Tameside Metropolitan Borough Council Equality Impact Assessment Form

Subject / Title	Adult Social Care Charging Consultation Phase 2
Project Lead Officer (Name and Job Title)	Trevor Tench / Stephen Wilde
Assistant Director / Director	Tracey Harrison / Steph Butterworth
Department	Commissioning
Directorate	Adults

EIA Start Date	**EIA Completion Date**
Jan 2024	March 2024

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

PURPOSE OF THE EQUALITY IMPACT ASSESSMENT

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

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

- Age
- Sex
- Race (including colour, nationality, and ethnicity)
- Religion or belief
- Disability
- Sexual orientation
- Gender identity[1]
- Pregnancy and maternity

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

- Being married or in a civil partnership

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

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

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

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

Having 'due regard' involves:

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

EQUALITY IMPACT ASSESSMENT CORPORATE STANDARDS

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

- An EIA is required for all formal decisions that involve changes to service delivery. For all other proposals, an EIA must be considered.

- The decision as to whether an EIA is undertaken rests with the Project Lead Officer in consultation with the appropriate Assistant Director / Director where necessary. Where an EIA is not completed, the reason(s) for this must be detailed within the appropriate report.

Tameside Metropolitan Borough Council Equality Impact Assessment Form

- EIAs must be timely and completed alongside the development of any proposal. The findings of any potential detrimental or inequitable impact that may occur through the implementation of the proposal on residents, service users, or staff must be brought to the attention of the decision maker in the accompanying report. Appropriate mitigations must be integrated into the development of the proposal.

- EIAs should be carried out by at least two people. Guidance from case law indicates that judgements arrived at in isolation are not consistent with showing 'due regard' to the necessary equality duties.

INITIAL SCREENING

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

Step 1: Summarise the proposal

	Proposal Title:	Adult Social Care Charging Consultation (Phase 2)
1b.	Proposal Aims:	The aims are: • to align the charge to the service user to the actual cost for the care and support provided (the care and support can be provided via fees to an external organisation, or the actual cost of internal provision) • the adoption of a Transport and Travel Policy • introduction of charges for some areas that are currently not charged for.
1c.	Context:	Phase 2 alignment covers charges in relation to the following areas: • Day Service • Transport • Supported Living • Respite Care – Learning Disability

		• Removal of the maximum weekly charge for non-residential services • Discretionary Services ▪ Pet Care ▪ Key Safes ▪ Replacement costs for pre-payment cards • Costs of providing payroll and managed accounts for Direct Payments In addition, the report seeks approval for a revised Transport and Travel Policy as a replacement for the current Policy approved in 2016.
	Stakeholders:	The key stakeholders for this strategy encompasses people who draw on care and support and their families and carers. Other key stakeholders include, but not limited to: • Adult Social Care workforce who may have to apply the Transport and Travel Policy and explain the reasoning of a financial assessment. • Adult Social Care in-house providers. • Commissioned services including Care Homes, Home Care, Supported Living and VCFSE organisations. • Children's Services to support the improvements needed to help young people as they transition to adulthood. • Health partners, including Community Learning Disabilities Team, Community Mental Health Teams, the ICB and Primary Care Networks.

Step 2: Impact Analysis – identify the impacts

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

SEE INSTRUCTION:

Each potential impact can be classified as 'direct' or 'indirect'.

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

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

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

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

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

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

When identifying impacts, think about:

- Information and intelligence you have access to (e.g. data that is publicly available)
- Experiences and knowledge of residents and service users
- Experiences and knowledge of colleagues, including frontline staff
- Experiences in other local boroughs, particularly Greater Manchester and statistical neighbours
- Research reports from think tanks, academia, government organisations, and charities
- '***Multiple marginalisation***' – how the proposal may impact people with combinations of protected characteristics (e.g. Age and Race/Ethnicity) rather than consider each protected characteristic singularly. A proposal may impact people with one combination of protected characteristics more than another combination of protected characteristics. For example, moving a service from physical to digital provision may detrimentally affect elderly people of Bangladeshi backgrounds more than elderly people of a White British background.

Protected Characteristic	Direct Impact	Indirect Impact	Mitigation Required
Select yes or no from the drop-down list in each box to identify whether any direct or indirect have been identified under each protected characteristic, and also select yes or no to determine whether a mitigating action is required. Subsequently, list these impacts.			

Age	**Yes**	**No**	**No**
	A large proportion of long-term service users (~65%) are over 65 in comparison with the population of Tameside (17.6%).		
Sex	**No**	**No**	**No**
	58.3% of people who draw on care and support accessing long-term services identify as female, 41.6% male, and 0.1% other.		
Race (including colour, nationality, and ethnicity)	**No**	**No**	**No**
	Demographic questions including those around race are not compulsory, therefore this data is not always collected/collated from people who draw on care and support.		
Religion or Belief	**No**	**No**	**No**
	Demographic questions including those around religion are not compulsory, therefore this data is not always collected/collated from people who draw on care and support.		
Disability	**Yes**	**No**	**Yes**
	A large proportion of long-term service users have disabilities and as such will be affected by the proposals. Drop in sessions were held at in-house day services – typically the more complex people with a learning disability. Once the outcome of the consultation is agreed, this will be repeated, and individuals will be written to as well as provided with an opportunity to have detailed face to face discussions if they choose to.		
Sexual Orientation	**No**	**No**	**No**
	There is insufficient sexual orientation data for people who draw on care and support.		
Gender Identity	**No**	**No**	**Yes**
	This data is not collected/collated for people who draw on care and support. Data collection on equalities duties are being reviewed Corporately and Adult Social Care will ensure alignment in services.		
Pregnancy/Maternity	**No**	**No**	**No**
	N/A		
Marriage/Civil Partnership	**No**	**No**	**No**
	N/A		
Carers	**Yes**	**No**	**No**
	Carers and families will be affected by the proposals as they may support the people impacted. Carers are invited to give their views and drop-in sessions were scheduled at the Carers Centre. A question was included in the consultation regarding travel arrangements and the impact on families and carers.		
Cared for Children and Care Leavers	**No**	**No**	**No**
	Adult Social Care continue to work with Children's Social Care and Education to ensure improved pathways for preparing for adulthood.		
Mental Health	**Yes**	**No**	**Yes**

	Support, advice and guidance about 'paying for your care' has been reviewed and updated, as well as signposting to independent financial advice.		
Neurodivergence	**No**	**Yes**	**Yes**
	People who have a support need that falls under the bracket of neurodivergence (including Learning Disabilities support needs) may be impacted by the charging proposals. Once the outcome of the consultation is agreed, drop-ins will be repeated, and individuals will be written to as well as provided with an opportunity to have detailed face to face discussions if they choose to. Data collection on equalities duties are being reviewed Corporately and Adult Social Care will ensure alignment in services.		
Socio-Economic Disadvantage	**No**	**Yes**	**Yes**
	The strategy has been developed using foresight around the charging reform that will be being brought in nationally by 2025, which will impact how the socio-economic status of people. What will remain the same however, is that where people are eligible for support, they will be financially assessed (people are means tested) and will only be asked to contribute what they can afford to pay for their care, and may not be deemed as being able to afford to pay for any of their care.		
Multiple Marginalisation	**No**	**Yes**	**No**
	It is expected that service users meet multiple protected characteristics such as age and disability.		

Step 3: Initial Screening Sign Off

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

SEE INSTRUCTION:

A full Equality Impact Assessment should be undertaken when:

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

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

1e.	Does the proposal require a full EIA?	☒ **Yes**	☐ **No**

1f.	If you are not undertaking a full EIA, please provide justification as to why not.	

This initial screening has been completed by the EIA Lead Officer:	Name:	Stephen Wilde
	Signature:	
	Department:	Finance – Adult Social Care
	Date:	17 April 2024
This Initial Screening has been checked by the Assistant Director / Director:	Name:	Tracey Harrison
	Signature:	
	Department:	Adult Services
	Date:	17 April 2024

FULL EQUALITY IMPACT ASSESSMENT

Step 4: Issues to Consider

SEE INSTRUCTION:

Data and Intelligence

The following types of data can potentially be accessed:

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

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

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

Further intelligence can be gathered from the following:

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

Data and Intelligence	
4a.	Census 2021 Data from Adults Care Management System Abacus

SEE INSTRUCTION:

Consultation and Engagement

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

Engagement can occur through:

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

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

Consultation and Engagement			
4b.	Has any consultation or engagement been conducted that is relevant to this Equality Impact Assessment?	☒ **YES**	☐ **NO**
		If YES, answer 4c-4e.	**If NO, answer 4f.**
4c.	Engagement Undertaken:	The engagement undertaken for this strategy includes: • A consultation hosted on the council's Big Conversation webpage that was circulated via social media and through provider and staff networks • Drop-in sessions for general public at the Carers Centre • Drop-in session for in-house day services (most complex needs) • Providers had discussions with people they support to help them understand proposals • All ASC Managers session to explain proposals to staff	
4d.	Who has been engaged with?	Using the engagement efforts listed about the following groups (with associated protect characteristics in brackets) have been engaged with: • People who draw on care and support (Age, Disability, Neurodiversity, Care Leavers, Ill Mental Health, Ethnicity, Gender) • Families and Carers (Ethnicity, Gender, Age) • Partners • Stakeholders	

		• VCFSE organisations • Residents • Adult Social Care Staff • People with disabilities and autistic people, including their families and carers (Age, neurodiversity, disability)
4e.	Outcomes of Engagement:	The ASC Charging Consultation, consisted of 26 questions, and received 211 responses. The survey was structured in such a way that each closed question asked whether or not respondents agreed or disagreed with a given proposal, followed by an open-ended question asking for further comment. As is typical for all surveys, but particularly one of this length, respondents skip questions towards the end; therefore, proposals later in the survey had fewer responses to analyse. The exceptions being questions 13 and 14 (moving to individual placement costs) and 15 and 16 (changes to respite care), which received an atypical spike in responses, showing that these are themes people wanted to give their opinions on. Around two thirds of respondents filled in demographic data, giving us a fair impression of the makeup of respondents. Typically, respondents were not involved with ASC either as a service user or carer of a service user, however 59.04% of respondents stated that they had some degree of caring responsibility. Around 10% are people who are caring for someone who may need to receive ASC at some point in the future due to current disabilities and/or caring for children who will likely need support from ASC. Of respondents 70.71% were female, making them statistically more likely to be carers, and around 20% were male. Typically, they are cisgender (87.14%), heterosexual (71.85%), White British (86.05%), not disabled (44.78%), and married (38.69%). Respondents were either likely to be in their early forties (15.13%) or early fifties (19.33%). Of respondents 39.13% selected the higher of the socio-economic options (“I can afford luxuries as well as essentials” and “I can afford essentials and occasional luxuries”); compared to the 15.94% who selected the lower options (“Sometimes I cannot afford all essentials” and “I can rarely afford essentials”), though we know most of our respondents are likely in dual-income households. Overall, respondents disagreed with the proposals, the two exceptions to this being the question regarding caring for pets and replacing pre-payment cards. The most common themes across all questions were:

		• The increase in price will result in people being unable to afford care and there will therefore be a detrimental impact on the health and wellbeing and finances of both those in need of services, and those who care for them. • An increase in price is understandable, however the proposed increases are too much and too sudden, altering family/service user budgets and finances to accommodate them will either be impossible, or lead to a sudden decline in quality of life. • General anger or disagreement; responses under this category (which shows up in every open-ended question) ranged from unspecified disagreement to angry comments aimed at the Council. • The questions were not clear and did not provide enough information to enable an informed response. It is worth noting that respondents who answered the open-ended questions were more likely to have disagreed with the proposals, therefore the dominant trends would generally skew towards the negative. Generally speaking, if a respondent agreed or disagreed with the first proposal, they were more likely to agree or disagree with the majority of the proposals (questions 21 and 23 were exceptions to this rule). This could in part be explained by the length of the consultation and the evidenced fact that a number of respondents copy/pasted the same answer for each question showing there was a degree of fatigue evident in the later questions. Similarly, given the complexity of some of the proposals and the fact that we know most respondents completed the survey in 23 minutes, we could make a fair assertion that respondents were not typically taking time to read through additional documentation and engage with the subject at hand in detail. This can generally be expected with a consultation of this length. It can be seen that whilst the majority of respondents did disagree, those of a higher economic status were slightly more likely to agree with proposals than those of a lower status. It was also seen that service users were more likely to disagree with the proposals, though carers of those using ASC services were slightly more mixed in their responses.
4f.	If engagement has not been undertaken, please explain why.	N/A

SEE INSTRUCTION:

Legislative Drivers

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

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

Legislative Drivers	
4g.	Care Act 2014 Mental Capacity Act 2005 Autism Act 2009 Health and Care Act 2022 Children and Families Act 2014 Equality Act 2010 ASC Reform - People at the Heart of Care New Adult Social Care Assurance Framework

SEE INSTRUCTION:

Financial Considerations

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

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

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

Financial Considerations	
4g.	The budget is demand led and typically the higher the eligible support need, the higher the cost. People who request a Care Act assessment, and are eligible for support, are only charged for what they can afford to pay if they choose to undertake a financial assessment, no matter the cost of their care. In line with the Care Act duties, people have a choice to not have a financial assessment, but they will be required to pay the full cost of their care in that case. People eligible for support are therefore encouraged to have a financial assessment. People are signposted to preventative care and support through other agencies, such as the VCFSE sector and Telecare – these services may be chargeable.

	The information on the Adult Social Care website has been reviewed and updated, which includes the latest Charging Policy, and new leaflets have been produced to help people to understand the financial assessment process and who to contact for further information. There is also information to signpost people to other financial independent advice such as Welfare Benefits Service, Citizens Advice Bureau etc. In addition, the ASC charges are reviewed each year with an updated charging schedule signed off as part of the budget setting process. Furthermore, work is underway to implement ContrOCC – this will link the ASC financial system to the ASC care management system, and this will help to improve the financial assessment process for both the Client Finance Team and for people who take up the financial assessment process.

Step 5: Impact Analysis – evidence the impacts

Purpose:	To provide evidence of the potential impacts identified under each protected characteristic.

FOR DEFINITIONS OF PROTECTED CHARACTERISTICS, EXPAND THE INSTRUCTION BELOW.

SEE INSTRUCTION:

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

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

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

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

The definitions of protected characteristics are below:

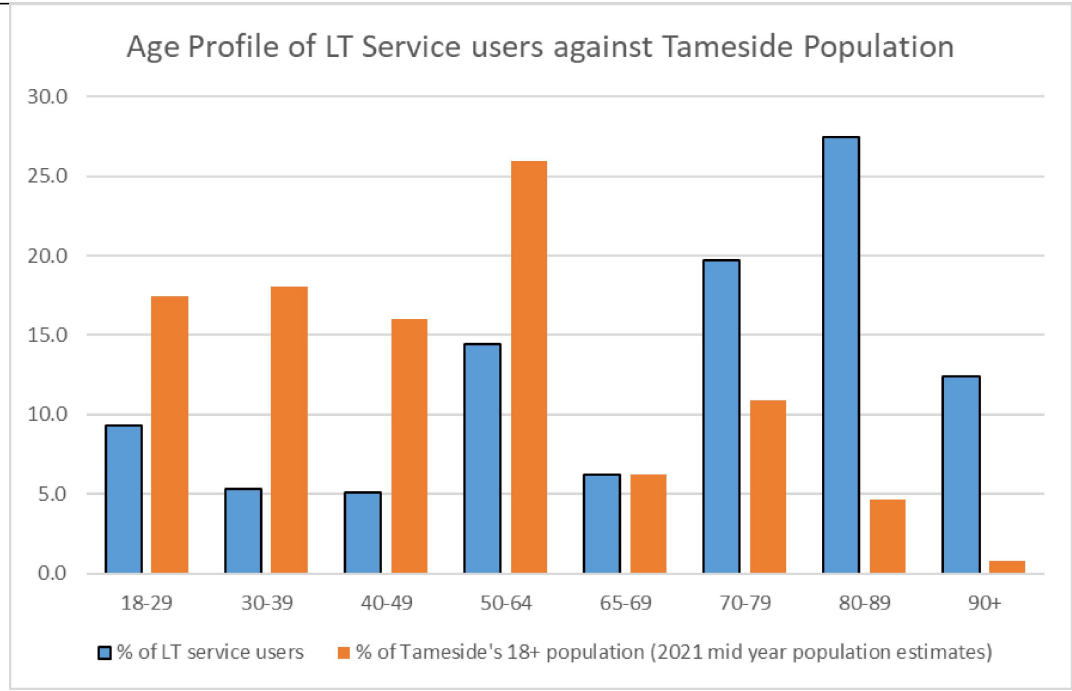
Age	A person's specific age or age group. An age group can be numerical (e.g. 18-30) or descriptive (e.g. 'the elderly', 'teenagers', etc.).

Sex	A person's biological sex, whether a person is male, female, or those who are differently sexed (e.g. intersex). This does not include sexual orientation and gender identity, which are analysed separately.
Race (including colour, ethnicity, and nationalty)	How people identify themselves or are identified in society according to their skin colour, physical features, and national/cultural identity. This can cover: • Racial identities (e.g. White, Black, Asian) • Ethnic identities (e.g. Jamaican, Arab, Persian, Jewish, Irish, Gypsy/Roma) • Nationalities • Languages spoken – whether English is the first or additional language • Refugee and asylum status
Religion or Belief	Any religion or belief that a person follows or subscribes to. It includes the commonly recognised religions (such as Christianity, Islam, Hinduism, Judaism, Buddhism, and Sikhism) and the different groups within each religion (e.g. in Christianity, it can cover Catholicism, Protestantism, etc.; in Islam, it can cover Sunni Islam, Shia Islam, Sufism, etc.). It also applies to religions that are not necessarily well known (e.g. Jainism, Baha'i Faith) as well as people who do not have any religious belief (e.g. those ascribing to Humanism and Atheism).
Disability	Physical or mental conditions that have substantial and long-term adverse effects on people's abilities to carry out day-to-day activities. This covers a wide range of disabilities: • Physical and mobility impairments • Sensory impairments (e.g. sight, hearing) • Learning disabilities • Progressive conditions (e.g. neurodegenerative disorders, muscular dystrophies, dementia) • Fluctuating and recurring conditions (e.g. rheumatoid arthritis, epilepsy, myalgic encephalitis) • Organ-specific disorders (e.g. respiratory conditions, cardiovascular diseases) • Auto-immune conditions
Sexual Orientation	The orientation that a person has toward another person of any sex or gender. Common orientations are towards people of the opposite sex/gender (e.g. heterosexual/ straight), towards people of the same sex/gender (e.g. a gay man or lesbian), or towards multiple sexes/genders (e.g. bisexual or pansexual). There are other orientations that should be considered (e.g. asexual – a person who does not experience sexual attraction). A person's orientation can be sexual, romantic, or emotional.
Gender Identity	The gender that a person identities with. People most commonly identify with the gender that matches their sex assigned at birth – i.e. as a man or woman. People who are trans identify with a gender that is different to their sex assigned at birth. Included amongst people with trans identities are people "proposing to undergo, undergoing, or having undergone a process to reassign sex". This is the legal definition for 'gender reassignment' under the Equality Act 2010. However, this legal definition does not include trans people who do not choose to undertake the medical transitioning process and people with other gender identities (e.g. those who identify as non-binary, gender fluid, etc.).

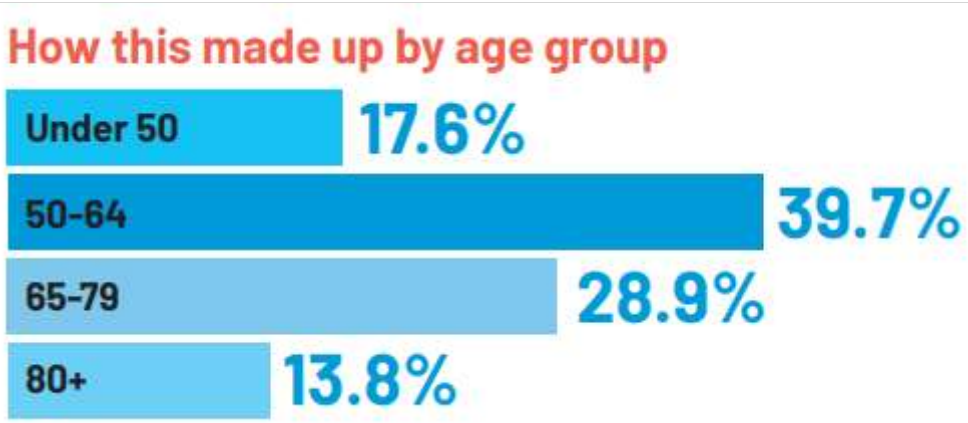
Pregnancy/Maternity	'Pregnancy' refers to when a person is pregnant and expecting a baby. Any person who can become pregnant should be considered – e.g. women, trans men, and people with different gender identities. This should also cover all aspects of the pregnancy journey, including those who have been affected by miscarriage. 'Maternity' refers to the period following the birth of the child. In employment, this is related to parental leave. In the non-work context, this is related to unfavourable treatment relating to being a mother or parent. Legally, for the latter, protection is applied for 26 weeks. An important aspect of maternal/parental discrimination is *breastfeeding*.
Marriage/Civil Partnership	A person's marital status in law, whether a person is married or in a civil partnership to another person of the opposite sex or same sex.
Carers	Any person who provides unpaid care for a partner, family member, or friend due to illness, disability, frailty, a mental health problem, or an addiction. The person being provided care cannot cope or finds it difficult to cope without that person's care and support. A carer can have varying caring responsibilities, such as supporting people with everyday tasks (e.g. getting out of bed, bathing, etc.) or providing emotional support. This covers people who may not see themselves as 'carers', whom do not separate their caring responsibilities from the relationship that they have with the person for whom they provide care. Importantly, this covers young carers who provide care for their parents or other relatives.
Cared for Children/ Care Leavers	'Cared for Children' (sometimes known as 'looked after children') are children and young people in the care of the local authority due to their parents being unable to take care of them in a temporary or permanent capacity. 'Care Leavers' are any adult who have previously spent time in the care of the local authority.
Mental Health	A person with a condition related to their psychological or emotional wellbeing. This includes a wide variety of conditions: • Common mental health problems, such as depression or anxiety disorders • Trauma (e.g. Post Traumatic Stress Disorder) • Severe mental illness (e.g. Psychosis/Schizophrenia or Bipolar Disorder) • Phobias (e.g. Agoraphobia)
Neurodivergence	A person whose mind works differently to neurocognitive styles that society regards as 'normal'. This includes a wide range of conditions and experiences: Autism, ADHD, Dyslexia, Dyscalculia, Dyspraxia, Dysgraphia, Epilepsy, Tourette's, Aphantasia/Synaesthesia, etc.
Socio-Economic Disadvantage	A wide range of experiences accruing from having a disadvantaged socio-economic status: having low or no income; living in absolute or relative poverty; unemployment or underemployment; living in substandard housing; being homeless or threatened with homelessness; food insecurity and poverty; fuel poverty; digital exclusion; etc.
Multiple Marginalisation	A wide variety of combinations of different protected characteristics that uniquely influence a person's experiences. Any combination of protected characteristics can be two or above (e.g. RACE/ETHNICITY and GENDER IDENTITY; CARE LEAVER, CARER, and SOCIO-ECONOMIC DISADVANTAGE).

<table>
<tr><th>Impact No.</th><th>Protected Characteristic
Select a protected characteristic from the drop-down list</th><th>Impact
Identify the potential impact of the proposal</th><th>Impact Type (Direct/Indirect)
Select 'direct' or 'indirect' from the drop-down list</th><th>Evidence
Provide evidence regarding the proposal's potential impact (e.g. data/intelligence, findings from consultation/engagement, research reports, etc.).</th></tr>
<tr><td>1</td><td>Age</td><td>Impacts have been considered in section 1 of this EIA</td><td>Direct</td><td>In Tameside, there are 231,063 people, in total. The breakdown based on age is shown below.
<table>
<tr><th colspan="3">Census 2021</th></tr>
<tr><th>Age Group</th><th>% Tameside</th><th>% England and Wales</th></tr>
<tr><td>0-9</td><td>12.3</td><td>11.3</td></tr>
<tr><td>10-19</td><td>11.8</td><td>11.6</td></tr>
<tr><td>20-29</td><td>11.6</td><td>12.7</td></tr>
<tr><td>30-39</td><td>14.0</td><td>13.7</td></tr>
<tr><td>40-49</td><td>12.6</td><td>12.7</td></tr>
<tr><td>50-59</td><td>14.2</td><td>13.8</td></tr>
<tr><td>60-69</td><td>10.8</td><td>10.7</td></tr>
<tr><td>70-79</td><td>8.5</td><td>8.6</td></tr>
<tr><td>80-89</td><td>3.6</td><td>4.0</td></tr>
<tr><td>90+</td><td>0.6</td><td>0.8</td></tr>
</table>
<u>Children and young people</u>
In accordance with section 105, Children Act 1989 and the UN Convention on the Rights of the Child, a child is defined as anyone under 18 years of age. In</td></tr>
</table>

Page 482				Tameside, 51,193 people in Tameside are aged 0-17, around 22.2% of the population. Older People There are approximately 40,600 residents over the age of 65 in Tameside, or around 17.6% of the population. This can be further broken down into: 65-69 years: 11,300 (4.9%) 70-74 years: 11,600 (5.0%) 75-79 years: 8,000 (3.5%) 80-84 years: 5,300 (2.3%) 85-89 years: 2,900 (1.3%) 90+ years: 1,500 (0.6%) Age profile of people in receipt of some of our services When looking at the 18+ population compared against the demographics of **long-term service** users it can be seen that a majority of long-term service users are between 80-89 (the highest portion of the borough's population being between 50-64). The age profile of LT service users is typically older, a shift in the weighting of the age profiles between the population as a whole and LT service users taking place from the age of 65 +



Carers:
In 2022/23, there were 670 carers in Tameside.

Page 484				 42.7% of Tameside's Carers (known to services) are aged over 65, compared to 17.6% of Tameside's population aged 65+. In addition, the census 2021 captured 21% of people in Tameside as being carers aged 65 or over. There are significantly more carers known to adult social care services than the general population overall, or general population identifying as carers in Tameside. **Self-funders:** 88.1% of self-funders (those who fully pay for the cost of their care) are aged 65 and over. Therefore, significantly more self-funding older people will be impacted by these proposals.
2	Disability	Impacts have been considered in section 1 of this EIA	Direct	Data from the 2021 Census shows that 20% of Tameside residents are considered to be disabled under the Equality Act. Of those, 10.8% find their day-to-day activities "limited a little" while 9.1% find their day-to-day activities "limited a lot". Data from Tameside Citizens Advice Bureau reveals that 52% of all residents presenting themselves identified as having a disability or a long-term health condition. 42 of the 141 LSOAs in Tameside, or 29.8%, are in the lowest 10% nationally for Health Deprivation and Disability. It is worth noting that the definitions may differ between the census, Citizen's Advice Bureau and the way the Council records 'disability'. However, this is the most

<table>
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<td>appropriate information available. Although 20% of Tameside's residents are considered to be disabled under the Equality Act, this does not mean that all of those people would be eligible for ASC services.

Amongst long-term service users, the highest care demand comes from users requiring physical support – personal care support, at 46.5% of users. The second highest need amongst long-term service users is for learning disability support (20.5%).

<table>
<tr><th>Primary Support Reason</th><th>Number of long-term service users</th><th>% of LT service users</th></tr>
<tr><td>Learning Disability Support</td><td>568</td><td>20.5</td></tr>
<tr><td>Mental Health Support</td><td>141</td><td>5.1</td></tr>
<tr><td>Physical Support - Access and Mobility Only</td><td>301</td><td>10.9</td></tr>
<tr><td>Physical Support - Personal Care Support</td><td>1288</td><td>46.5</td></tr>
<tr><td>Sensory Support - Support for Dual Impairment</td><td>8</td><td>0.3</td></tr>
<tr><td>Sensory Support - Support for Hearing Impairment</td><td>10</td><td>0.4</td></tr>
<tr><td>Sensory Support - Support for Visual Impairment</td><td>40</td><td>1.4</td></tr>
<tr><td>Social Support - Substance Misuse Support</td><td>8</td><td>0.3</td></tr>
<tr><td>Social Support - Support for Social Isolation / Other</td><td>77</td><td>2.8</td></tr>
<tr><td>Support with Memory and Cognition</td><td>331</td><td>11.9</td></tr>
</table>
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<tr>
<td>3</td>
<td>Carers</td>
<td>Impacts have been considered in section 1 of this EIA</td>
<td>Direct</td>
<td>Data from the 2011 Census shows that 9.5% of residents (20,675) in Tameside have some kind of unpaid caring responsibilities, and 3.1% of residents (6,719) provided more than 50 hours of unpaid care a week.

In 2022/23, there were 670 carers in Tameside known to ASC services.</td>
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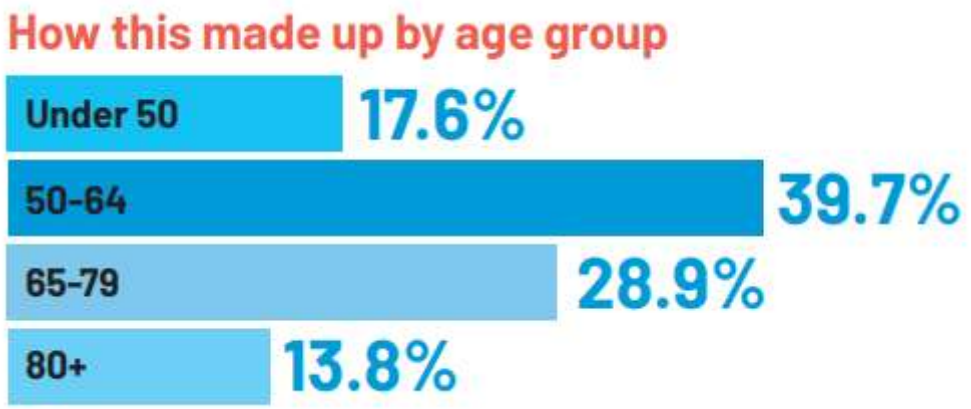
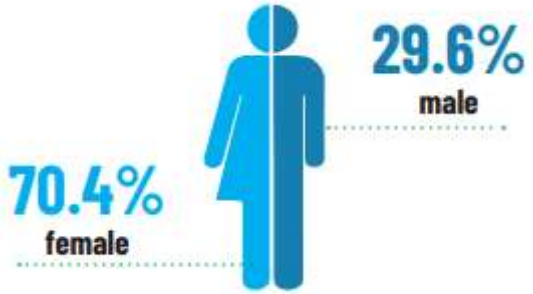
				 42.7% of Tameside's carers (known to services) are aged over 65, compared to 17.6% of Tameside's population aged 65+. In addition, the census 2021 captured 21% of people in Tameside as being carers aged 65 or over. There are significantly more carers known to ASC services than the general population overall, or general population identifying as carers in Tameside.  70.4% are female – higher than the Tameside population with 51% of local residents being female.
4	Ill Mental Health	Impacts have been considered in section 1 of this EIA	Direct	The estimated rate of Common Mental Disorders (CMDs) in Tameside is 19.5% for residents aged 16 or over, and 12.1% for residents aged 65 or over. This is above the England averages of 16.9% (16+) and 10.2% (65+).

				After-care services/support provided **under section 117 of the Mental Health Act 1983 are non-chargeable**; (Services that meet needs which are unrelated to Section 117 will be subject to the local authority charging policy and may result in a client contribution. The local authority is also permitted to charge for the difference between the actual cost of preferred accommodation and the usual cost of providing or arranging for the provision of accommodation of that kind under Section 117). Finances are also a source of mental ill health. However, there is a financial assessment process for eligible services which people are encouraged to undertake. This is a means test to determine how much a person can afford to pay towards their care, or if they can afford to pay anything at all. Information about paying for care has been updated in different formats and awareness raised. People are also signposted to independent financial advice.
5	Neurodivergence		Indirect	People who have a support need that falls under the bracket of neurodivergence (including Learning Disabilities support needs – see point 2 above) may be impacted by the charging proposals. Once the outcome of the consultation is agreed, drop-ins will be repeated, and individuals will be written to as well as provided with an opportunity to have detailed face to face discussions if they choose to. Data collection on equalities duties are being reviewed Corporately and ASC will ensure alignment in services, so that we can capture and report the full spectrum of neurodivergent conditions.
6	Socio-Economic Disadvantage		Indirect	Where people are eligible for support, there is a financial assessment process (means tested) and people will only be asked to contribute what they can afford to pay for their care – the assessment may conclude based on an individual's financial position that people will not have to pay anything towards their care. People are and will continue to be encouraged to undertake a financial assessment. Information about paying for care has been updated in different formats and awareness raised. People are also signposted to independent financial advice.
7	Multiple Marginalisation	There are people in receipt of ASC services	Indirect	The combination of data points makes it challenging to evidence this area.

		that have more than one protected characteristic, for example, they may have dual diagnoses of learning disabilities and mental health, and accessing drug and alcohol services etc.		However, ASC have person centred services for people who need support, from those eligible via a Care Act Assessment, to preventative services, signposting advice and guidance.

People included in the Phase 2 Charging Consultation

A total of 1082 people were individually contacted as they were previously assessed as being Care Act eligible for ASC services and had been made aware that Care Act eligible services are subject to charging. In addition, this group of people are aware that the charges are applied following a full financial assessment and people will only pay what they can afford. However, it is important to note that people can choose not to have the financial assessment and would therefore be charged in full.

Where people have already been financially assessed as not being able to afford to pay for care, or pay a contribution towards care costs, proposing any increase in charges will not have an impact. For those people that are paying the full cost of care, either following a financial assessment or through choice not to have an assessment, there will be an impact of increased charges. Any increase in charges will trigger a new financial assessment to establish individual contributions to care costs. As already stated, people will only pay what they can afford.

To ensure that people only pay what they can afford, everybody in receipt of services will be encouraged to complete a full financial assessment.

Self-funders

There are currently (end of March 2024) xxx people who are self-funding (full cost payers) their care (xx% of all people impacted) which forms the basis of our Phase 2 consultation. These are the services they are accessing:

Services	Number of people
Day Care (internal or external provision)	37
Supported Living	
Respite Care	
Transport	

Removal of the maximum weekly charge for non-residential services	34
Costs of providing payroll and managed accounts for Direct Payments	2
TOTAL	

As part of our Phase 2 Charging consultation, there are a number of ways people may be impacted by our proposals. These include:

- The removal of the maximum weekly charge – 34 people have a package of care over £521.50.
- The 37 people accessing day care may be impacted by the proposed Transport and Travel Policy, but more detailed analysis is required.
- The 2 people may be affected by the direct payment, though if they have a managed account, the charge will be slightly reduced.

Step 6: Plan mitigating actions

Purpose:	To identify mitigating actions to minimise potential detrimental impacts of the proposal on people with protected characteristics.

Impact No. *Impact number from Impact Analysis*	**Impact** *Identify the impact being addressed*	**Mitigating Action and Rationale** *Describe the action required to reduce the detrimental impact identified in the Impact Analysis, and explain the rationale underneath and/or intended outcome.*	**Officer Responsible** *Identify who is responsible for implementing the mitigating action (name and department).*	**Timescale** *Provide the timeframe for when the mitigating action should be implemented.*	**Completed (Yes/No)** *Has the mitigating action been implemented?*	**Update** *Provide any progress updates below.*
1-7	Changes to charges	People will be written to individually pending the outcome of the consultation and approval at Executive Cabinet to inform them what the changes will be and when they will be implemented.	Stephen Wilde (Finance) Trevor Tench (Commissioning)	Report to Executive Cabinet 19 June 2024, letters by end of July	No	Can only be implemented after Executive Cabinet Decision 19 June 2024.

		People will also be invited to attend Drop-in sessions and offered the opportunity to have 1:1 conversations. Subject to implementation of the revised charges, it is planned that existing people will be given a period of three months to adjust to any potential impact, and have their financial assessment reviewed. New people will be subject to any revised charges with effect from 1 July 2024.	Stephen Wilde (Finance)	3 months	No	Can only be implemented after Executive Cabinet Decision 19 June 2024.
	Financial Assessments	To promote and offer financial assessments/reassessments as a priority to those impacted by any changes for those people subject to the Phase 2 Charging Review to ensure that people only pay what they can afford to pay. To review the timescales for completing financial assessments.	Stephen Wilde (Finance) Stephen Wilde (Finance)	Ongoing – can be requested at any time By October 2024	Ongoing No	Staff and Providers will be briefed so that they can contact the Client Finance Team if the person requests a financial assessment. Client Finance have been asked to prioritise any such requests. Currently working through ContrOCC implementation which will support online financial assessments.

Step 7: Sign-off

Purpose:	For the EIA Lead Officer to sign that the EIA is complete, and for the Assistant (Director) to counter-sign that they agree with the content of the EIA and that it is sufficiently robust.

This Equality Impact Assessment has been completed by the EIA Lead Officer:	Name:	Stephen Wilde
	Signature:	
	Department:	Finance - Adult Services
	Date:	17 April 2024
This Equality Impact Assessment has been checked by the Assistant Director / Director, and signs that it is sufficiently robust and rigorous:	Name:	Tracey Harrison
	Signature:	
	Department:	Adults
	Date:	17 April 2024

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POST-IMPLEMENTATION REVIEW

Step 8: Review EIA after implementation

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

SEE INSTRUCTION:

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

- Six months after implementation
- Twelve months after implementation

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

The Post-Implementation Review can find out whether:

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

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