been completed by the EIA Lead Officer:	Name:	Jenny Cocker
	Signature:	
	Department:	Adults Carers Service
	Date:	29 September 2023
This Initial Screening has been checked by the Assistant Director / Director:	Name:	Tracey Harrison
	Signature:	
	Department:	Adults
	Date:	29 September 2023

FULL EQUALITY IMPACT ASSESSMENT

Step 4: Issues to Consider

SEE INSTRUCTION:

Data and Intelligence

The following types of data can potentially be accessed:

- Publicly available national data (e.g. from the Local Authority Interactive Tool, ONS, NOMIS, NHS Digital, relevant government departments)
- Local data
- Service user information

It is also worth considering how this data can be used, for example:

- Benchmarking data for Tameside against other local authorities, e.g. local authorities in Greater Manchester, statistical neighbours
- Whether national or regional data can be applied to Tameside
- Whether data at a smaller geographical scale than Tameside is required, e.g. by ward, by MSOA/LSOA

Further intelligence can be gathered from the following:

- Research reports from think tanks, academia, government organisations, and charities
- Policy briefings
- Academic papers (which can be found through search engines, e.g. Google Scholar)

Data and Intelligence

4a.	Census 2021 ASCOF Carers Survey 2021 GM Benchmarking Data from Adults Care Management System Engagement Data
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SEE INSTRUCTION:

Consultation and Engagement

It is expected that you will engage with potential impacted groups on this proposal when undertaking the Equality Impact Assessment to better understand potential impacts on people with protected characteristics.

Engagement can occur through:

- A general consultation/engagement exercise on the proposal (e.g. a survey), where space is provided to discuss impacts on people with protected characteristics
- Regular channels of engagement or feedback e.g. a service user panel that you already operate
- Input from colleagues (particularly frontline staff) and partners (e.g. the VCSE sector)

Alternatively, insights can be retrieved from engagement or consultation exercises that have previously occurred.

Consultation and Engagement			
4b.	Has any consultation or engagement been conducted that is relevant to this Equality Impact Assessment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
		If YES, answer 4c-4e.	If NO, answer 4f.
4c.	Engagement Undertaken:	<p>The engagement for this strategy includes:</p> <ul style="list-style-type: none"> • A consultation hosted on the council’s Big Conversation webpage that was circulated via social media and the PEN newsletter, as well as specifically to carers, partners and stakeholders. • The market research company DJS were commissioned to undertake in-depth interviews with carers and present their qualitative findings, which helped to inform the strategy. • Engagement work was also undertaken at the Carers’ Forum, at Carers Rights Day in 2022, and during Carers’ Week in 2022 and 2023, in order to gain insight into the views and opinions of carers in the borough. 	

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		<ul style="list-style-type: none"> The ASCOF Carers' Survey, and general feedback forms within the services were used to identify needs within the borough for the strategy to address.
4d.	Who has been engaged with?	<p>Using the engagement efforts listed about the following groups (with associated protect characteristics in brackets) have been engaged with:</p> <ul style="list-style-type: none"> Carers (Age, Disability, Neurodiversity, Ethnicity, Gender) Partners Stakeholders Residents Staff
4e.	Outcomes of Engagement:	<p>Key findings from the engagement undertaken have directly informed the key goals of the new Carers' Strategy, which are:</p> <ol style="list-style-type: none"> Identifying and Recognising Carers Supporting Carers to stay healthy and well Carers as real and expert partners Getting the right help at the right time Younger Carers Carers in/into Employment <p>As a result of recent engagement, an Activities Coordinator has already been recruited. Much of the feedback has been regarding feelings of isolation, therefore the engagement strongly directs the peer support available for carers and the input of carers directly affects which activities are available. For example, carers with certain needs or of certain groups can be linked up via the Activities Coordinator.</p> <p>Similarly the input and feedback of carers is informing opportunities for things such as training, for example, if there was a group of carers who support people with dementia and specific training. The input helps to define the need and therefore the response.</p>

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4f.	If engagement has not been undertaken, please explain why.	
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SEE INSTRUCTION:

Legislative Drivers

It is worth considering any legislative drivers that may influence the Equality Impact Assessment:

- Legal duties that services have to abide by, including the Public Sector Equality Duty
- Case law and judicial review, particularly instances where similar services have been provided and challenged, and as a result, have needed to change

Legislative Drivers	
4g.	Care Act 2014 The Equality Act 2010 Carers Leave Act 2023 ASC White Paper <i>People at the Heart of Care</i> Children and Families Act 2014 Health and Care Act 2022

SEE INSTRUCTION:

Financial Considerations

It is worth considering any financial considerations that may influence the Equality Impact Assessment, e.g. budgeting, available resources, etc.

This is particularly in relation to mitigating actions that are identified in STEP SIX, which are needed to reduce potential impacts of the proposal at hand.

It may be worth thinking about how mitigating actions can serve as opportunities for innovation.

Financial Considerations

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4g.	<p><i>Identify any financial considerations that have influenced the analysis and outcomes of this Equality Impact Assessment.</i></p> <p>The budget is demand led and typically the higher the eligible support need, the higher the cost. Carers who request a Care Act assessment, and are eligible for support are only charged for what they can afford following a financial assessment, no matter the cost of their care. Carers are signposted to preventative care and support through other agencies, such as the third sector, or telecare – these services may be chargeable.</p>
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Step 5: Impact Analysis – evidence the impacts

Purpose:	To provide evidence of the potential impacts identified under each protected characteristic.
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FOR DEFINITIONS OF PROTECTED CHARACTERISTICS, EXPAND THE INSTRUCTION BELOW.

SEE INSTRUCTION:

This step constitutes the second part of the Impact Analysis. In this step, under each protected characteristic, each potential impact should be listed and categorised (e.g. Direct or Indirect), and the evidence for each potential impacts should be provided. The potential impacts that have been identified will likely be the same as those that have been identified in STEP TWO. However, these may have changed or new impacts may be identified, due to the gathering of further evidence.

Evidence can be quantitative (numerical) or qualitative (non-numerical), addressing the ‘what’, ‘who’, ‘how’, and ‘why’ of potential impacts. Refer to the guidance on Data/Intelligence and Consultation/Engagement identified in Step 4 to assist with the evidence that can be included in the Impact Analysis.

When listing the impacts, it will help to number each impact. This will help navigate the form when identifying mitigating actions under STEP SIX.

Do not feel constrained by the space provided in the table. To add a new row, right click on the bottom row, then select ‘Insert Item After’ or click the + button. Also, each box will expand downward as the information is entered. However, when entering data tables, copy and paste as pictures; if entered as tables, it will alter the layout of the Impact Analysis form.

The definitions of protected characteristics are below:

Age	A person’s specific age or age group. An age group can be numerical (e.g. 18-30) or descriptive (e.g. ‘the elderly’, ‘teenagers’, etc.).
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Sex	A person’s biological sex, whether a person is male, female, or those who are differently sexed (e.g. intersex). This does not include sexual orientation and gender identity, which are analysed separately.
Race (including colour, ethnicity, and nationality)	How people identify themselves or are identified in society according to their skin colour, physical features, and national/cultural identity. This can cover: <ul style="list-style-type: none"> • Racial identities (e.g. White, Black, Asian) • Ethnic identities (e.g. Jamaican, Arab, Persian, Jewish, Irish, Gypsy/Roma) • Nationalities • Languages spoken – whether English is the first or additional language • Refugee and asylum status
Religion or Belief	Any religion or belief that a person follows or subscribes to. It includes the commonly recognised religions (such as Christianity, Islam, Hinduism, Judaism, Buddhism, and Sikhism) and the different groups within each religion (e.g. in Christianity, it can cover Catholicism, Protestantism, etc.; in Islam, it can cover Sunni Islam, Shia Islam, Sufism, etc.). It also applies to religions that are not necessarily well known (e.g. Jainism, Baha’i Faith) as well as people who do not have any religious belief (e.g. those ascribing to Humanism and Atheism).
Disability	Physical or mental conditions that have substantial and long-term adverse effects on people’s abilities to carry out day-to-day activities. This covers a wide range of disabilities: <ul style="list-style-type: none"> • Physical and mobility impairments • Sensory impairments (e.g. sight, hearing) • Learning disabilities • Progressive conditions (e.g. neurodegenerative disorders, muscular dystrophies, dementia) • Fluctuating and recurring conditions (e.g. rheumatoid arthritis, epilepsy, myalgic encephalitis) • Organ-specific disorders (e.g. respiratory conditions, cardiovascular diseases) • Auto-immune conditions
Sexual Orientation	The orientation that a person has toward another person of any sex or gender. Common orientations are towards people of the opposite sex/gender (e.g. heterosexual/ straight), towards people of the same sex/gender (e.g. a gay man or lesbian), or towards multiple sexes/genders (e.g. bisexual or pansexual). There are other orientations that should be considered (e.g. asexual – a person who does not experience sexual attraction). A person’s orientation can be sexual, romantic, or emotional.
Gender Identity	The gender that a person identifies with. People most commonly identify with the gender that matches their sex assigned at birth – i.e. as a man or woman. People who are trans identify with a gender that is different to their sex assigned at birth. Included amongst people with trans identities are people “proposing to undergo, undergoing, or having undergone a process to reassign sex”. This is the legal definition for ‘gender reassignment’ under the Equality Act 2010. However, this legal definition does not include trans people who do not choose to undertake the medical transitioning process and people with other gender identities (e.g. those who identify as non-binary, gender fluid, etc.).

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Pregnancy/Maternity	<p>‘Pregnancy’ refers to when a person is pregnant and expecting a baby. Any person who can become pregnant should be considered – e.g. women, trans men, and people with different gender identities. This should also cover all aspects of the pregnancy journey, including those who have been affected by miscarriage.</p> <p>‘Maternity’ refers to the period following the birth of the child. In employment, this is related to parental leave. In the non-work context, this is related to unfavourable treatment relating to being a mother or parent. Legally, for the latter, protection is applied for 26 weeks. An important aspect of maternal/parental discrimination is <i>breastfeeding</i>.</p>
Marriage/Civil Partnership	A person’s marital status in law, whether a person is married or in a civil partnership to another person of the opposite sex or same sex.
Carers	Any person who provides unpaid care for a partner, family member, or friend due to illness, disability, frailty, a mental health problem, or an addiction. The person being provided care cannot cope or finds it difficult to cope without that person’s care and support. A carer can have varying caring responsibilities, such as supporting people with everyday tasks (e.g. getting out of bed, bathing, etc.) or providing emotional support. This covers people who may not see themselves as ‘carers’, whom do not separate their caring responsibilities from the relationship that they have with the person for whom they provide care. Importantly, this covers young carers who provide care for their parents or other relatives.
Cared for Children/ Care Leavers	‘Cared for Children’ (sometimes known as ‘looked after children’) are children and young people in the care of the local authority due to their parents being unable to take care of them in a temporary or permanent capacity. ‘Care Leavers’ are any adult who have previously spent time in the care of the local authority.
Ill Mental Health	<p>A person with a condition related to their psychological or emotional wellbeing. This includes a wide variety of conditions:</p> <ul style="list-style-type: none"> • Common mental health problems, such as depression or anxiety disorders • Trauma (e.g. Post Traumatic Stress Disorder) • Severe mental illness (e.g. Psychosis/Schizophrenia or Bipolar Disorder) • Phobias (e.g. Agoraphobia)
Neurodivergence	A person whose mind works differently to neurocognitive styles that society regards as ‘normal’. This includes a wide range of conditions and experiences: Autism, ADHD, Dyslexia, Dyscalculia, Dyspraxia, Dysgraphia, Epilepsy, Tourette’s, Aphantasia/Synaesthesia, etc.
Socio-Economic Disadvantage	A wide range of experiences accruing from having a disadvantaged socio-economic status: having low or no income; living in absolute or relative poverty; unemployment or underemployment; living in substandard housing; being homeless or threatened with homelessness; food insecurity and poverty; fuel poverty; digital exclusion; etc.
Multiple Marginalisation	A wide variety of combinations of different protected characteristics that uniquely influence a person’s experiences. Any combination of protected characteristics can be two or above (e.g. RACE/ETHNICITY and GENDER IDENTITY; CARE LEAVER, CARER, and SOCIO-ECONOMIC DISADVANTAGE).

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Impact No.	Protected Characteristic <i>Select a protected characteristic from the drop-down list</i>	Impact <i>Identify the potential impact of the proposal</i>	Impact Type (Direct/Indirect) <i>Select 'direct' or 'indirect' from the drop-down list</i>	Evidence <i>Provide evidence regarding the proposal's potential impact (e.g. data/intelligence, findings from consultation/engagement, research reports, etc.).</i>																																				
1	Age	Impacts have been considered in section 1 of this EIA and throughout entire document	Direct	<p>In Tameside, there are 231,063 people, in total. The breakdown based on age is shown below.</p> <table border="1" data-bbox="907 518 1803 1257"> <thead> <tr> <th colspan="3" data-bbox="907 518 1803 579">Census 2021</th> </tr> <tr> <th data-bbox="907 579 1207 639">Age Group</th> <th data-bbox="1207 579 1507 639">% Tameside</th> <th data-bbox="1507 579 1803 639">% England and Wales</th> </tr> </thead> <tbody> <tr> <td data-bbox="907 639 1207 700">0-9</td> <td data-bbox="1207 639 1507 700">12.3</td> <td data-bbox="1507 639 1803 700">11.3</td> </tr> <tr> <td data-bbox="907 700 1207 761">10-19</td> <td data-bbox="1207 700 1507 761">11.8</td> <td data-bbox="1507 700 1803 761">11.6</td> </tr> <tr> <td data-bbox="907 761 1207 821">20-29</td> <td data-bbox="1207 761 1507 821">11.6</td> <td data-bbox="1507 761 1803 821">12.7</td> </tr> <tr> <td data-bbox="907 821 1207 882">30-39</td> <td data-bbox="1207 821 1507 882">14.0</td> <td data-bbox="1507 821 1803 882">13.7</td> </tr> <tr> <td data-bbox="907 882 1207 943">40-49</td> <td data-bbox="1207 882 1507 943">12.6</td> <td data-bbox="1507 882 1803 943">12.7</td> </tr> <tr> <td data-bbox="907 943 1207 1003">50-59</td> <td data-bbox="1207 943 1507 1003">14.2</td> <td data-bbox="1507 943 1803 1003">13.8</td> </tr> <tr> <td data-bbox="907 1003 1207 1064">60-69</td> <td data-bbox="1207 1003 1507 1064">10.8</td> <td data-bbox="1507 1003 1803 1064">10.7</td> </tr> <tr> <td data-bbox="907 1064 1207 1125">70-79</td> <td data-bbox="1207 1064 1507 1125">8.5</td> <td data-bbox="1507 1064 1803 1125">8.6</td> </tr> <tr> <td data-bbox="907 1125 1207 1185">80-89</td> <td data-bbox="1207 1125 1507 1185">3.6</td> <td data-bbox="1507 1125 1803 1185">4.0</td> </tr> <tr> <td data-bbox="907 1185 1207 1246">90+</td> <td data-bbox="1207 1185 1507 1246">0.6</td> <td data-bbox="1507 1185 1803 1246">0.8</td> </tr> </tbody> </table>	Census 2021			Age Group	% Tameside	% England and Wales	0-9	12.3	11.3	10-19	11.8	11.6	20-29	11.6	12.7	30-39	14.0	13.7	40-49	12.6	12.7	50-59	14.2	13.8	60-69	10.8	10.7	70-79	8.5	8.6	80-89	3.6	4.0	90+	0.6	0.8
Census 2021																																								
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				<p>37.7% of Tameside population are over the age of 50, with a 16% increase in those aged 50+ since the 2011 census. In comparison 82% of Carers are 50+ in Tameside.</p> <p><u>Children and young people</u></p> <p>In accordance with section 105, Children Act 1989 and the UN Convention on the Rights of the Child, a child is defined as anyone under 18 years of age. In Tameside, 51,193 people in Tameside are aged 0-17, around 22.2% of the population.</p> <p><u>Older People</u></p> <p>There are approximately 40,600 residents over the age of 65 in Tameside, or around 17.6% of the population. This can be further broken down into:</p> <ul style="list-style-type: none"> 65-69 years: 11,300 (4.9%) 70-74 years: 11,600 (5.0%) 75-79 years: 8,000 (3.5%) 80-84 years: 5,300 (2.3%) 85-89 years: 2,900 (1.3%) 90+ years: 1,500 (0.6%)
2	Disability	Impacts have been considered in section 1 of this EIA and throughout entire document	Indirect	<p>Data from the 2021 Census shows that 20% of Tameside residents are considered to be disabled under the Equality Act. Of those, 10.8% find their day-to-day activities “limited a little” while 9.1% find their day-to-day activities “limited a lot”.</p> <p>42 of the 141 LSOAs in Tameside, or 29.8%, are in the lowest 10% nationally for Health Deprivation and Disability.</p> <p>This data for carers is not available, however there is data available for long-term service users who are being cared for, 59.5% of long-term service users are receiving support for a physical disability and 25.6% are receiving support for mental health/learning disability needs.</p>
3	Choose a protected characteristic.	Impacts have been considered in section 1 of this EIA	Choose an impact type.	Data from the 2021 census shows that the demography of the borough in terms of ethnicity are as follows:

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		and throughout entire document		Ethnicity	% Tameside
				Asian, Asian British or Asian Welsh: Bangladeshi	2.5%
				Asian, Asian British or Asian Welsh: Chinese	0.6%
				Asian, Asian British or Asian Welsh: Indian	1.6%
				Asian, Asian British or Asian Welsh: Pakistani	3.9%
				Asian, Asian British or Asian Welsh: Other Asian	0.5%
				Black, Black British, Black Welsh, Caribbean or African: African	1.8%
				Black, Black British, Black Welsh, Caribbean or African: Caribbean	0.3%
				Black, Black British, Black Welsh, Caribbean or African: Other Black	0.2%
				Mixed or Multiple ethnic groups: White and Asian	0.6%
				Mixed or Multiple ethnic groups: White and Black African	0.4%
				Mixed or Multiple ethnic groups: White and Black Caribbean	0.8%:
				Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	0.4%
				White: English, Welsh, Scottish, Norther Irish or British	82.4%
				White: Irish	0.7%
				White: Gypsy or Irish Traveller	0.0%

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				White Roma	0.0%
				White: Other White	2.4%
				Other ethnic group: Arab	0.2%
				Other ethnic group: Any other ethnic group	0.6%
			The statistics for carers are:		
				Ethnicity	% Carers
				Asian, Asian British or Asian Welsh: Bangladeshi	1.8%
				Asian, Asian British or Asian Welsh: Chinese	0.2%
				Asian, Asian British or Asian Welsh: Indian	1%
				Asian, Asian British or Asian Welsh: Pakistani	2.5%
				Asian, Asian British or Asian Welsh: Other Asian	0.8%
				Black, Black British, Black Welsh, Caribbean or African: African	0.3%
				Black, Black British, Black Welsh, Caribbean or African: Caribbean	-
				Black, Black British, Black Welsh, Caribbean or African: Other Black	0.2%
				Mixed or Multiple ethnic groups: White and Asian	-
				Mixed or Multiple ethnic groups: White and Black African	-
				Mixed or Multiple ethnic groups: White and Black Caribbean	-

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				<table border="1"> <tr> <td>Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups</td> <td>0.2%</td> </tr> <tr> <td>White: English, Welsh, Scottish, Northern Irish or British</td> <td>92.1%</td> </tr> <tr> <td>White: Irish</td> <td>-</td> </tr> <tr> <td>White: Gypsy or Irish Traveller</td> <td>-</td> </tr> <tr> <td>White Roma</td> <td>-</td> </tr> <tr> <td>White: Other White</td> <td>0.7%</td> </tr> <tr> <td>Other ethnic group: Arab</td> <td>-</td> </tr> <tr> <td>Other ethnic group: Any other ethnic group</td> <td>0.2%</td> </tr> </table> <p>As of the collated data, no ethnic group is underrepresented</p>	Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	0.2%	White: English, Welsh, Scottish, Northern Irish or British	92.1%	White: Irish	-	White: Gypsy or Irish Traveller	-	White Roma	-	White: Other White	0.7%	Other ethnic group: Arab	-	Other ethnic group: Any other ethnic group	0.2%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	0.2%																			
White: English, Welsh, Scottish, Northern Irish or British	92.1%																			
White: Irish	-																			
White: Gypsy or Irish Traveller	-																			
White Roma	-																			
White: Other White	0.7%																			
Other ethnic group: Arab	-																			
Other ethnic group: Any other ethnic group	0.2%																			
4	Gender Identity	Impacts have been considered in section 1 of this EIA and throughout entire document	Direct	Tameside has a population of 231,063, 49% of the population in Tameside identify as male, and 51% as female, which is in line with the national picture. When looking at the data for carers it is clear that carers are disproportionately female, as 70% of carers identify as female compared to 30% male.																
5	Carers		Direct	<p>Data from the 2021 Census shows that 9.5% of residents (20,675) in Tameside have some kind of unpaid caring responsibilities, and 3.1% of residents (6,719) provided more than 50 hours of unpaid care a week.</p> <p>Residents in poverty are likely to have more care needs and are also more likely to have at least some of those care needs informally met, or unmet entirely. This can lead to significant financial pressures on carers and families. Research from the Joseph Rowntree Foundation has also shown that the number of families in receipt of Carer's Allowance and in poverty has doubled from 15% in 2005-6 to 30% in 2019-20.</p>																

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				<p>Many carers also face significant difficulties in combining work with their caring responsibilities, an issue often exacerbated by inadequate support from existing systems. As a result many carers end up cutting back on hours or dropping out of the labour force entirely.</p> <p>This means that carers as a group are more vulnerable to falling into poverty than those without caring responsibility. Therefore our recommendations for alleviating poverty must target the particular issues carers face, meaning that the implantation of the Tackling Poverty in Tameside Strategy will disproportionately affect them.</p> <p>670 carers in 2022/23 accessed support from the carers service and were recorded on the LAS system.</p>
6	Choose a protected characteristic.		Choose an impact type.	
7	Choose a protected characteristic.		Choose an impact type.	
8	Choose a protected characteristic.		Choose an impact type.	
9	Choose a protected characteristic.		Choose an impact type.	
10	Choose a protected characteristic.		Choose an impact type.	

Step 6: Plan mitigating actions

Purpose:	To identify mitigating actions to minimise potential detrimental impacts of the proposal on people with protected characteristics.
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Impact No.	Impact <i>Identify the impact being addressed</i>	Mitigating Action and Rationale <i>Describe the action required to reduce the detrimental impact identified in the Impact Analysis, and explain the rationale underneath and/or intended outcome.</i>	Officer Responsible <i>Identify who is responsible for implementing the mitigating action (name and department).</i>	Timescale <i>Provide the timeframe for when the mitigating action should be implemented.</i>	Completed (Yes/No) <i>Has the mitigating action been implemented?</i>	Update <i>Provide any progress updates below.</i>
	Being able to have more targeted data and analysis – although it is always a choice for people to provide the information if they wish to	There are clear gaps as evidenced above in terms of data collection with regards to equalities. A mitigating action will be to modernise data collection in line with equalities duties to better ensure that the impact of future strategies can be more accurately assessed against groups with protected characteristics.	Jennifer Cocker and Anna Jenkins	March 2025 – In line with work across the wider Council and the Adult Social Care Strategy. And in line with regional/national direction		

Step 7: Sign-off

Purpose:	For the EIA Lead Officer to sign that the EIA is complete, and for the Assistant (Director) to counter-sign that they agree with the content of the EIA and that it is sufficiently robust.
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This Equality Impact Assessment has been completed by the EIA Lead Officer:	Name:	Jennifer Cocker
	Signature:	
	Department:	Adults Carers Service

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This Equality Impact Assessment has been checked by the Assistant Director / Director, and signs that it is sufficiently robust and rigorous:	Date:	29 September 2023
	Name:	Tracey Harrison
	Signature:	
	Department:	Adults
	Date:	29 September 2023

POST-IMPLEMENTATION REVIEW

Step 8: Review EIA after implementation

Purpose:

To update the EIA with any new impacts and to provide a progress update on mitigating actions.

SEE INSTRUCTION:

This step should only be completed if the proposal has passed through the governance process where appropriate and has been implemented. It should be completed at two stages:

- Six months after implementation
- Twelve months after implementation

The evidence in the Impact Analysis should serve as the baseline against which change can be measured.

The Post-Implementation Review can find out whether:

- The proposal has had any positive impacts on people with protected characteristics
- Mitigating actions to minimise detrimental impacts have worked
- There are impacts that were not foreseen in the Impact Analysis that need to be accounted for

Six Months After Implementation

Twelve Months After Implementation

Describe and explain the effects of the proposal on people with protected characteristics, using evidence to compare against the Impact Analysis as a baseline.

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