

Tameside Metropolitan Borough Council Equality Impact Assessment Form



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

EIA Start Date	EIA Completion Date
June 2022	September 2023

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

PURPOSE OF THE EQUALITY IMPACT ASSESSMENT

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

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

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

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

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

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

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

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

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

Having 'due regard' involves:

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

EQUALITY IMPACT ASSESSMENT CORPORATE STANDARDS

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

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

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

INITIAL SCREENING

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

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

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

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Step 2: Impact Analysis – identify the impacts

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

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

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

Step 3: Initial Screening Sign Off

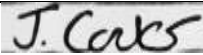

Purpose:	To determine whether a proposal should proceed from the Initial Screening to the Full Equality Impact Assessment.
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SEE INSTRUCTION:

1e.	Does the proposal require a full EIA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
1f.	If you are not undertaking a full EIA, please provide justification as to why not.		

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This initial screening has been completed by the EIA Lead Officer:	Name:	Jenny Cocker
	Signature:	
	Department:	Adults Carers Service
	Date:	29 September 2023
This Initial Screening has been checked by the Assistant Director / Director:	Name:	Tracey Harrison
	Signature:	
	Department:	Adults
	Date:	29 September 2023

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FULL EQUALITY IMPACT ASSESSMENT

Step 4: Issues to Consider

SEE INSTRUCTION:

Data and Intelligence	
4a.	Census 2021 ASCOF Carers Survey 2021 GM Benchmarking Data from Adults Care Management System Engagement Data

SEE INSTRUCTION:

Consultation and Engagement		
4b.	Has any consultation or engagement been conducted that is relevant to this Equality Impact Assessment?	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO </div>
		<div style="display: flex; justify-content: space-around;"> If YES, answer 4c-4e. If NO, answer 4f. </div>
4c.	Engagement Undertaken:	<p>The engagement for this strategy includes:</p> <ul style="list-style-type: none"> A consultation hosted on the council’s Big Conversation webpage that was circulated via social media and the PEN newsletter, as well as specifically to carers, partners and stakeholders.

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		<ul style="list-style-type: none"> • The market research company DJS were commissioned to undertake in-depth interviews with carers and present their qualitative findings, which helped to inform the strategy. • Engagement work was also undertaken at the Carers’ Forum, at Carers Rights Day in 2022, and during Carers’ Week in 2022 and 2023, in order to gain insight into the views and opinions of carers in the borough. • The ASCOF Carers’ Survey, and general feedback forms within the services were used to identify needs within the borough for the strategy to address.
4d.	Who has been engaged with?	<p>Using the engagement efforts listed about the following groups (with associated protect characteristics in brackets) have been engaged with:</p> <ul style="list-style-type: none"> • Carers (Age, Disability, Neurodiversity, Ethnicity, Gender) • Partners • Stakeholders • Residents • Staff
4e.	Outcomes of Engagement:	<p>Key findings from the engagement undertaken have directly informed the key goals of the new Carers’ Strategy, which are:</p> <ol style="list-style-type: none"> 1 Identifying and Recognising Carers 2 Supporting Carers to stay healthy and well 3 Carers as real and expert partners 4 Getting the right help at the right time 5 Younger Carers 6 Carers in/into Employment <p>As a result of recent engagement, an Activities Coordinator has already been recruited. Much of the feedback has been regarding feelings of isolation, therefore the engagement strongly directs the peer support available for carers and the input of carers directly affects which activities are available. For example, carers with certain needs or of certain groups can be linked up via the Activities Coordinator.</p>

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		Similarly the input and feedback of carers is informing opportunities for things such as training, for example, if there was a group of carers who support people with dementia and specific training. The input helps to define the need and therefore the response.
4f.	If engagement has not been undertaken, please explain why.	

SEE INSTRUCTION:

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

SEE INSTRUCTION:

Financial Considerations

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

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

SEE INSTRUCTION:

Impact No.	Protected Characteristic <i>Select a protected characteristic from the drop-down list</i>	Impact <i>Identify the potential impact of the proposal</i>	Impact Type (Direct/Indirect) <i>Select 'direct' or 'indirect' from the drop-down list</i>	Evidence <i>Provide evidence regarding the proposal's potential impact (e.g. data/intelligence, findings from consultation/engagement, research reports, etc.).</i>									
1	Age	Impacts have been considered in section 1 of this EIA and throughout entire document	Direct	<p>In Tameside, there are 231,063 people, in total. The breakdown based on age is shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Census 2021</th> </tr> <tr> <th style="width: 30%;">Age Group</th> <th style="width: 30%;">% Tameside</th> <th style="width: 40%;">% England and Wales</th> </tr> </thead> <tbody> <tr> <td>0-9</td> <td style="text-align: center;">12.3</td> <td style="text-align: center;">11.3</td> </tr> </tbody> </table>	Census 2021			Age Group	% Tameside	% England and Wales	0-9	12.3	11.3
Census 2021													
Age Group	% Tameside	% England and Wales											
0-9	12.3	11.3											

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				10-19	11.8	11.6
				20-29	11.6	12.7
				30-39	14.0	13.7
				40-49	12.6	12.7
				50-59	14.2	13.8
				60-69	10.8	10.7
				70-79	8.5	8.6
				80-89	3.6	4.0
				90+	0.6	0.8
			<p>37.7% of Tameside population are over the age of 50, with a 16% increase in those aged 50+ since the 2011 census. In comparison 82% of Carers are 50+ in Tameside.</p> <p><u>Children and young people</u></p> <p>In accordance with section 105, Children Act 1989 and the UN Convention on the Rights of the Child, a child is defined as anyone under 18 years of age. In Tameside, 51,193 people in Tameside are aged 0-17, around 22.2% of the population.</p> <p><u>Older People</u></p> <p>There are approximately 40,600 residents over the age of 65 in Tameside, or around 17.6% of the population. This can be further broken down into: 65-69 years: 11,300 (4.9%) 70-74 years: 11,600 (5.0%)</p>			

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				<p>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%)</p>																
2	Disability	Impacts have been considered in section 1 of this EIA and throughout entire document	Indirect	<p>Data from the 2021 Census shows that 20% of Tameside residents are considered to be disabled under the Equality Act. Of those, 10.8% find their day-to-day activities “limited a little” while 9.1% find their day-to-day activities “limited a lot”. 42 of the 141 LSOAs in Tameside, or 29.8%, are in the lowest 10% nationally for Health Deprivation and Disability.</p> <p>This data for carers is not available, however there is data available for long-term service users who are being cared for, 59.5% of long-term service users are receiving support for a physical disability and 25.6% are receiving support for mental health/learning disability needs.</p>																
3	Choose a protected characteristic.	Impacts have been considered in section 1 of this EIA and throughout entire document	Choose an impact type.	<p>Data from the 2021 census shows that the demography of the borough in terms of ethnicity are as follows:</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>% Tameside</th> </tr> </thead> <tbody> <tr> <td>Asian, Asian British or Asian Welsh: Bangladeshi</td> <td>2.5%</td> </tr> <tr> <td>Asian, Asian British or Asian Welsh: Chinese</td> <td>0.6%</td> </tr> <tr> <td>Asian, Asian British or Asian Welsh: Indian</td> <td>1.6%</td> </tr> <tr> <td>Asian, Asian British or Asian Welsh: Pakistani</td> <td>3.9%</td> </tr> <tr> <td>Asian, Asian British or Asian Welsh: Other Asian</td> <td>0.5%</td> </tr> <tr> <td>Black, Black British, Black Welsh, Caribbean or African: African</td> <td>1.8%</td> </tr> <tr> <td>Black, Black British, Black Welsh, Caribbean or African: Caribbean</td> <td>0.3%</td> </tr> </tbody> </table>	Ethnicity	% Tameside	Asian, Asian British or Asian Welsh: Bangladeshi	2.5%	Asian, Asian British or Asian Welsh: Chinese	0.6%	Asian, Asian British or Asian Welsh: Indian	1.6%	Asian, Asian British or Asian Welsh: Pakistani	3.9%	Asian, Asian British or Asian Welsh: Other Asian	0.5%	Black, Black British, Black Welsh, Caribbean or African: African	1.8%	Black, Black British, Black Welsh, Caribbean or African: Caribbean	0.3%
Ethnicity	% Tameside																			
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Black, Black British, Black Welsh, Caribbean or African: Caribbean	0.3%																			

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				Black, Black British, Black Welsh, Caribbean or African: Other Black	0.2%
				Mixed or Multiple ethnic groups: White and Asian	0.6%
				Mixed or Multiple ethnic groups: White and Black African	0.4%
				Mixed or Multiple ethnic groups: White and Black Caribbean	0.8%:
				Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	0.4%
				White: English, Welsh, Scottish, Norther Irish or British	82.4%
				White: Irish	0.7%
				White: Gypsy or Irish Traveller	0.0%
				White Roma	0.0%
				White: Other White	2.4%
				Other ethnic group: Arab	0.2%
				Other ethnic group: Any other ethnic group	0.6%
			The statistics for carers are:		
				Ethnicity	% Carers
				Asian, Asian British or Asian Welsh: Bangladeshi	1.8%
				Asian, Asian British or Asian Welsh: Chinese	0.2%

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				Asian, Asian British or Asian Welsh: Indian	1%
				Asian, Asian British or Asian Welsh: Pakistani	2.5%
				Asian, Asian British or Asian Welsh: Other Asian	0.8%
				Black, Black British, Black Welsh, Caribbean or African: African	0.3%
				Black, Black British, Black Welsh, Caribbean or African: Caribbean	-
				Black, Black British, Black Welsh, Caribbean or African: Other Black	0.2%
				Mixed or Multiple ethnic groups: White and Asian	-
				Mixed or Multiple ethnic groups: White and Black African	-
				Mixed or Multiple ethnic groups: White and Black Caribbean	-
				Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	0.2%
				White: English, Welsh, Scottish, Northern Irish or British	92.1%
				White: Irish	-
				White: Gypsy or Irish Traveller	-
				White Roma	-
				White: Other White	0.7%
				Other ethnic group: Arab	-
				Other ethnic group: Any other ethnic group	0.2%
			As of the collated data, no ethnic group is underrepresented		

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4	Gender Identity	Impacts have been considered in section 1 of this EIA and throughout entire document	Direct	Tameside has a population of 231,063, 49% of the population in Tameside identify as male, and 51% as female, which is in line with the national picture. When looking at the data for carers it is clear that carers are disproportionately female, as 70% of carers identify as female compared to 30% male.
5	Carers		Direct	<p>Data from the 2021 Census shows that 9.5% of residents (20,675) in Tameside have some kind of unpaid caring responsibilities, and 3.1% of residents (6,719) provided more than 50 hours of unpaid care a week.</p> <p>Residents in poverty are likely to have more care needs and are also more likely to have at least some of those care needs informally met, or unmet entirely. This can lead to significant financial pressures on carers and families. Research from the Joseph Rowntree Foundation has also shown that the number of families in receipt of Carer’s Allowance and in poverty has doubled from 15% in 2005-6 to 30% in 2019-20.</p> <p>Many carers also face significant difficulties in combining work with their caring responsibilities, an issue often exacerbated by inadequate support from existing systems. As a result many carers end up cutting back on hours or dropping out of the labour force entirely.</p> <p>This means that carers as a group are more vulnerable to falling into poverty than those without caring responsibility. Therefore our recommendations for alleviating poverty must target the particular issues carers face, meaning that the implantation of the Tackling Poverty in Tameside Strategy will disproportionately affect them.</p> <p>670 carers in 2022/23 accessed support from the carers service and were recorded on the LAS system.</p>
6	Choose a protected characteristic.		Choose an impact type.	
7	Choose a protected characteristic.		Choose an impact type.	

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8	Choose a protected characteristic.		Choose an impact type.	
9	Choose a protected characteristic.		Choose an impact type.	
10	Choose a protected characteristic.		Choose an impact type.	

Step 6: Plan mitigating actions

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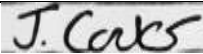

Impact No.	Impact <i>Identify the impact being addressed</i>	Mitigating Action and Rationale <i>Describe the action required to reduce the detrimental impact identified in the Impact Analysis, and explain the rationale underneath and/or intended outcome.</i>	Officer Responsible <i>Identify who is responsible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

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Step 7: Sign-off

Purpose:	For the EIA Lead Officer to sign that the EIA is complete, and for the Assistant (Director) to counter-sign that they agree with the content of the EIA and that it is sufficiently robust.
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This Equality Impact Assessment has been completed by the EIA Lead Officer:	Name:	Jennifer Cocker
	Signature:	
	Department:	Adults Carers Service
	Date:	29 September 2023
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:	29 September 2023

POST-IMPLEMENTATION REVIEW

Step 8: Review EIA after implementation

Purpose:

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

SEE INSTRUCTION:

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

- Six months after implementation
- Twelve months after implementation

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

The Post-Implementation Review can find out whether:

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

Six Months After Implementation

Twelve Months After Implementation

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

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