

All Equality Impact Assessments



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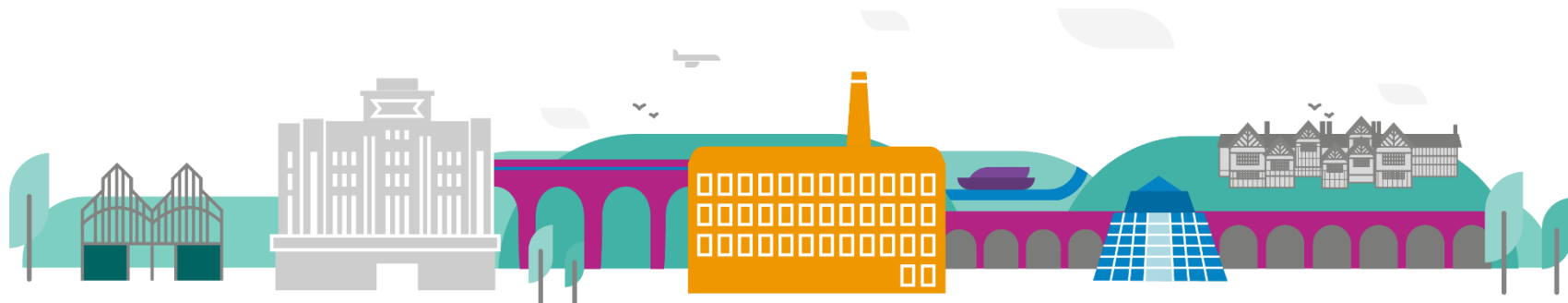
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STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Communities & Transport
Medium Term Financial Plan (MTFP) Proposals
Equality Impact Assessment
December 2023



Equality Impact Assessment

Title of report or proposal	Communities & Transport Scrutiny Committee – Medium Term Financial Plan (MTFP) Proposals		
Lead officer(s)	Business Relationship Manager/ Transformation Lead	Date	December 2023
Aims and desired outcomes of the proposal Are you trying to solve an existing problem?			
<p>The report analysed in this EqIA outlines our strategic approach in responding to the review of the medium-term financial plan (MTFP). The budget proposals being considered by the Cabinet aim to address financial and demand challenges, enable longer term transformation, and ensure the delivery of shared strategic partnership ambitions. Our collective focus is on actions which deliver outcomes to support and enhance our communities and businesses across Stockport.</p> <p>To understand the impact of our proposals on our residents and communities we will undertake Equality Impact Assessments (EqIAs) for each of these programmes of work. This EqIA aims to assess the impacts of the proposals brought to the Communities & Transport Scrutiny Committee, and should be considered alongside EqIAs for the remaining programmes of work as well as a cumulative assessment for the whole of the MTFP programme.</p>			
Scope of the proposal Include the teams or service areas from the Council and outward-facing services or initiatives			
<p>Proposals span the Communities, Culture & Sport and the Parks, Highways & Transport Services portfolios which include:</p> <ul style="list-style-type: none"> • Libraries - standardise staffed hours at all of our 13 libraries which have Open Plus technology installed and have one more full day of self-service access in these libraries. Also reviewing management staffing structures, spend on the book fund and online resources. • Service efficiencies and reduction in services – Corporate and Support Services: Reduction in a post within the Communities Team; Registrars income yield; Strategic Infrastructure: Reviewing services to identify opportunities to reduce costs through small reduction in officer capacity. • Increased fees and charges across Place Management • Bereavement services • A review of free car parks and permit schemes <p>Details of proposals can be found in the corresponding report.</p>			
What are the possible solutions you have been / will be exploring? You should refer to any business cases, issues papers or options appraisals			

<p>All proposals being explored are listed in the corresponding reports.</p>
<p>Who has been involved in the solution exploration? Please list any internal and external stakeholders</p>
<p>Senior management from CSS and Place directorates and relevant service teams, including Neighbourhoods, Libraries and Strategic Infrastructure, have been consulted during proposal development.</p>
<p>What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA? Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources. Groups could include but are not limited to: equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.</p>
<p>This equality impact assessment is a live document and will include evidence gathered from engagement and consultation as the project progresses.</p> <p>Population information gathered from: Census 2021 data; service user data, JSNA data.</p> <p>At present, service user data recorded by our Libraries does not include information on the range of protected characteristics (although Libraries membership data does provide an age breakdown).</p>
<p>Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?</p>
<p>It is important to note that details for a large part of the proposals are not known at time of writing. It is recommended that EqIAs are performed at the project level whilst these projects are being shaped.</p>

Step 1: Establishing and developing the baseline

Characteristic	Demographic of residents / service users																										
<p>Age</p>	<ul style="list-style-type: none"> • Stockport has more older people and fewer younger adults than the national average. The median age of Stockport is 42 compared to the national average of 40. • 2021 data shows 20% of Stockport’s population are over 65. 61% are aged 15-64, and 20% are under 15 years old. • It is likely that the older population of Stockport will increase – projections show that 2 in 9 residents will be aged 65 or over by 2030. • Older populations are more common in more affluent areas. • Older residents are less likely to have the means (whether connection, devices or skills) to access services and information digitally. • 2023 service data shows the following age breakdown for Library membership: <table border="1" data-bbox="638 496 1079 1313"> <thead> <tr> <th data-bbox="638 496 846 651">Borrower Age</th> <th data-bbox="846 496 1079 651">Percentage Breakdown of borrowers based on age</th> </tr> </thead> <tbody> <tr><td data-bbox="638 651 846 703">Under 5</td><td data-bbox="846 651 1079 703">3.35</td></tr> <tr><td data-bbox="638 703 846 756">5 - 10</td><td data-bbox="846 703 1079 756">13.75</td></tr> <tr><td data-bbox="638 756 846 809">11 - 13</td><td data-bbox="846 756 1079 809">8.85</td></tr> <tr><td data-bbox="638 809 846 861">14 - 17</td><td data-bbox="846 809 1079 861">10.20</td></tr> <tr><td data-bbox="638 861 846 914">18 - 25</td><td data-bbox="846 861 1079 914">8.81</td></tr> <tr><td data-bbox="638 914 846 967">26 - 30</td><td data-bbox="846 914 1079 967">3.10</td></tr> <tr><td data-bbox="638 967 846 1019">31 - 40</td><td data-bbox="846 967 1079 1019">9.69</td></tr> <tr><td data-bbox="638 1019 846 1072">41 - 50</td><td data-bbox="846 1019 1079 1072">10.64</td></tr> <tr><td data-bbox="638 1072 846 1125">51 - 60</td><td data-bbox="846 1072 1079 1125">9.68</td></tr> <tr><td data-bbox="638 1125 846 1177">61 - 70</td><td data-bbox="846 1125 1079 1177">7.35</td></tr> <tr><td data-bbox="638 1177 846 1230">71 - 80</td><td data-bbox="846 1177 1079 1230">8.11</td></tr> <tr><td data-bbox="638 1230 846 1313">81 - 100</td><td data-bbox="846 1230 1079 1313">6.33</td></tr> </tbody> </table>	Borrower Age	Percentage Breakdown of borrowers based on age	Under 5	3.35	5 - 10	13.75	11 - 13	8.85	14 - 17	10.20	18 - 25	8.81	26 - 30	3.10	31 - 40	9.69	41 - 50	10.64	51 - 60	9.68	61 - 70	7.35	71 - 80	8.11	81 - 100	6.33
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<p>Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues</p>	<ul style="list-style-type: none"> • 44% of Stockport residents have a long-term health condition, which increases with age with 92% of those 85 and over. • 34% of Stockport households have at least one member with a disability. • The proportion of children with SEND is twice as high in more deprived areas of Stockport. • An estimated 6,430 of young people (age 5-19) have a mental health disorder. 																										

Characteristic	Demographic of residents / service users
<p>Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.</p>	<ul style="list-style-type: none"> 2021 data suggests that less than 0.5% of the Stockport population is transgender.
<p>Maternity and pregnancy</p>	<ul style="list-style-type: none"> Birth rates have risen since 2000 in Stockport, although over the last 5 years, fertility rates have been stable, with 3,302 live births in 2018, a rate of 64.3 per 1,000 women. Birth rates have grown most rapidly in the most deprived areas of Stockport, which represent 35% of the population yet account for 45% of new births.
<p>Marriage and Civil Partnership</p>	<ul style="list-style-type: none"> According to 2021 data, in Stockport 46.4% of people are married or in a civil partnership. 45.1% are same-sex couples living together, and 0.4% are opposite-sex couples living together. 0.9% of residents are married or in a civil partnership but are not living together.
<p>Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations</p>	<ul style="list-style-type: none"> 2021 data shows that Stockport is as ethnically diverse as the national average for England. 87% of Stockport residents are White and 12% are from a Black, Asian or Ethnic Minority background. Ethnically diverse communities tend to have a younger age profile than the rest of the borough. People who are Pakistani are the biggest non-White British / Irish population. The distribution of diverse communities within Stockport is not even, with the areas of Heald Green, Gatley, and the Heaton being particularly diverse. Some of these areas, the proportion of ethnically diverse communities is over a third of the total population.
<p>Religion or Belief</p>	<ul style="list-style-type: none"> According to 2021 data, the largest religious group in Stockport is Christianity with 48% of the population identifying as Christian, although this is decreasing over time (a 15% percentage point decrease since 2011). Those with no religion are the second-most common (40%), which has been increasing alongside the Muslim population (5.5%). These populations are also not even across Stockport. People living in the south of the borough are more likely to be Christian and Muslims make up around 20-25% of the population in areas of Heald Green and Gatley. Gatley also has a large Jewish community.
<p>Sex</p>	<ul style="list-style-type: none"> 51% of Stockport residents are female and 49% are male, in line with the national average.
<p>Sexual orientation People who are lesbian, gay or bisexual</p>	<ul style="list-style-type: none"> 2021 data shows that around 3% of the Stockport population are lesbian, gay, bisexual or other. 2021 data shows 1.2% of the Stockport population is living as a same-sex couple (this includes couples who are married, in a civil partnership, or unmarried / never registered a civil partnership).
<p>Socioeconomic status</p>	<ul style="list-style-type: none"> 2021 data looking at 4 areas of potential deprivation (education, employment, health and housing) shows that 49% of households in Stockport were deprived in at least one of these 4 areas. Areas of deprivation were more common in the central and northern parts of the borough. 6% of residents in Stockport claim Job Seekers' Allowance / Universal Credit. From October 2019 to February 2021, Universal Credit claimants doubled from 4,725 to 10,685. 2019 data showed that 0.56% of households in Stockport were noted to have destitution, and it is likely that the pandemic and the cost of living crisis has increased this.

Characteristic	Demographic of residents / service users
Other Please add in here any additional relevant comments or feedback where the protected characteristic is not known	<ul style="list-style-type: none"> According to 2021 data, 2.3% of households in Stockport had no members that have English as their main language, and 0.8% cannot speak English at all. 91% of people living in Stockport were born in the UK. 4.8% of people in Stockport have a non-UK identity
Carers	
Care leavers	
Those experiencing homelessness	
Veterans	
Asylum seekers and refugees	

Step 2: Identifying impacts the proposal will have compared with the baseline

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
1	Age – older people	Negative	Proposals	Libraries Older people will be able to access library buildings during Open Plus hours every day of the week by swiping library membership cards. However, older people are more likely to be digitally excluded; they are less likely to have the skills and knowledge to be able to self-serve (e.g. borrow books, use library PC's) without the support of a member of staff during these unstaffed hours. The reduction in hours when staffed support is available may also impact older people who may be experiencing social isolation, as well as	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
				impacting access to information, advice and guidance provided or signposted by staff members.	
2	Age – older people	Negative	Proposals	Increased fees & charges Older people are potentially more likely to rely on private cars as transport and so increases to parking charges may affect this group, although there are reduced / free bus fares for pensioners.	
3	Age – younger people	Negative	Proposals	Libraries Young people under 16 years of age will not be able to access libraries alone during Open Plus hours.	
4	Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	Negative/ Positive	Proposals	Libraries People with disabilities will be able to access library buildings during Open Plus hours every day of the week by swiping library membership cards. However, people with disabilities are more likely to be digitally excluded; they are less likely to have the skills and knowledge to be able to self-serve (e.g. borrow books, use library PC's) without the support of a member of staff during these unstaffed hours. The reduction in hours when staffed support is available may also impact access to information, advice and guidance provided or signposted by staff members to this group. Impacts will vary and feedback from some residents with special educational needs and disabilities suggests that there are benefits to them of accessing libraries during these quieter times.	
5	Disability	Negative	Proposals	Increased fees & charges People with mobility issues and physical disabilities often rely on private cars as transport and so increases to parking charges may affect this group. Although, people with blue badges will maintain parking access and will be unaffected by the proposals.	
	Gender reassignment A person whose individual	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	experience of gender may not correspond to the sex assigned to them at birth.				
6	Maternity and pregnancy	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Marriage and Civil Partnership	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Religion or Belief	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
7	Sex	Negative	Proposals	Service efficiencies The majority of council staff are women, therefore any impacts of this proposal on staff such as staffing changes are likely to disproportionately affect women.	
	Sexual orientation	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	Consider how the proposed policy may differently impact people who are lesbian, gay or bisexual				
8	Socioeconomic status	Negative	Proposals	Increased fees & charges Increasing the charge for services will likely negatively impact those on low incomes, in receipt of benefits or who are experiencing poverty. The people will be less likely to afford the additional charges and therefore may be unable to access this service.	
9	Socioeconomic status	Negative	Proposals	Libraries People living in poverty may be negatively impacted by a reduction in hours when staffed support is available in terms of access to information, advice and guidance provided or signposted by staff members, including cost of living support. People living in poverty are more likely to be digitally excluded; they are less likely to have the skills and knowledge to be able to self-serve (e.g. borrow books, use library PC's) without the support of a member of staff during these unstaffed hours.	
You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.					
	Carers	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Care leavers	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
10	Those experiencing homelessness	Negative		Libraries People experiencing homelessness may be negatively impacted by a reduction in hours when staff support is available in terms of access to information, advice and guidance provided or signposted by staff members, including cost of living support. People experiencing homelessness are more likely to be digitally excluded; they are less	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
				likely to have the skills and knowledge to be able to self-serve (e.g. borrow books, use library PC's) without support of a member of staff during these unstaffed hours.	
	Veterans	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
11	Asylum seekers and refugees			<p>Libraries</p> <p>Asylum Seekers and refugees may be negatively impacted by a reduction in hours when staff support is available in terms of access to information, advice and guidance provided or signposted by staff members, including cost of living support.</p>	

Step 3: Identifying mitigating factors to minimise negative impacts

Impact no.	Impact summary	Suggested mitigation and rationale	Evidence for solution	Feasibility
1, 3, 4, 9, 10, 11	An increase in Open Plus unstaffed/ self-serve hours may present a barrier to access for certain groups such as older people, disabled people, young people	<p>The Home Library Service continues to be available for residents who cannot physically access a library.</p> <p>Whilst there will be additional unstaffed days, there will always be a library with staff in available to use within a cluster area.</p> <p>Whilst access to digital support in libraries to do things online may be impacted, digital skills support is available elsewhere through the DigiKnow programme - a growing network of support for the digitally excluded in Stockport.</p> <p>At least one staffed library will be open until 6pm every day of the week and all libraries will be open Saturday 10-2pm.</p> <p>The Council Contact Centre is available for residents who require libraries support over the phone.</p>		Included in proposals
2, 4, 5, 7	Increases in fees and charges may exclude those on lower incomes.	<p>Prices will be benchmarked with others across GM to ensure market comparison.</p> <p>With regards to the bereavement service increase in fees, there will be a range of prices to ensure there is an affordable offer for residents. In addition, there is support available for any families who are struggling through the Funeral Support payment.</p>		Included in proposals
6	Service restructures and subsequent staffing changes could result in redundancies and council staff feeling stressed	Careful and skilful design will be needed to mitigate this and increased wellbeing support should be made available to all affected colleagues.		Included in proposals

Please state if there are any additional comments or suggestions that could promote equalities in the future.

Step 4: Conclusions and outcome

If you have not undertaken any community engagement for this EqIA, please indicate this and explain why.

We have sought views on all our change proposals through our overall budget public consultation.

If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?

The council faces many challenges including external financial pressures, balancing the pandemic response while continuing to deliver core service. Ensuing all this is delivered whilst delivering longer term change is acutely challenging. Delivering a resilient budget can only be achieved through difficult decisions, robust prioritisation and ambitious change. The way we work and the services we provide should meet the needs of local people today and in the future.

Are there any adverse impacts that can be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why.

Are there any other proposals or policies that you are aware of that could create a cumulative impact?

This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.

Please see MTFP cumulative equality analysis.

Based on your equality impact analysis, please indicate the outcome of this EqIA.

Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.

A.	No major barriers identified, and there are no major changes required – proceed.	<input type="checkbox"/>
B.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.	<input checked="" type="checkbox"/>
C.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.	<input type="checkbox"/>
D.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.	<input checked="" type="checkbox"/>
E.	This policy identifies actual or potential unlawful discrimination – stop and rethink.	<input type="checkbox"/>

Please describe briefly how this EqIA will be monitored.

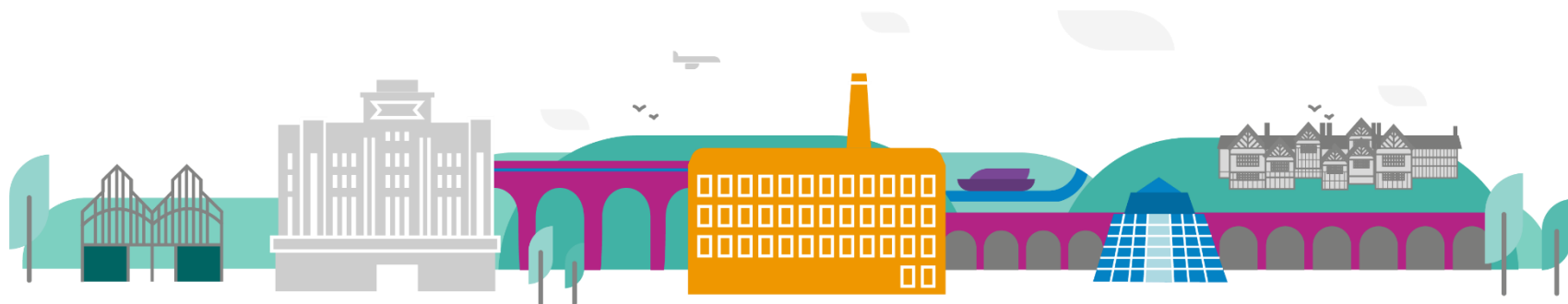
When will this be reviewed? What mitigating actions need to be implemented and when?

This EqIA will be returned to at various stages of proposal development.

It is recommended that EqIAs should be implemented at the project level.



Corporate, Resource Management & Governance
Medium Term Financial Plan (MTFP) Proposals
Equality Impact Assessment
December 2023



Equality Impact Assessment

Title of report or proposal	Corporate, Resource Management & Governance Scrutiny Committee – Medium Term Financial Plan (MTFP) Proposals		
Lead officer(s)	Business Relationship Manager/ Transformation Lead	Date	December 2023
Aims and desired outcomes of the proposal Are you trying to solve an existing problem?			
<p>The report analysed in this EqIA outlines our strategic approach in responding to the review of the medium-term financial plan (MTFP). The budget proposals being considered by the Cabinet aim to address financial and demand challenges, enable longer term transformation, and ensure the delivery of shared strategic partnership ambitions. Our collective focus is on actions which deliver outcomes to support and enhance our communities and businesses across Stockport.</p> <p>To understand the impact of our proposals on our residents and communities we will undertake Equality Impact Assessments (EqIAs) for each of these programmes of work. This EqIA aims to assess the impacts of the proposals brought to the Corporate, Resource Management & Governance Scrutiny Committee, and should be considered alongside EqIAs for the remaining programmes of work as well as a cumulative assessment for the whole of the MTFP programme.</p>			
Scope of the proposal Include the teams or service areas from the Council and outward-facing services or initiatives			
<p>The report includes proposals covered by the Finance & Resources portfolio, primarily focussed on the Corporate and Support Services Directorate, which include:</p> <ul style="list-style-type: none"> • Service redesign/ staffing review – rationalising, reconfiguring and reducing our Corporate and Support Services offer. Smaller teams/ reductions in posts. Proposals include looking at all corporate support services. • Increasing income – reviewing income potential, fees and charges for all Corporate and Support Services. Proposals include: Complaints support to schools – small increase in complaints service charges to schools to balance the cost of delivering the service; Revenues and Benefits – increased deputyship caseload in Client Finance. • Service efficiencies – reviewing and exploring all Corporate and Support Services budget areas to identify opportunities to reduce costs and deliver services more efficiently. Proposals include efficiencies in relation to: Member training budget and mayoral hospitality budget; Integrated Care System arrangements; Insurance; AMI chatbot. • Digital enabled savings – proposals in Corporate and Support Services include: digital procurement; and an in-house self-scanning solution. <p>Details of proposals can be found in the corresponding report.</p> <p>The vast majority of these proposals don't have a direct impact on service provision therefore an EqIA is not required for most of these proposals at this stage.</p> <p>Proposals that do require an EqIA are:</p> <ul style="list-style-type: none"> • Service redesign/ staffing review 			

- Service efficiencies – AMI chatbot non-renewal

The Corporate and Support Services digital enabled savings included here don't include changes to services that will affect residents and customers therefore an EqIA is not required in relation to these at this stage:

- Digital procurement - digitisation and automation of some internal forms and processes related to procurement service requests.
- Self-scanning - developing an in-house solution to replace the scan and self-serve product currently in use in Libraries and council receptions, stopping spend on the current contract. This is a technical project and requires minimal change to how residents interact with the scanning solution.

The council-wide Digital Strategy and programme includes reviewing our processes and increasing access to on-line solutions such as digital self-serve and automation options, so that our residents can easily access information and support. We will also continue to review internal processes to maximise automation opportunities. For our residents and customers, this involves a fundamental change in how council services are accessed and experienced, and we recognise that there will always be some people unable to get online. For these residents and those with more complex queries, we will continue to offer non-digital support.

What are the possible solutions you have been / will be exploring?

You should refer to any business cases, issues papers or options appraisals

All proposals being explored are listed in the corresponding reports.

Who has been involved in the solution exploration?

Please list any internal and external stakeholders

CSS senior management and relevant service teams have been consulted during proposal development.

What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA?

Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources. Groups could include but are not limited to: equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.

This equality impact assessment is a live document and will include evidence gathered from engagement and consultation, where appropriate, as the project progresses.

Population information gathered from: Census 2021 data; service user data, JSNA data.

Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?

It is important to note that details for some of the proposals are not known at time of writing and so it is difficult to predict what potential impacts might be. It is recommended that EqlAs are performed at the project level whilst these projects are being shaped.

Step 1: Establishing and developing the baseline

Characteristic	Demographic of residents / service users
<p>Age</p>	<ul style="list-style-type: none"> • Stockport has more older people and fewer younger adults than the national average. The median age of Stockport is 42 compared to the national average of 40. • 2021 data shows 20% of Stockport’s population are over 65. 61% are aged 15-64, and 20% are under 15 years old. • It is likely that the older population of Stockport will increase – projections show that 2 in 9 residents will be aged 65 or over by 2030. • Older populations are more common in more affluent areas. • Older residents are less likely to have the means (whether connection, devices or skills) to access services and information digitally.
<p>Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues</p>	<ul style="list-style-type: none"> • 44% of Stockport residents have a long-term health condition, which increases with age with 92% of those 85 and over. • 34% of Stockport households have at least one member with a disability. • The proportion of children with SEND is twice as high in more deprived areas of Stockport. • An estimated 6,430 of young people (age 5-19) have a mental health disorder.
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<p>Maternity and pregnancy</p>	<ul style="list-style-type: none"> • Birth rates have risen since 2000 in Stockport, although over the last 5 years, fertility rates have been stable, with 3,302 live births in 2018, a rate of 64.3 per 1,000 women. • Birth rates have grown most rapidly in the most deprived areas of Stockport, which represent 35% of the population yet account for 45% of new births.
<p>Marriage and Civil Partnership</p>	<ul style="list-style-type: none"> • According to 2021 data, in Stockport 46.4% of people are married or in a civil partnership.

Characteristic	Demographic of residents / service users
	<ul style="list-style-type: none"> 45.1% are same-sex couples living together, and 0.4% are opposite-sex couples living together. 0.9% of residents are married or in a civil partnership but are not living together.
<p>Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations</p>	<ul style="list-style-type: none"> 2021 data shows that Stockport is as ethnically diverse as the national average for England. 87% of Stockport residents are White and 12% are from a Black, Asian or Ethnic Minority background. Ethnically diverse communities tend have a younger age profile than the rest of the borough. People who are Pakistani are the biggest non-White British / Irish population. The distribution of diverse communities within Stockport is not even, with the areas of Heald Green, Gatley, and the Heaton being particularly diverse. Some of these areas, the proportion of ethnically diverse communities is over a third of the total population.
<p>Religion or Belief</p>	<ul style="list-style-type: none"> According to 2021 data, the largest religious group in Stockport is Christianity with 48% of the population identifying as Christian, although this is decreasing over time (a 15% percentage point decrease since 2011). Those with no religion are the second-most common (40%), which has been increasing alongside the Muslim population (5.5%). These populations are also not even across Stockport. People living in the south of the borough are more likely to be Christian and Muslims make up around 20-25% of the population in areas of Heald Green and Gatley. Gatley also has a large Jewish community.
<p>Sex</p>	<ul style="list-style-type: none"> 51% of Stockport residents are female and 49% are male, in line with the national average.
<p>Sexual orientation People who are lesbian, gay or bisexual</p>	<ul style="list-style-type: none"> 2021 data shows that around 3% of the Stockport population are lesbian, gay, bisexual or other. 2021 data shows 1.2% of the Stockport population is living as a same-sex couple (this includes couples who are married, in a civil partnership, or unmarried / never registered a civil partnership).
<p>Socioeconomic status</p>	<ul style="list-style-type: none"> 2021 data looking at 4 areas of potential deprivation (education, employment, health and housing) shows that 49% of households in Stockport were deprived in at least one of these 4 areas. Areas of deprivation were more common in the central and northern parts of the borough. 6% of residents in Stockport claim Job Seekers' Allowance / Universal Credit. From October 2019 to February 2021, Universal Credit claimants doubled from 4,725 to 10,685. 2019 data showed that 0.56% of households in Stockport were noted to have destitution, and it is likely that the pandemic and the cost of living crisis has increased this.
<p>Other Please add in here any additional relevant comments or feedback where the protected characteristic is not known</p>	<ul style="list-style-type: none"> According to 2021 data, 2.3% of households in Stockport had no members that have English as their main language, and 0.8% cannot speak English at all. 91% of people living in Stockport were born in the UK. 4.8% of people in Stockport have a non-UK identity
<p>Carers</p>	
<p>Care leavers</p>	
<p>Those experiencing homelessness</p>	<ul style="list-style-type: none"> 2.5% of people in Stockport have previously served in the armed forces.

Characteristic	Demographic of residents / service users
Veterans	
Asylum seekers and refugees	

Step 2: Identifying impacts the proposal will have compared with the baseline

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	Age – older people	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Age – younger people	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
1	Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	Negative		Service Efficiencies (AMI chatbot) The removal of AMI chatbot from the Council website may mean that it takes residents using the Council website longer to find the information that they are looking for. People who may be unable to use the phone to ask for help for reasons of social anxiety or physical reasons may have used the AMI chatbot as a more personal touch than trying to find something on the website alone and may be disproportionately impacted by not having access to the chatbot to help them find this information.	
	Gender reassignment A person whose individual experience of gender may not	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	correspond to the sex assigned to them at birth.				
	Maternity and pregnancy	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Marriage and Civil Partnership	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Religion or Belief	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
2	Sex	Proposals	Negative	Service redesign/ staffing review The majority of council staff are women, therefore any impacts of this proposal on staff such as staffing changes are likely to disproportionately affect women.	
	Sexual orientation Consider how the proposed policy may differently i	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	Impact people who are lesbian, gay or bisexual				
	Socioeconomic status	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.					
	Carers	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Care leavers	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Those experiencing homelessness	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Veterans	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Asylum seekers and refugees	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Step 3: Identifying mitigating factors to minimise negative impacts

Impact no.	Impact summary	Suggested mitigation and rationale	Evidence for solution	Feasibility
1	Removal of the AMI chatbot from the Council website may negatively impact people with physical disability/ social anxiety who may find it hard to use the phone to find the information they need	Improvements in the Council website design and accessibility should help to mitigate the impact of not having the AMI chatbot, making information more easily accessible for all via the search facility. Residents can continue to ask for help via the Council Contact Centre, and planned development of a contact us page on the Council website.		Included in proposals
2	Service restructures and subsequent staffing changes could result in council staff feeling stressed	Careful and skilful design will be needed to mitigate this and increased wellbeing support should be made available to all affected colleagues.		Included in proposals

Please state if there are any additional comments or suggestions that could promote equalities in the future.

Step 4: Conclusions and outcome

If you have not undertaken any community engagement for this EqIA, please indicate this and explain why.

We have sought views on all our change proposals through our overall budget public consultation.

If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?

The council faces many challenges including external financial pressures, balancing the pandemic response while continuing to deliver core service. Ensuing all this is delivered whilst delivering longer term change is acutely challenging. Delivering a resilient budget can only be achieved through difficult decisions, robust prioritisation and ambitious change. The way we work and the services we provide should meet the needs of local people today and in the future.

Are there any adverse impacts that can be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why.

N/A

Are there any other proposals or policies that you are aware of that could create a cumulative impact?

This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.

Please see MTFP cumulative equality analysis.

Based on your equality impact analysis, please indicate the outcome of this EqIA.

Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.

F.	No major barriers identified, and there are no major changes required – proceed.	<input type="checkbox"/>
G.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.	<input checked="" type="checkbox"/>
H.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.	<input type="checkbox"/>
I.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.	<input type="checkbox"/>
J.	This policy identifies actual or potential unlawful discrimination – stop and rethink.	<input type="checkbox"/>

Please describe briefly how this EqlA will be monitored.

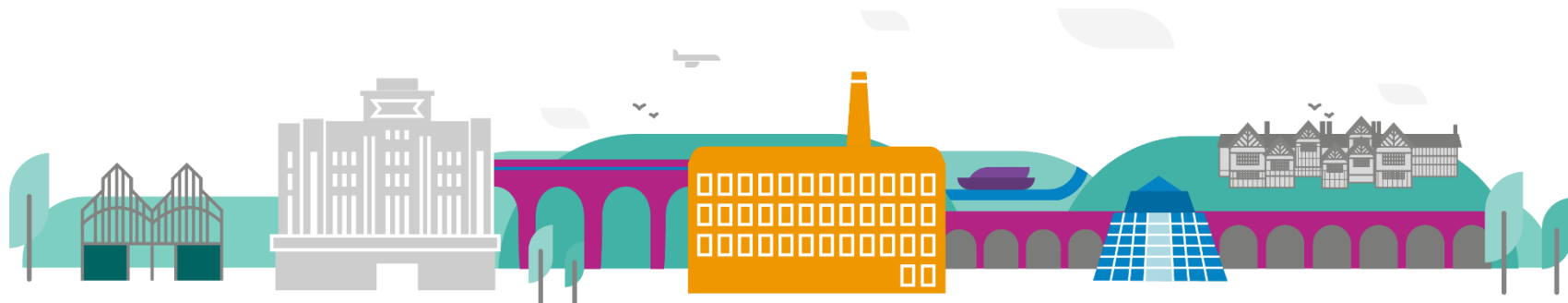
When will this be reviewed? What mitigating actions need to be implemented and when?

This EqlA will be returned to at various stages of proposal development.

It is recommended that EqlAs should be implemented at the project level.



Children & Families
Medium Term Financial Plan (MTFP) Proposals
Equality Impact Assessment
December 2023



Equality Impact Assessment

Title of report or proposal	Children & Families Scrutiny Committee – Medium Term Financial Plan (MTFP) Proposals		
Lead officer(s)	Transformation Lead/ Business relationship manager	Date	December 2023
Aims and desired outcomes of the proposal Are you trying to solve an existing problem?			
<p>The report analysed in this EqIA outlines our strategic approach in responding to the review of the medium-term financial plan (MTFP). The budget proposals being considered by the Cabinet aim to address financial and demand challenges, enable longer term transformation, and ensure the delivery of shared strategic partnership ambitions. Our collective focus is on actions which deliver outcomes to support and enhance our communities and businesses across Stockport.</p> <p>To understand the impact of our proposals on our residents and communities we will undertake Equality Impact Assessments (EqIAs) for each of these programmes of work. This EqIA aims to assess the impacts of the proposals brought to the Children & Families Scrutiny Committee, and should be considered alongside EqIAs for the remaining programmes of work as well as a cumulative assessment for the whole of the MTFP programme.</p>			
Scope of the proposal Include the teams or service areas from the Council and outward-facing services or initiatives			
<p>All proposals are within scope of the Children, Families & Education portfolio and include:</p> <ul style="list-style-type: none"> • High-Cost Placements - Internal Sufficiency Programme • High-Cost Placements - Evidence Based Interventions • Housing – 18+ Accommodation • Health • SEN Transport <p>Details of all proposals can be found in the corresponding reports.</p>			
What are the possible solutions you have been / will be exploring? You should refer to any business cases, issues papers or options appraisals			

All proposals being explored are listed in the corresponding reports.

Who has been involved in the solution exploration?

Please list any internal and external stakeholders

Senior management from the Childrens directorate and relevant service teams have been consulted during proposal development.

What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA?

Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources. Groups could include but are not limited to: equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.

This equality impact assessment is a live document and will include evidence gathered from engagement and consultation as the project progresses.

Population information gathered from: Census 2021 data; service user data, JSNA data.

Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?

It is important to note that details for some of the proposals are not known at time of writing. It is recommended that EqIAs are performed at the project level whilst these projects are being shaped.

Step 1: Establishing and developing the baseline

Characteristic	Demographic of residents / service users
Age	<ul style="list-style-type: none"> Stockport has more older people and fewer younger adults than the national average. The median age of Stockport is 42 compared to the national average of 40. 2021 data shows 20% of Stockport's population are over 65. 61% are aged 15-64, and 20% are under 15 years old.
Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	<ul style="list-style-type: none"> 44% of Stockport residents have a long-term health condition, which increases with age with 92% of those 85 and over. In 2022 there has been a 37% rise in EHCP referrals and now maintain over 3,000 EHCP plans (3,046) an 8% rise in year. The proportion of children with SEND is twice as high in more deprived areas of Stockport. An estimated 6,430 of young people (age 5-19) have a mental health disorder.
Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.	<ul style="list-style-type: none"> 2021 data suggests that less than 0.5% of the Stockport population is transgender.
Maternity and pregnancy	<ul style="list-style-type: none"> Birth rates have risen since 2000 in Stockport, although over the last 5 years, fertility rates have been stable, with 3,302 live births in 2018, a rate of 64.3 per 1,000 women. Birth rates have grown most rapidly in the most deprived areas of Stockport, which represent 35% of the population yet account for 45% of new births.
Marriage and Civil Partnership	<ul style="list-style-type: none"> According to 2021 data, in Stockport 46.4% of people are married or in a civil partnership. 45.1% are same-sex couples living together, and 0.4% are opposite-sex couples living together. 0.9% of residents are married or in a civil partnership but are not living together.
Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations	<ul style="list-style-type: none"> 2021 data shows that Stockport is as ethnically diverse as the national average for England. 87% of Stockport residents are White and 12% are from a Black, Asian or Ethnic Minority background. Ethnically diverse communities tend have a younger age profile than the rest of the borough. People who are Pakistani are the biggest non-White British / Irish population. The distribution of diverse communities within Stockport is not even, with the areas of Heald Green, Gatley, and the Heaton being particularly diverse. Some of these areas, the proportion of ethnically diverse communities is over a third of the total population.
Religion or Belief	<ul style="list-style-type: none"> According to 2021 data, the largest religious group in Stockport is Christianity with 48% of the population identifying as Christian, although this is decreasing over time (a 15% percentage point decrease since 2011). Those with no religion are the second-most common (40%), which has been increasing alongside the Muslim population (5.5%).

Characteristic	Demographic of residents / service users
	<ul style="list-style-type: none"> • These populations are also not even across Stockport. People living in the south of the borough are more likely to be Christian and Muslims make up around 20-25% of the population in areas of Heald Green and Gatley. Gatley also has a large Jewish community.
Sex	<ul style="list-style-type: none"> • 51% of Stockport residents are female and 49% are male, in line with the national average.
Sexual orientation People who are lesbian, gay or bisexual	<ul style="list-style-type: none"> • 2021 data shows that around 3% of the Stockport population are lesbian, gay, bisexual or other. • 2021 data shows 1.2% of the Stockport population is living as a same-sex couple (this includes couples who are married, in a civil partnership, or unmarried / never registered a civil partnership).
Socioeconomic status	<ul style="list-style-type: none"> • 2021 data looking at 4 areas of potential deprivation (education, employment, health and housing) shows that 49% of households in Stockport were deprived in at least one of these 4 areas. • Areas of deprivation were more common in the central and northern parts of the borough. • 6% of residents in Stockport claim Job Seekers' Allowance / Universal Credit. From October 2019 to February 2021, Universal Credit claimants doubled from 4,725 to 10,685. • 2019 data showed that 0.56% of households in Stockport were noted to have destitution, and it is likely that the pandemic and the cost of living crisis has increased this.
Other Please add in here any additional relevant comments or feedback where the protected characteristic is not known	<ul style="list-style-type: none"> • According to 2021 data, 2.3% of households in Stockport had no members that have English as their main language, and 0.8% cannot speak English at all. • 91% of people living in Stockport were born in the UK. 4.8% of people in Stockport have a non-UK identity
Carers	
Care leavers	<ul style="list-style-type: none"> • The number of Looked After Children in Stockport is 77 per 10,000. Stockport is still one of the lowest in the Northwest (average rate 100 per 10,000), however we are slightly above that of our statistical neighbours (70 per 10,000).
Those experiencing homelessness	
Veterans	
Asylum seekers and refugees	

Step 2: Identifying impacts the proposal will have compared with the baseline

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	Age – older people	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Age – younger people	-	Proposals	Any changes to children’s social care, including proposals under this portfolio, will have an impact on children and young people.	
1	Age – younger people	Positive	Proposals	Internal sufficiency programme The proposals to deliver additional internal children’s placements will likely result in more children and young people being offered delivery places in children’s homes.	
	Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	-		More children, young people and families are presenting with increased complexity of needs, including mental health problems. Any changes to children’s social care will disproportionately impact children and families with these conditions.	
2	Disability	Positive	Proposals	SEN Transport The roll out of further travel training for young people would be a positive impact as they would then have the benefit of confident independent travelling into adulthood. Parent/carers would need to be in full agreement that this was the most appropriate option for their child. The roll out of incentives for personal budgets would be positive for service users financially and would give them greater choice and flexibility over their transport arrangements.	
	Gender reassignment A person whose individual experience of gender may not correspond to the	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	sex assigned to them at birth.				
	Maternity and pregnancy	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Marriage and Civil Partnership	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
3	Religion or Belief	Negative	Proposals	SEN Transport Although already in place, the further strengthening of the non-provision of transport to schools of parental preference which is not the nearest viable option will impact on some families. If the parental preference school is due to religious belief, this could negatively impact families of particular religions.	
	Sex	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Sexual orientation	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	Consider how the proposed policy may differently impact people who are lesbian, gay or bisexual				
4	Socioeconomic status	Negative		SEN Transport Although already in place, the further strengthening of the non-provision of transport to schools of parental preference which is not the nearest viable option will impact on some families. The financial burden of getting the child to and from school is passed on to the family if they make the choice to send their child to the school of their preference.	
5	Socioeconomic status	Potential negative		SEN Transport There is a risk that increasing the use of personal budgets may result in families that are not financially resilient being unable to use the budget to its full potential without sufficient guidance and support.	
You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.					
	Carers	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
6	Care leavers	Positive	Proposals	Housing – 18+ Accommodation The proposal to increase accommodation options to meet the needs of the increasing numbers of care leavers when they leave care at 18 years so they can move on into suitable accommodation will positively benefit care leavers.	
	Those experiencing homelessness	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Veterans	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
7	Asylum seekers and refugees	Positive	Proposals	<p>Housing – 18+ Accommodation</p> <p>The proposal to increase accommodation will positively benefit asylum seekers.</p>	

Step 3: Identifying mitigating factors to minimise negative impacts

Impact no.	Impact summary	Suggested mitigation and rationale	Evidence for solution	Feasibility
3-5	Changes to SEN transport provision might mean costs are passed on to low-income families or families who want to send their children to schools for religious reasons may be prevented from doing so.	In-depth EqIAs at the project level will be undertaken to ensure that adverse impacts on equality groups are fully understood and monitored. All decisions will take into account various preferences and characteristics of the child and their family.		Included in proposals.

Please state if there are any additional comments or suggestions that could promote equalities in the future.

Step 4: Conclusions and outcome

If you have not undertaken any community engagement for this EqIA, please indicate this and explain why.

We have sought views on all our change proposals through our overall budget public consultation

If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?

Are there any adverse impacts that can be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why.
Are there any other proposals or policies that you are aware of that could create a cumulative impact? This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.
Please see MTFP cumulative equality analysis.

Based on your equality impact analysis, please indicate the outcome of this EqIA.

Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.		
K.	No major barriers identified, and there are no major changes required – proceed.	<input type="checkbox"/>
L.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.	<input checked="" type="checkbox"/>
M.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.	<input checked="" type="checkbox"/>

N.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.	<input type="checkbox"/>
O.	This policy identifies actual or potential unlawful discrimination – stop and rethink.	<input type="checkbox"/>

Please describe briefly how this EqlA will be monitored.

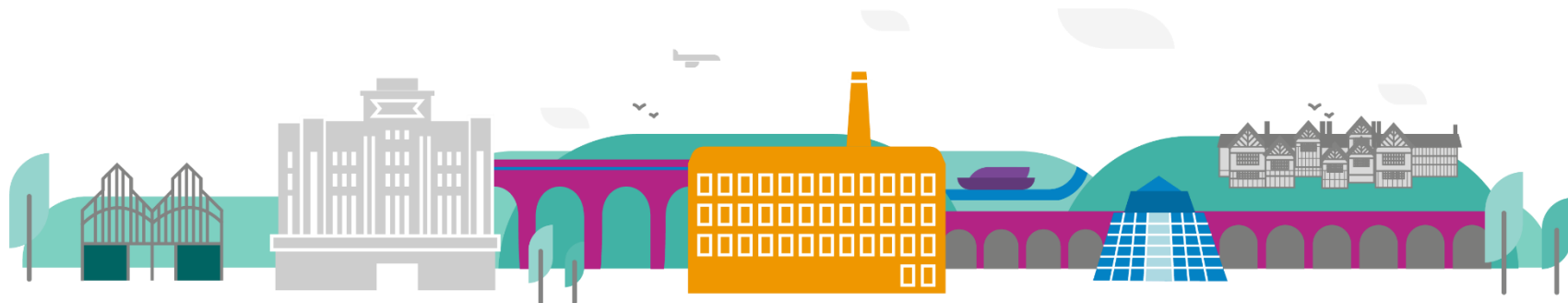
When will this be reviewed? What mitigating actions need to be implemented and when?

This EqlA will be returned to at various stages of proposal development.

It is recommended that EqlAs should be implemented at the project level.



Adult Social Care & Health
Medium Term Financial Plan (MTFP) Proposals
Equality Impact Assessment
December 2023



Equality Impact Assessment

Title of report or proposal	Adult Social Care & Health Scrutiny Committee – Medium Term Financial Plan (MTFP) Proposals		
Lead officer(s)	Sarah Dillon	Date	December 2023
Aims and desired outcomes of the proposal Are you trying to solve an existing problem?			
<p>The report analysed in this EqIA outlines our strategic approach in responding to the review of the medium-term financial plan (MTFP). The budget proposals being considered by the Cabinet aim to address financial and demand challenges, enable longer term transformation, and ensure the delivery of shared strategic partnership ambitions. Our collective focus is on actions which deliver outcomes to support and enhance our communities and businesses across Stockport.</p> <p>To understand the impact of our proposals on our residents and communities we will undertake Equality Impact Assessments (EqIAs) for each of these programmes of work. This EqIA aims to assess the impacts of the proposals brought to the Adult Social Care & Health Scrutiny Committee, and should be considered alongside EqIAs for the remaining programmes of work as well as a cumulative assessment for the whole of the MTFP programme.</p>			
Scope of the proposal Include the teams or service areas from the Council and outward-facing services or initiatives			
<p>All proposals are within scope of the Adult Social Care & Health portfolio and include:</p> <p>Demand Management</p> <ul style="list-style-type: none"> • Maximising Prevention and Independence • Care Act Application • Demand Management – Home first, keeping people independent <p>Value for Money</p> <ul style="list-style-type: none"> • Managing External Care Markets <p>Robust Corporate Governance</p> <ul style="list-style-type: none"> • Better Care Fund Uplift • Service Delivery Model: Provider Services • Grant maximisation • Contract reduction 			

- Health promise review

Details of all proposals can be found in the corresponding reports.

What are the possible solutions you have been / will be exploring?

You should refer to any business cases, issues papers or options appraisals

All proposals being explored are listed in the corresponding reports.

The Business Cases for this programme of work have been shared with the ASC&H Scrutiny in October and November 2023.

Who has been involved in the solution exploration?

Please list any internal and external stakeholders

- Adult Social Care senior management team
- Public Health senior management team
- Colleagues from NHS providers
- Corporate Support Services Strategy and Design team
- Public Health Management Team

Co-production will take place with wider stakeholders.

What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA?

Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources. Groups could include but are not limited to: equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.

This equality impact assessment is a live document and will be updated as proposals progress

Population information gathered from: Census 2021 data; service user data, JSNA data

Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?

It is important to note that details for some of the proposals are not known at time of writing. It is recommended that EqlAs are completed at the project level whilst these projects are being shaped.

Step 1: Establishing and developing the baseline

Characteristic	Demographic of residents / service users
Age	<ul style="list-style-type: none"> • Stockport has more older people and fewer younger adults than the national average. The median age of Stockport is 42 compared to the national average of 40. • 2021 data shows 20% of Stockport’s population are over 65. 61% are aged 15-64, and 20% are under 15 years old. • It is likely that the older population of Stockport will increase – projections show that 2 in 9 residents will be aged 65 or over by 2030. • Older populations are more common in more affluent areas. • Older residents are less likely to have the means (whether connection, devices or skills) to access services and information digitally.
Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	<ul style="list-style-type: none"> • 44% of Stockport residents have a long-term health condition, which increases with age with 92% of those 85 and over. • 34% of Stockport households have at least one member with a disability. • The proportion of children with SEND is twice as high in more deprived areas of Stockport. • An estimated 6,430 of young people (age 5-19) have a mental health disorder.
Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.	<ul style="list-style-type: none"> • 2021 data suggests that less than 0.5% of the Stockport population is transgender.
Maternity and pregnancy	<ul style="list-style-type: none"> • Birth rates have risen since 2000 in Stockport, although over the last 5 years, fertility rates have been stable, with 3,302 live births in 2018, a rate of 64.3 per 1,000 women. • Birth rates have grown most rapidly in the most deprived areas of Stockport, which represent 35% of the population yet account for 45% of new births.
Marriage and Civil Partnership	<ul style="list-style-type: none"> • According to 2021 data, in Stockport 46.4% of people are married or in a civil partnership. • 45.1% are same-sex couples living together, and 0.4% are opposite-sex couples living together. 0.9% of residents are married or in a civil partnership but are not living together.

Characteristic	Demographic of residents / service users
<p>Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations</p>	<ul style="list-style-type: none"> • 2021 data shows that Stockport is as ethnically diverse as the national average for England. 87% of Stockport residents are White and 12% are from a Black, Asian or Ethnic Minority background. • Ethnically diverse communities tend have a younger age profile than the rest of the borough. • People who are Pakistani are the biggest non-White British / Irish population. • The distribution of diverse communities within Stockport is not even, with the areas of Heald Green, Gatley, and the Heatons being particularly diverse. Some of these areas, the proportion of ethnically diverse communities is over a third of the total population.
<p>Religion or Belief</p>	<ul style="list-style-type: none"> • According to 2021 data, the largest religious group in Stockport is Christianity with 48% of the population identifying as Christian, although this is decreasing over time (a 15% percentage point decrease since 2011). Those with no religion are the second-most common (40%), which has been increasing alongside the Muslim population (5.5%). • These populations are also not even across Stockport. People living in the south of the borough are more likely to be Christian and Muslims make up around 20-25% of the population in areas of Heald Green and Gatley. Gatley also has a large Jewish community.
<p>Sex</p>	<ul style="list-style-type: none"> • 51% of Stockport residents are female and 49% are male, in line with the national average.
<p>Sexual orientation People who are lesbian, gay or bisexual</p>	<ul style="list-style-type: none"> • 2021 data shows that around 3% of the Stockport population are lesbian, gay, bisexual or other. • 2021 data shows 1.2% of the Stockport population is living as a same-sex couple (this includes couples who are married, in a civil partnership, or unmarried / never registered a civil partnership).
<p>Socioeconomic status</p>	<ul style="list-style-type: none"> • 2021 data looking at 4 areas of potential deprivation (education, employment, health and housing) shows that 49% of households in Stockport were deprived in at least one of these 4 areas. • Areas of deprivation were more common in the central and northern parts of the borough. • 6% of residents in Stockport claim Job Seekers' Allowance / Universal Credit. From October 2019 to February 2021, Universal Credit claimants doubled from 4,725 to 10,685. • 2019 data showed that 0.56% of households in Stockport were noted to have destitution, and it is likely that the pandemic and the cost of living crisis has increased this.
<p>Other Please add in here any additional relevant comments or feedback where the protected characteristic is not known</p>	<ul style="list-style-type: none"> • According to 2021 data, 2.3% of households in Stockport had no members that have English as their main language, and 0.8% cannot speak English at all. • 91% of people living in Stockport were born in the UK. 4.8% of people in Stockport have a non-UK identity
<p>Carers</p>	
<p>Care leavers</p>	
<p>Those experiencing homelessness</p>	

Characteristic	Demographic of residents / service users
Veterans	<ul style="list-style-type: none"> 2.5% of people in Stockport have previously served in the armed forces.
Asylum seekers and refugees	

Step 2: Identifying impacts the proposal will have compared with the baseline

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
1	Age – older people	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Older people are more likely to receive care and support from Adult Social Care, any changes to these services will disproportionately affect older people.	
2	Age – younger people	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Adult Social Care supports working age adults with Care and Support Needs. Any changes to services may affect this cohort of people. Any changes that are required to the Healthy Child Programme will have greater impact on younger people.	
3	Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Individuals with a disability are more likely to receive care and support from Adult Social Care (ASC), any changes to these services will disproportionately affect these individuals. Individuals with this protected characteristic are more likely to access ASC services and so changes may disproportionately affect these individuals.	
4	Gender reassignment A person whose individual experience of	-	Proposals, ASC user groups, Care users survey, MTFP consultation	There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	gender may not correspond to the sex assigned to them at birth.				
5	Maternity and pregnancy	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	<p>The public health grant funds an antenatal appointment, and disproportionate impacts on pregnant women are possible if changes need to be made.</p> <p>There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.</p>	
6	Marriage and Civil Partnership	-	Proposals, ASC user groups, Care users survey, MTFP consultation	There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
7	Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations	-	Proposals, ASC user groups, Care users survey, MTFP consultation	<p>Access to and use of public health services varies between different ethnic groups, and detailed service design work is needed to avoid disproportionate impacts. At this time, it is expected that this work will be sufficient to mitigate this risk.</p> <p>There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.</p>	
8	Religion or Belief	-	Proposals, ASC user groups, Care users survey, MTFP consultation	Access to and use of public health services varies between followers of different religions, and detailed service design work is needed to avoid disproportionate impacts. At this time, it is expected that this work will be sufficient to mitigate this risk.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
				There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.	
9	Sex	-	Proposals, ASC user groups, Care users survey, MTFP consultation	Certain public health services are targeted specifically at men or women, but it is not expected that these proposals will disproportionately affect people of any specific sex. There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
10	Sexual orientation Consider how the proposed policy may differently impact people who are lesbian, gay or bisexual	-	Proposals, ASC user groups, Care users survey, MTFP consultation	Some public health services are particularly important to men who have sex with men, and other relevant combinations of gender and sexual orientation. It is not anticipated that these proposals will have a disproportionate impact on these groups. There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.	
11	Socioeconomic status	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Some public health and adult social care service users are on low incomes or live in deprived areas, and so any changes to services will disproportionately impact this group.	
<p>You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.</p>					
12	Carers		Proposals, ASC user groups, Care users survey, MTFP consultation	Technology-enabled care has a positive impact on carers, providing them with peace of mind, independence, and confidence. It also has the potential to transform the way people engage in and control their healthcare, empowering them to manage it in a way that is right for them.	
13	Care leavers	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Care leavers would be expected to have greater need for and use of some public health and adult social care services. While none of the changes proposed specifically affect services for care leavers it is possible that any changes to services may disproportionately affect this group.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
14	Those experiencing homelessness	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	People experiencing homelessness would be expected to have greater need for and use of some public health and adult social care services. While none of the changes proposed specifically affect services for people affected by homelessness it is possible that any changes to services may disproportionately affect this group.	
15	Veterans	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Veterans would be expected to have greater need for and use of some public health and adult social care services. While none of the changes proposed specifically affect services for veterans it is possible that any changes to services may disproportionately affect this group.	
16	Asylum seekers and refugees	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Asylum seekers and refugees would be expected to have greater need for and use of some public health and adult social care services. While none of the changes proposed specifically affect services for asylum seekers and refugees it is possible that any changes to services may disproportionately affect this group.	

Step 3: Identifying mitigating factors to minimise negative impacts

Impact no.	Impact summary	Suggested mitigation and rationale	Source of suggestion	Evidence for solution	Feasibility
	<i>Give a brief summary of the issue/inequality /impact</i>	<i>What is being suggested to mitigate for this. What is the rationale behind the suggestion?</i>	<i>Where does this suggestion come from? Have you consulted the characteristic(s) affected for solutions?</i>	<i>What evidence is there that the suggestion would solve the problem? How have you learned this? Has this been done elsewhere?</i>	<i>Within the financial envelope, how feasible is this solution? What are the cost implications? Could it indirectly affect anyone else? Can any other body help with the solution? If yes, how?</i>
1, 2, 3, 11, 12	Increase the use of Technology Enabled Care for individuals who access our services. This will enable more individuals to leave hospital and be supported in their own homes in the community.	TEC being one of a range of measures available to individuals to meet their care and support needs. Social work assessments will determine the appropriateness of TEC on an individual basis. Support from the Neighbourhood Inclusion team to educate residents in the use of TEC through their community events.	ASC Leadership Team. Stockport Digital Board	Learning from other LA's that are already using TEC. Investment in TSA to maximise national learning and intelligence. Establishment of a Carers Board and Making it real Board will enable service user feedback.	Feasibility is high, TEC is a well-established ASC service that is nationally promoted as best practice.
1, 2, 3, 11, 12	Continue with our annual review programme. We will focus upon enabling people to live as independently as possible.	Annual reviews are a statutory Care Act duty and provide the opportunity to ensure that an individual's care and support needs are being met in the most appropriate way. Working with ICB colleagues to ensure we have the most appropriate funding packages. Reducing reliance on residential placements. Stockport has a higher than average number of people supported in residential care.	ASC Leadership Team. Direct Payment User Group.	Care Act 2014 duty. ASC Service user data. National data sets	Medium. Due to service demand.
1, 2, 3, 11, 12	Home First and keeping people independent	Reducing reliance on residential placements. Stockport has a higher than average number of people supported in residential care.	National Research Age UK	Care Act 2014 duties ASC Service user data	Medium. Due to service demand.

Impact no.	Impact summary	Suggested mitigation and rationale	Source of suggestion	Evidence for solution	Feasibility
		<p>National research shows that most people want to be supported at home and to be able to maintain their independence.</p> <p>The increase in using TEC provides constant base level reassurance that people are safe at home.</p> <p>TEC reliance can increase social isolation. ASC will look to the voluntary and community sector to ensure we are providing services to address social isolation.</p> <p>Our Equality Diversity and Inclusion (EDI) programme will ensure that we have a diverse offer available to meet the care and support needs of individuals.</p> <p>We have provided additional investment to a Carers organisation to help us to develop our Carers Strategy, launch a Carers Board and review our assessment process.</p>	TSA	<p>Investment in TSA to maximise national learning and intelligence.</p> <p>National datasets</p>	
2,5,7-16	Grant maximisation	We will work with commissioned service providers to minimise the impact of constrained budgets on service delivery and outcomes	Public Health leadership team		Medium
2,5,7-16	Contract reduction	Work will be undertaken to identify the best way to achieve savings within these contracts while minimising impact on outcomes, including for specified groups	Public Health leadership team		Medium
2,5,7-16	Health promise review	No impacts identified	Public Health leadership team		High

Please state if there are any additional comments or suggestions that could promote equalities in the future.

Step 4: Conclusions and outcome

If you have <u>not</u> undertaken any community engagement for this EqIA, please indicate this and explain why.
We have sought views on all our change proposals through our overall budget public consultation
If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?
The council faces many financial pressures and risks and meeting core service delivery requirements whilst delivering longer term change is acutely challenging. Delivering a resilient budget can only be achieved through difficult decisions, robust prioritisation and ambitious changes in the way we work if we are to continue to meet the needs of local people today and in the future.
Are there any adverse impacts that can be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why.
N/A
Are there any other proposals or policies that you are aware of that could create a cumulative impact?
This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.
Please see MTFP cumulative equality analysis.

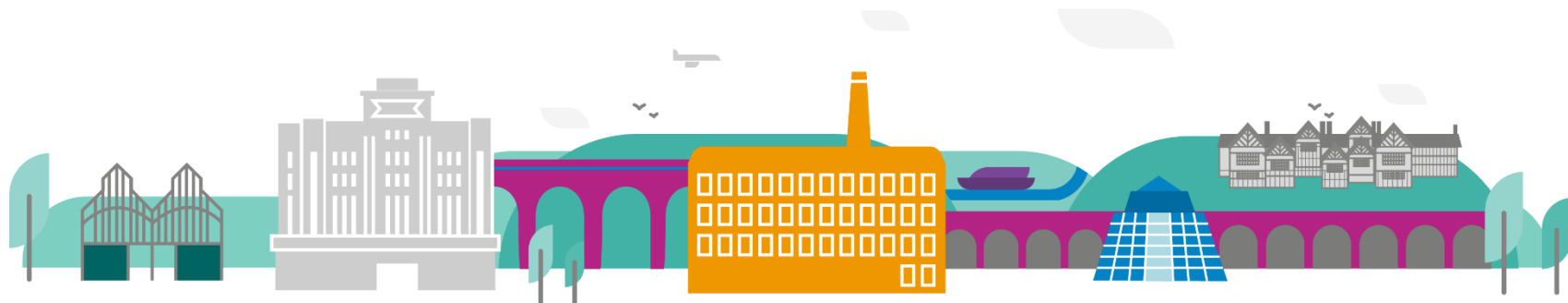
Based on your equality impact analysis, please indicate the outcome of this EqIA.

Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.		
P.	No major barriers identified, and there are no major changes required – proceed.	<input checked="" type="checkbox"/>
Q.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.	<input checked="" type="checkbox"/>
R.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.	<input type="checkbox"/>
S.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.	<input type="checkbox"/>
T.	This policy identifies actual or potential unlawful discrimination – stop and rethink.	<input type="checkbox"/>
Please describe briefly how this EqIA will be monitored.		
When will this be reviewed? What mitigating actions need to be implemented and when?		
This EqIA will be returned to at various stages of proposal development.		
It is recommended that EqIAs should be implemented at the project level.		



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Economy, Regeneration & Climate Change
Medium Term Financial Plan (MTFP) Proposals
Equality Impact Assessment
December 2023



Equality Impact Assessment

Title of report or proposal	Economy, Regeneration & Climate Change Scrutiny Committee – Medium Term Financial Plan (MTFP) Proposals		
Lead officer(s)	Business relationship managers/ Transformation leads	Date	December 2023
Aims and desired outcomes of the proposals Are you trying to solve an existing problem?			
<p>The report analysed in this EqIA outlines our strategic approach in responding to the review of the medium-term financial plan (MTFP). The budget proposals being considered by the Cabinet aim to address financial and demand challenges, enable longer term transformation, and ensure the delivery of shared strategic partnership ambitions. Our collective focus is on actions which deliver outcomes to support and enhance our communities and businesses across Stockport.</p> <p>To understand the impact of our proposals on our residents and communities we will undertake Equality Impact Assessments (EqIAs) for each of these programmes of work. This EqIA aims to assess the impacts of the proposals brought to the Economy, Regeneration & Climate Change Scrutiny Committee, and should be considered alongside EqIAs for the remaining programmes of work as well as a cumulative assessment for the whole of the MTFP programme.</p>			
Scope of the proposal Include the teams or service areas from the Council and outward-facing services or initiatives			
<p>All proposals are within scope of the Economy, Regeneration & Housing portfolio and the Climate Change & Environment portfolio and include:</p> <ul style="list-style-type: none"> • Planning and building control – increased charges • Service redesign and service alignment – Place • Project Evergreen • Waste review <p>Details of all proposals can be found in the corresponding reports.</p>			
What are the possible solutions you have been / will be exploring? You should refer to any business cases, issues papers or options appraisals			
<p>All proposals being explored are listed in the corresponding reports.</p>			

<p>Who has been involved in the solution exploration? Please list any internal and external stakeholders</p>
<p>Senior management across Place directorate and CSS directorate have been involved in development of proposals.</p>
<p>What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA? Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources. Groups could include but are not limited to: equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.</p>
<p>This equality impact assessment is a live document and will include evidence gathered from engagement and consultation as the project progresses.</p> <p>Population information gathered from: Census 2021 data; service user data, JSNA data.</p>
<p>Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?</p>
<p>It is important to note that details for some proposals are not known at time of writing. It is recommended that EqIAs are performed at the project level whilst these projects are being shaped.</p>

Step 1: Establishing and developing the baseline

Characteristic	Demographic of residents / service users
Age	<ul style="list-style-type: none"> Stockport has more older people and fewer younger adults than the national average. The median age of Stockport is 42 compared to the national average of 40.

Characteristic	Demographic of residents / service users
	<ul style="list-style-type: none"> 2021 data shows 20% of Stockport's population are over 65. 61% are aged 15-64, and 20% are under 15 years old. It is likely that the older population of Stockport will increase – projections show that 2 in 9 residents will be aged 65 or over by 2030. Older populations are more common in more affluent areas. Older residents are less likely to have the means (whether connection, devices or skills) to access services and information digitally.
<p>Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues</p>	<ul style="list-style-type: none"> 44% of Stockport residents have a long-term health condition, which increases with age with 92% of those 85 and over. 34% of Stockport households have at least one member with a disability. The proportion of children with SEND is twice as high in more deprived areas of Stockport. An estimated 6,430 of young people (age 5-19) have a mental health disorder.
<p>Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.</p>	<ul style="list-style-type: none"> 2021 data suggests that less than 0.5% of the Stockport population is transgender.
<p>Maternity and pregnancy</p>	<ul style="list-style-type: none"> Birth rates have risen since 2000 in Stockport, although over the last 5 years, fertility rates have been stable, with 3,302 live births in 2018, a rate of 64.3 per 1,000 women. Birth rates have grown most rapidly in the most deprived areas of Stockport, which represent 35% of the population yet account for 45% of new births.
<p>Marriage and Civil Partnership</p>	<ul style="list-style-type: none"> According to 2021 data, in Stockport 46.4% of people are married or in a civil partnership. 45.1% are same-sex couples living together, and 0.4% are opposite-sex couples living together. 0.9% of residents are married or in a civil partnership but are not living together.
<p>Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations</p>	<ul style="list-style-type: none"> 2021 data shows that Stockport is as ethnically diverse as the national average for England. 87% of Stockport residents are White and 12% are from a Black, Asian or Ethnic Minority background. Ethnically diverse communities tend have a younger age profile than the rest of the borough. People who are Pakistani are the biggest non-White British / Irish population. The distribution of diverse communities within Stockport is not even, with the areas of Heald Green, Gatley, and the Heaton being particularly diverse. Some of these areas, the proportion of ethnically diverse communities is over a third of the total population.
<p>Religion or Belief</p>	<ul style="list-style-type: none"> According to 2021 data, the largest religious group in Stockport is Christianity with 48% of the population identifying as Christian, although this is decreasing over time (a 15% percentage point decrease since 2011). Those with no religion are the second-most common (40%), which has been increasing alongside the Muslim population (5.5%). These populations are also not even across Stockport. People living in the south of the borough are more likely to be Christian and Muslims make up around 20-25% of the population in areas of Heald Green and Gatley. Gatley also has a large Jewish community.

Characteristic	Demographic of residents / service users
Sex	<ul style="list-style-type: none"> 51% of Stockport residents are female and 49% are male, in line with the national average.
Sexual orientation People who are lesbian, gay or bisexual	<ul style="list-style-type: none"> 2021 data shows that around 3% of the Stockport population are lesbian, gay, bisexual or other. 2021 data shows 1.2% of the Stockport population is living as a same-sex couple (this includes couples who are married, in a civil partnership, or unmarried / never registered a civil partnership).
Socioeconomic status	<ul style="list-style-type: none"> 2021 data looking at 4 areas of potential deprivation (education, employment, health and housing) shows that 49% of households in Stockport were deprived in at least one of these 4 areas. Areas of deprivation were more common in the central and northern parts of the borough. 6% of residents in Stockport claim Job Seekers' Allowance / Universal Credit. From October 2019 to February 2021, Universal Credit claimants doubled from 4,725 to 10,685. 2019 data showed that 0.56% of households in Stockport were noted to have destitution, and it is likely that the pandemic and the cost of living crisis has increased this.
Other Please add in here any additional relevant comments or feedback where the protected characteristic is not known	<ul style="list-style-type: none"> According to 2021 data, 2.3% of households in Stockport had no members that have English as their main language, and 0.8% cannot speak English at all. 91% of people living in Stockport were born in the UK. 4.8% of people in Stockport have a non-UK identity
Carers	
Care leavers	
Those experiencing homelessness	
Veterans	
Asylum seekers and refugees	

Step 2: Identifying impacts the proposal will have compared with the baseline

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	Age – older people	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Age – younger people	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Maternity and pregnancy	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Marriage and Civil Partnership	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Race Not all ethnic groups will have the same experiences so if possible specify whether the	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations				
	Religion or Belief	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
1	Sex	Negative	Proposals	Service efficiencies The majority of council staff are women, therefore any impacts of this proposal on staff such as staffing changes are likely to disproportionately affect women.	
	Sexual orientation Consider how the proposed policy may differently impact people who are lesbian, gay or bisexual	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
2	Socioeconomic status	Negative	Proposals	Increased fees & charges Increasing the charge for services, such as planning fees and waste charges, will likely negatively impact those on low incomes, in receipt of benefits or who are experiencing poverty. The people will be less likely to afford the additional charges and therefore may be unable to access this service.	
<p>You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.</p>					

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	Carers	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Care leavers	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Those experiencing homelessness	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Veterans	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	
	Asylum seekers and refugees	-		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Step 3: Identifying mitigating factors to minimise negative impacts

Impact no.	Impact summary	Suggested mitigation and rationale	Evidence for solution	Feasibility
1	Service restructures and subsequent staffing changes could result in redundancies and council staff feeling stressed	Where possible, this will be managed through vacancy management. If changes to existing staffing is required, careful and skilful design will be needed to mitigate this and increased wellbeing support should be made available to all affected colleagues.		Included in proposals
2	Increases in fees and charges may exclude those on lower incomes.	Further equality assessments will be completed for all proposals relating to increasing charges and fees. In some cases, prices will be benchmarked with others across GM to ensure market comparison.		Included in proposals

Please state if there are any additional comments or suggestions that could promote equalities in the future.

Step 4: Conclusions and outcome

If you have not undertaken any community engagement for this EqIA, please indicate this and explain why.

We have sought views on all our change proposals through our overall budget public consultation.

If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?

The council faces many challenges including external financial pressures, balancing the pandemic response while continuing to deliver core service. Ensuing all this is delivered whilst delivering longer term change is acutely challenging. Delivering a resilient budget can only be achieved through difficult decisions, robust prioritisation and ambitious change. The way we work and the services we provide should meet the needs of local people today and in the future.

Are there any adverse impacts that can be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why.

Are there any other proposals or policies that you are aware of that could create a cumulative impact?

This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.

Please see MTFP cumulative equality analysis.

Based on your equality impact analysis, please indicate the outcome of this EqIA.

Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.

U.	No major barriers identified, and there are no major changes required – proceed.	<input type="checkbox"/>
V.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.	<input checked="" type="checkbox"/>
W.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.	<input type="checkbox"/>
X.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.	<input checked="" type="checkbox"/>
Y.	This policy identifies actual or potential unlawful discrimination – stop and rethink.	<input type="checkbox"/>

Please describe briefly how this EqlA will be monitored.

When will this be reviewed? What mitigating actions need to be implemented and when?

This EqlA will be returned to at various stages of proposal development.

It is recommended that EqlAs should be implemented at the project level.