

EQUALITY ANALYSIS (EA) TEMPLATE

Decision

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What is the Public Sector Equality Duty (PSED)?

The Public Sector Equality Duty (PSED) is set out in the Equality Act 2010 (s.149). This requires public authorities, in the exercise of their functions, to have 'due regard' to the need to:

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

The characteristics protected by the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (gender)
- Sexual orientation

What is due regard?

- It involves considering the aims of the duty in a way that is proportionate to the issue at hand
- Ensuring real consideration is given to the aims and the impact of policies with rigour and with an open mind in such a way that influences the final decision

The general equality duty does not specify how public authorities should analyse the effect of their business activities on different groups of people. However, case law has established that equality analysis is an important way public authorities can demonstrate that they are meeting the requirements.

Case law has established the following principles apply to the PSED:

- **Knowledge** – the need to be aware of the requirements of the Equality Duty with a conscious approach and state of mind.
- **Sufficient Information** – must be made available to the decision maker.
- **Timeliness** – the Duty must be complied with before and at the time that a particular policy is under consideration or decision is taken not after it has been taken.
- **Real consideration** – consideration must form an integral part of the decision-making process. It is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- **Sufficient information** – the decision maker must consider what information he or she has and what further information may be needed in order to give proper consideration to the Equality Duty.
- **No delegation** – public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. It is a duty that cannot be delegated.
- **Review** – the duty is not only applied when a policy is developed and decided upon, but also when it is implemented and reviewed.

- Due regard should be given before and during policy formation and when a decision is taken including cross cutting ones as the impact can be cumulative.

What is an Equality Analysis (EA)?

An equality analysis is a risk assessment tool that examines whether different groups of people are, or could be, disadvantaged by service provision and decisions made. It involves using quality information, and the results of any engagement or consultation with particular reference to the protected characteristics to understand the actual effect or the potential impact of policy and decision making decisions taken.

The equality analysis should be conducted at the outset of a project and should inform policy formulation/proposals. It cannot be left until the end of the process.

The purpose of the equality analysis process is to:

- Identify unintended consequences and mitigate against them as far as possible, and
- Actively consider ways to advance equality and foster good relations.

The objectives of the equality analysis are to:

- Identify opportunities for action to be taken to advance quality of opportunity in the widest sense;
- Try and anticipate the requirements of all service users potentially impacted;
- Find out whether or not proposals can or do have any negative impact on any particular group or community and to find ways to avoid or minimise them;
- Integrate equality diversity and inclusion considerations into the everyday business and enhance service planning;
- Improve the reputation of the City Corporation as an organisation that listens to all of its communities;

However, there is no requirement to:

- Produce an equality analysis or an equality impact assessment
- Indiscriminately collect diversity data where equalities issues are not significant
- Publish lengthy documents to show compliance
- Treat everyone the same. Rather, it requires public bodies to think about people's different needs and how these can be met
- Make service homogenous or to try to remove or ignore differences between people.

An equality analysis should indicate improvements in the way policy and services are formulated. Even modest changes that lead to service improvements are important. In it is not possible to mitigate against any identified negative impact, then clear justification should be provided for this.

By undertaking an equality analysis officers will be able to:

- Explore the potential impact of proposals before implementation and improve them by eliminating any adverse effects and increasing the positive effects for equality groups
- Contribute to community cohesion by identifying opportunities to foster good relations between different groups
- Target resource more effectively
- Identify direct or indirect discrimination in current policies and services and improve them by removing or reducing barriers to equality

- Encourage greater openness and public involvement.

How to demonstrate compliance

The Key point about demonstrating compliance with the duty are to:

- Collate sufficient evidence to determine whether changes being considered will have a potential impact on different groups.
- Ensure decision makers are aware of the analysis that has been undertaken and what conclusions have been reached on the possible implications.
- Keep adequate records of the full decision making process.

In addition to the protected groups, it may be relevant to consider the impact of a policy, decision or service on other disadvantaged groups that do not readily fall within the protected characteristics, such as children in care, people who are affected by socio-economic disadvantage or who experience significant exclusion or isolation because of poverty or income, education, locality, social class or poor health, ex-offenders, asylum seekers, people who are unemployed, homeless or on a low income.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve making use of an exception or the positive action provisions in order to provide a service in a way which is appropriate for people who share a protected characteristic – such as providing computer training to older people to help them access information and services.

Taking account of disabled people's disabilities

The Equality Duty also explicitly recognises that disabled people's needs may be different from those of non-disabled people. Public bodies should therefore take account of disabled people's impairments when making decisions about policies or services. This might mean making reasonable adjustments or treating disabled people better than non-disabled people in order to meet their needs.

Deciding what needs to be assessed

The following questions can help determine relevance to equality:

- Does the policy affect service users, employees or the wider community, including City businesses?
- How many people are affected and how significant is the impact on them?
- Is it likely to affect people with particular protected characteristics differently?
- Is it a major policy, significantly affecting how functions are delivered?
- Will the policy have a significant impact on how other organisations operate in terms of equality?
- Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?
- Does the policy relate to an area with known inequalities?
- Does the policy relate to any equality objectives that have been set?

Consider:

- How the aims of the policy relate to equality.
- Which aspects of the policy are most relevant to equality?
- Aims of the general equality duty and which protected characteristics the policy is most relevant to.

If it is not clear if a policy or decision needs to be assessed through an equality analysis, a Test of Relevance screening tool has been designed to assist officers in determining whether or not a policy or decision will benefit from a full equality analysis.

Completing the Test of Relevance screening also provides a formal record of decision making and reasoning. It should be noted that the PSED continues up to and after the final decision is taken and so any Test of Relevance and/or full Equality Analysis should be reviewed and evidenced again if there is a change in strategy or decision.

Role of the assessor

An assessor's role is to make sure that an appropriate analysis is undertaken. This can be achieved by making sure that the analysis is documented by focussing on identifying the real impact of the decision and set out any mitigation or improvements that can be delivered where necessary.

Who else is involved?

Chief Officers are responsible for overseeing the equality analysis proves within departments to ensure that equality analysis exercises are conducted according to the agreed format and to a consistent standard. Departmental equality representatives are key people to consult when undertaking an equality analysis.

Depending on the subject it may be helpful and easier to involve others. Input from another service area or from a related area might bring a fresh perspective and challenge aspects differently.

In addition, those working in the customer facing roles will have a particularly helpful perspective. Some proposals will be cross-departmental and need a joint approach to the equality analysis.

How to carry out an Equality Analysis (EA)

There are five stages to completing an Equality Analysis, which are outlined in detail in the Equality Analysis toolkit and flowchart:

2.1 Completing the information gathering and research stage – gather as much relevant equality-related information, data or research as possible in relation to the policy or proposal, including any engagement or consultation with those affected;

2.3 – Developing an action plan – set out the action you will take to improve the positive impact and / or the mitigation action needed to eliminate or reduce any adverse impact that you have identified;

2.4 Director approval and sign off of the equality analysis – include the findings from the EA in your report or add as an appendix including the action plan;

2.2 Analyse the evidence – make and assessment of the impact or effect on different equality groups;

2.5 Monitor and review – monitor the delivery of the action plan and ensure that changes arising from the assessment are implemented.

The Proposal

Assessor Name:	Zoe Dhami	Contact Details:	Zoe.dhami@cityoflondon.gov.uk
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1. What is the Proposal

The Carer Strategy 2023 – 27 will identify and support carers through the complexities of their caring journey and the impacts it can have on a carers own health and wellbeing.

2. What are the recommendations?

The strategy has five priorities:

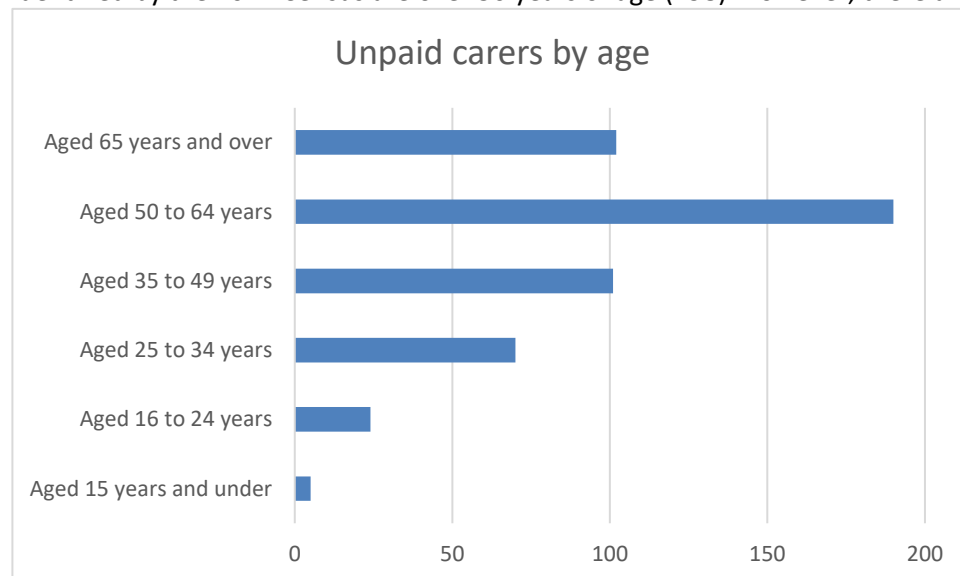
- Tailored and universal services that work for carers.
- The health and emotional wellbeing of carers.
- Early identification of carers.
- Information and advice for carers.
- Engaging with carers.

3. Who is affected by the Proposal? *Identify the main groups most likely to be directly or indirectly affected by the recommendations.*

A carer is someone who spends time looking after or helping a friend, family member or neighbour who, because of their health and care needs, would find it difficult to cope without this help. The strategy acknowledges carers regardless of their age or whether they self-identify as such. The carers group can be broken down into young carers, parent carers and adult carers. This delineation is due to different services that are currently on offer across these three groups and recognises the different needs of each.

Age - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*

There are 496 self-identified carers in the Square Mile as of the 2021 Census. This is a decrease from the 576 in 2011 census (a decrease mirrored in other local authorities). Unpaid carers make up 5.8% of the City of London population. The majority of carers identified by the 2021 Census are over 50 years of age (298). However, there are 29 aged 24 and under.



What is the proposal's impact on the equalities aim? *Look for direct impact but also evidence of disproportionate impact i.e. where a decision affects a protected group more than the general population, including indirect impact*

Both young and older carers can face direct discrimination due to age. This includes:

- **Employment:** Young or elderly unpaid carers might be denied job opportunities or promotions due to assumptions about their caregiving responsibilities affecting their job performance.
- **Training Opportunities:** Employers or institutions may not offer training or skill development opportunities to younger or older unpaid carers, presuming they might not have the time or inclination.
- **Financial Assistance:** Some support programs or grants might have age-related criteria, excluding younger or older carers from receiving financial aid.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Coproduction will be a key element in the on-going provision of services to carers, and the Carer Strategy Implementation Group will be built on to include a diverse range of unpaid carer input. Through this elements of direct and indirect discrimination can be highlighted and designed out.

Training and awareness raising delivered at part of the action plan will take into account age.

The Carer Strategy work will be linked to the joint local health and wellbeing strategy action plan. This includes a focus on improving employment for residents in the City

- Access to Services: Younger carers, especially those below the age of 18, may find knowing about and accessing social care difficult. Either due to stigma around social care and the worry that someone may be removed from the family, or because it is not brought to the attention of the young carer. While older carers might not be directed to support specifically designed for elderly individuals.

Carers will also face indirect discrimination due to age. Including:

- Lack of Flexible Working Arrangements: Policies that don't allow for flexible working hours can disproportionately impact older carers who may have specific care routines to adhere to.
- Inadequate Support Services: Services designed without considering the unique needs of older carers might inadvertently exclude them. For instance, support groups or programs primarily targeted towards middle-aged carers might not address the concerns of other age groups.
- Public Awareness and Stereotyping: The prevalent image of a 'typical' carer might exclude the younger demographic, leading to a lack of recognition and understanding of their challenges.
- Physical Accessibility: Older carers might face challenges accessing services or attending events if venues aren't elderly-friendly, such as lacking ramps or appropriate seating.
- Communication Barriers: Information might be primarily disseminated through channels more accessible to middle-aged individuals (like certain social media platforms), potentially excluding younger or older carers who may not use those channels as frequently.

Through outcome 1 of the carer strategy more will be done to ensure that all people, adult and children, are aware of what carer is and whether they are in a caring role. This proposal also includes raising awareness within primary care, secondary care, schools and other necessary points of daily contact of what a carer role is and how to identify carers. It is important to note that the identification of young carers is part of the carer strategy, however, ongoing support for young carers is covered by the early years strategy.

Through outcome 2 of the carer strategy all mediums of communication and access to information will be considered. This will include social media, postal mail outs, bulletin boards, email, flyers, pop-up sessions and video.

of London. One element will be the specific needs of carers that are in employment or those wanting to access employment.

A further component of the joint local health and wellbeing strategy is ensuring welfare services understand the specific needs of carers and can support them to access the advice they need.

Key borough statistics:

The City has proportionately more people aged between 25 and 69 living in the Square Mile than Greater London. Conversely there are fewer young people. Approximately 955 children and young people under the age of 18 years live in the City. This is 11.8% of the total population in the area. Summaries of the City of London [age profiles from the 2011 Census can be found on our website](#).

A number of demographics and projections for Demographics can be found on the [Greater London Authority website in the London DataStore](#). The site details statistics for the City of London and other London authorities at a ward level:

- [Population projections](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.

Disability

Check this box if NOT applicable

Disability - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*

According to the 2021 Census there are 98 unpaid carers in the City of London with a disability under the equality act.

What is the proposal's impact on the equalities aim? *Look for direct impact but also evidence of disproportionate impact i.e. where a decision affects a protected group more than the general population, including indirect impact*

Direct discrimination faced by unpaid carers due to disability include:

- **Employment:** Unpaid carers with disabilities may be overlooked for jobs or promotions based on misconceptions about their ability to balance caregiving and work responsibilities.
- **Training Opportunities:** Employers or institutions might not provide training or skill development opportunities to disabled carers, making assumptions about their capabilities.
- **Access to Services:** Disabled carers might be denied access to certain carer services due to physical barriers or lack of disability-friendly amenities.
- **Financial Assistance:** Some support programs may have criteria that do not take into account the additional challenges faced by carers with disabilities, making them ineligible for certain benefits.
- **Public Facilities:** Disabled unpaid carers may face direct discrimination if public facilities are not accessible or equipped to cater to their needs.

Indirect discrimination faced by unpaid carers due to disability include:

- **Lack of Accessible Information:** Important information might be disseminated in formats not accessible to all disabled carers, such as lacking sign language interpretations, Braille, or easy-read formats.
- **Inadequate Support Services:** If support services are primarily designed without considering the unique needs of carers with disabilities, they might inadvertently fail to fully support this group.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Coproduction will be a key element in the on-going provision of services to carers, and the Carer Strategy Implementation Group will be built on to include a diverse range of unpaid carer input. Through this elements of direct and indirect discrimination can be highlighted and designed out.

Training and awareness raising delivered at part of the action plan will take into account disability.

The Carer Strategy work will be linked to the joint local health and wellbeing strategy action plan. This includes a focus on improving employment for residents in the City of London. One element will be the specific needs of carers that are in employment or those wanting to access employment. Included will be consideration of barriers to disabled carers.

A further component of the joint local health and wellbeing strategy is ensuring welfare services understand the specific needs of carers and can support them to access the advice they need. Disabled carers may be entitled to further support.

<ul style="list-style-type: none"> • Public Awareness and Stereotyping: Public perceptions and stereotypes about disabled individuals can lead to misunderstandings and underestimations of their capabilities as carers. • Communication Barriers: Carers with disabilities, like hearing or speech impairments, might face challenges in communicating their needs or the needs of those they care for, leading to inadequate support. • Physical Accessibility: Indirect discrimination can occur when events for carers or the locations of services are not accessible to those with physical disabilities. • Lack of Flexible Working Arrangements: While policies that lack flexibility can affect many unpaid carers, those with disabilities might find these policies particularly limiting, given the additional challenges they face. <p>Outcome 2 will need to consider how disabilities affect access to information.</p>	
<p>Key borough statistics:</p> <p>Day-to-day activities can be limited by disability or long term illness – In the City of London as a whole, 89% of the residents feel they have no limitations in their activities – this is higher than both in England and Wales (82%) and Greater London (86%). In the areas outside the main housing estates, around 95% of the residents responded that their activities were not limited. Additional information on Disability and Mobility data, London, can be found on the London Datastore.</p>	<p>The 2011 Census identified that for the City of London’s population:</p> <ul style="list-style-type: none"> • 4.4% (328) had a disability that limited their day-to-day activities a lot • 7.1% (520) had a disability that limited their day-to-day activities a little <p>Source: 2011 Census: Long-term health problem or disability, local authorities in England and Wales</p> <p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Gender Reassignment

Check this box if NOT applicable

Gender Reassignment - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*

92.07% of the City of London population that completed the Census 2021 stated their gender as being the same as their sex registered at birth.

0.11% reported sex being different to that registered at birth but did not specify identity

0.15% reported as a trans woman

0.06% reported as a trans man

0.15% reported as non-binary

0.01% reported as all other gender identities

Based on the percent of the population that identified as carers, there may be a low number of carers that fall into the 7.03% of residents identifying differently to the sex registered at birth.

What is the proposal's impact on the equalities aim? *Look for direct impact but also evidence of disproportionate impact i.e. where a decision affects a protected group more than the general population, including indirect impact*

Direct discrimination faced by unpaid carers due to gender reassignment include:

- **Employment:** Carers who have undergone gender reassignment might be denied job opportunities or promotions based on prejudices related to their transition.
- **Training Opportunities:** Some employers or institutions might exclude carers who have undergone gender reassignment from training sessions due to biases.
- **Access to Services:** Carers who have undergone gender reassignment may face refusal or differential treatment when seeking support or services due to their trans status.
- **Financial Assistance:** Biases related to gender reassignment might influence the allocation of grants or financial support, leading to potential exclusion.
- **Public Perception:** Carers who have undergone gender reassignment might encounter derogatory comments, biases, or prejudiced behavior based on their transition.

Indirect discrimination faced by unpaid carers due to gender reassignment include:

- **Lack of Inclusive Support:** Services or support groups primarily designed for cisgender carers might not address the unique concerns of carers who have undergone gender reassignment.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Coproduction will be a key element in the on-going provision of services to carers, and the Carer Strategy Implementation Group will be built on to include a diverse range of unpaid carer input. Through this elements of direct and indirect discrimination can be highlighted and designed out. This will also include consideration as to whether support groups that are for carers that have had gender reassignment are necessary.

Further, there may be work with carers that can tailor communication to better suit carers that have gone through gender reassignment.

The carer strategy work will be linked to the joint local health and wellbeing strategy action plan. This includes a focus on improving employment for residents in the City of London. One element will be the specific needs of carers that are in employment or those wanting to access employment.

<ul style="list-style-type: none"> • Public Awareness and Stereotyping: Misunderstandings or stereotypes related to gender reassignment can lead to misconceptions about the roles and challenges of these carers. • Inadequate Representation: Carers who have undergone gender reassignment might feel underrepresented in carer advocacy groups, support organizations, or media portrayals. • Service Design: Services that are not tailored to address the unique challenges or experiences of carers who have undergone gender reassignment might inadvertently exclude or inadequately serve them. • Lack of Culturally Sensitive Care: The distinct experiences of transgender and gender-diverse individuals might not be considered when designing support or services for carers, leading to potential cultural insensitivity. • Assumptions about Medical Needs: There might be unwarranted assumptions about the medical or psychological needs of carers who have undergone gender reassignment, which can influence the type and quality of care or support they receive. 	
<p>Key borough statistics:</p> <ul style="list-style-type: none"> • Gender Identity update 2009 - ONS 	<p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Pregnancy and Maternity

NOT applicable

Pregnancy and Maternity - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*

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What is the proposal's impact on the equalities aim? *Look for direct impact but also evidence of disproportionate impact i.e. where a decision affects a protected group more than the general population, including indirect impact*
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Key borough statistics:

Under the theme of population, the [ONS website](#) has a large number of data collections grouped under:

- [Contraception and Fertility Rates](#)
- [Live Births](#)

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

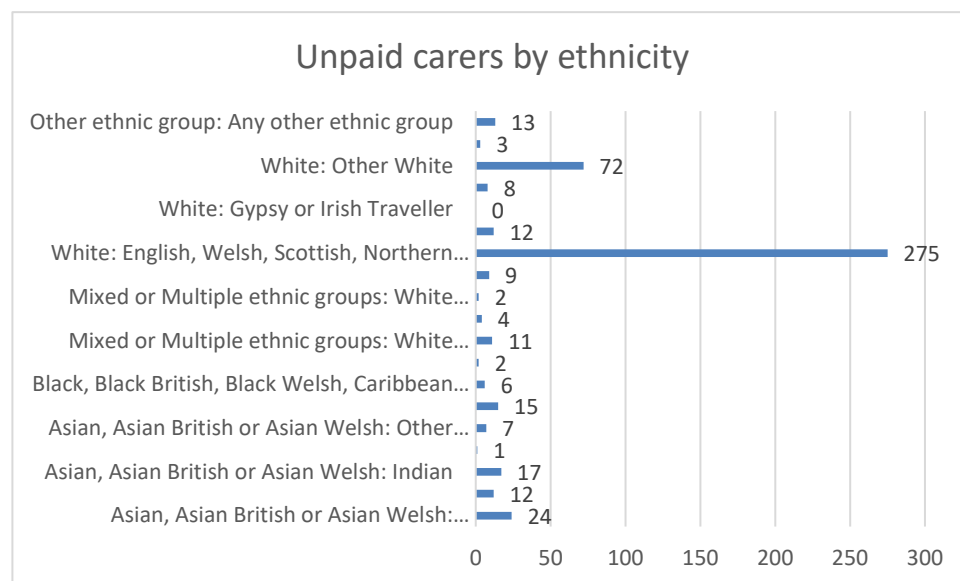
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NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.

Race

Check this box if NOT applicable

Race - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*



The majority of carers are from all British white and white minority groups. However, 126 carers are from a ethnic minority background. The largest ethnic minority group is Bangladeshi, with 24 carers.

Ethnicity	Count
Asian, Asian British or Asian Welsh: Bangladeshi	24
Asian, Asian British or Asian Welsh: Chinese	12
Asian, Asian British or Asian Welsh: Indian	17
Asian, Asian British or Asian Welsh: Pakistani	1
Asian, Asian British or Asian Welsh: Other Asian	7
Black, Black British, Black Welsh, Caribbean or African: African	15
Black, Black British, Black Welsh, Caribbean or African: Caribbean	6
Black, Black British, Black Welsh, Caribbean or African: Other Black	2
Mixed or Multiple ethnic groups: White and Asian	11
Mixed or Multiple ethnic groups: White and Black African	4
Mixed or Multiple ethnic groups: White and Black Caribbean	2

Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	9
White: English, Welsh, Scottish, Northern Irish or British	275
White: Irish	12
White: Gypsy or Irish Traveller	0
White: Roma	8
White: Other White	72
Other ethnic group: Arab	3
Other ethnic group: Any other ethnic group	13

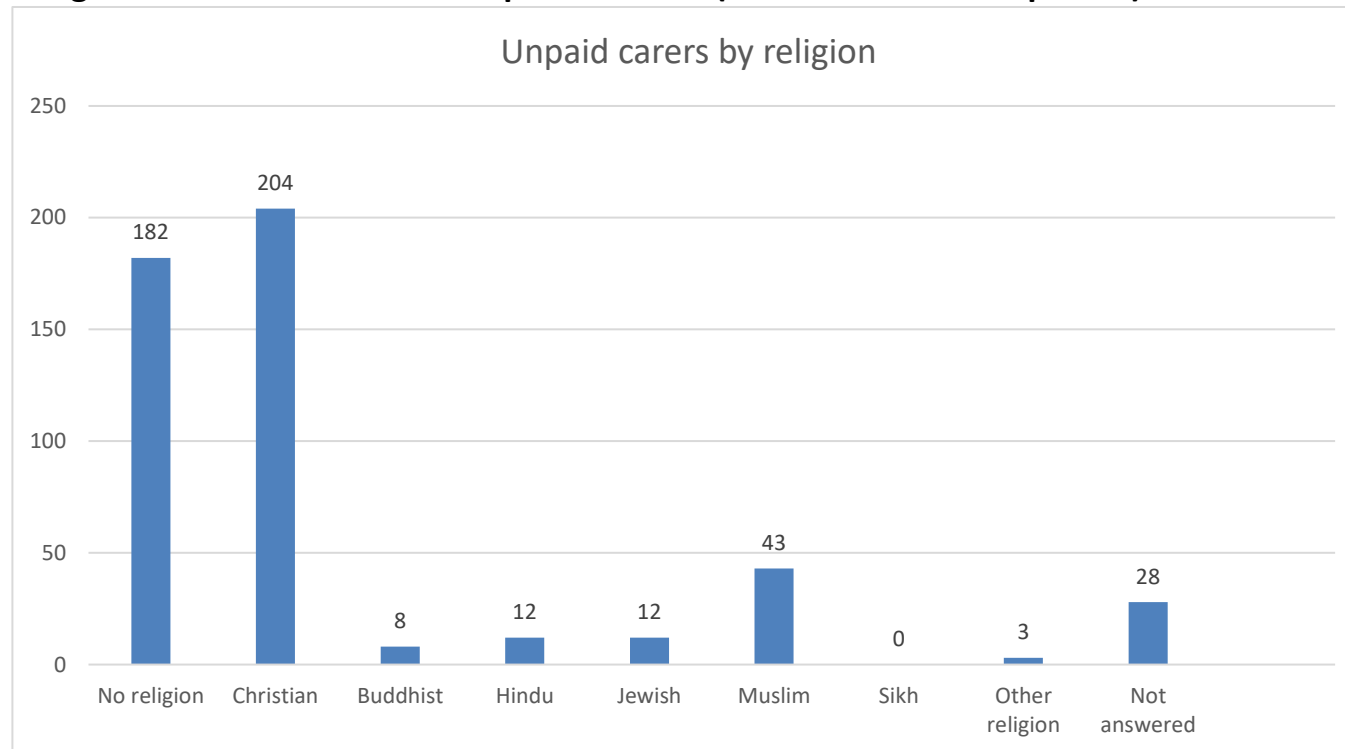
<p>What is the proposal’s impact on the equalities aim? <i>Look for direct impact but also evidence of disproportionate impact i.e. where a decision affects a protected group more than the general population, including indirect impact</i></p> <p>Direct discrimination faced by carers due to race include:</p> <ul style="list-style-type: none"> • Employment: Unpaid carers from racial and ethnic minorities might be denied job opportunities or promotions based on biases or stereotypes related to their racial background. • Training Opportunities: Employers or institutions may deny training or skill development opportunities to carers from certain racial or ethnic backgrounds based on prejudices. • Access to Services: Carers from racial and ethnic minority backgrounds may face refusal or differential treatment when seeking support or services due to their race. • Financial Assistance: Racial biases might influence the allocation of grants or financial support, leading to carers from certain backgrounds being unfairly overlooked. • Public Perception: Unpaid carers from minority racial backgrounds may face derogatory comments or prejudiced behaviour based on their race. <p>Indirect discrimination faced by carers due to race include:</p> <ul style="list-style-type: none"> • Cultural Insensitivity: Services designed without considering the diverse cultural needs and practices of carers from different racial backgrounds might inadvertently exclude or inadequately serve them. • Lack of Representation: Racial and ethnic minority carers might feel underrepresented in carer advocacy groups, support organizations, or in media 	<p>What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?</p> <p>Training and awareness raising delivered at part of the action plan will take into account race.</p> <p>This work will be incorporated into the wider employment workstream from the joint local health and wellbeing strategy, discussed above. (linked with outcome 3 of carer strategy).</p>
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<p>portrayals of carers.</p> <ul style="list-style-type: none"> • Language Barriers: Important information and support services may not be available in multiple languages, making it challenging for carers who speak languages other than English to access them. • Public Awareness and Stereotyping: Stereotypes associated with certain racial or ethnic groups can lead to misconceptions about their roles and challenges as carers. • Inadequate Networking Opportunities: Support groups or networking events might not be inclusive of or tailored to the unique experiences of carers from diverse racial backgrounds. • Cultural Stigmas: Certain racial or ethnic communities might have cultural stigmas associated with caregiving or seeking external support, indirectly placing additional pressures on carers. <p>Outcome 2 of the strategy includes a public campaign to help carers identify themselves in that role. Part of the work to develop this will be understanding the stigmas around caring for different roles in terms of getting help when it is expected of you, or the types of service support available. Included will also be what languages the campaign should be in and what community people may be best to shared information with different ethnic groups.</p>	
<p>Key borough statistics:</p> <p>Our resident population is predominantly white. The largest minority ethnic groups of children and young people in the area are Asian/Bangladeshi and Mixed – Asian and White. The City has a relatively small Black population, less than London and England and Wales. Children and young people from minority ethnic groups account for 41.71% of all children living in the area, compared with 21.11% nationally. White British residents comprise 57.5% of the total population, followed by White-Other at 19%.</p>	<p>The second largest ethnic group in the resident population is Asian, which totals 12.7% - this group is fairly evenly divided between Asian/Indian at 2.9%; Asian/Bangladeshi at 3.1%; Asian/Chinese at 3.6% and Asian/Other at 2.9%. The City of London has the highest percentage of Chinese people of any local authority in London and the second highest in England and Wales. The City of London has a relatively small Black population comprising 2.6% of residents. This is considerably lower than the Greater London wide percentage of 13.3% and also smaller than the percentage for England and Wales of 3.3%.</p> <p>See ONS Census information or Greater London Authority projections.</p> <p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Religion or Belief

Check this box if NOT applicable

Religion or Belief - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*



What is the proposal's impact on the equalities aim? *Look for direct impact but also evidence of disproportionate impact i.e. where a decision affects a protected group more than the general population, including indirect impact*

Direct discrimination faced by carers due to religious beliefs:

- **Employment:** Unpaid carers might be denied job opportunities or promotions based on prejudices related to their religious beliefs or practices.
- **Training Opportunities:** Some employers or institutions may exclude carers from training or development sessions due to biased perceptions related to their religion.
- **Access to Services:** Unpaid carers may face refusal or differential treatment in accessing carer services based on their religious affiliation.

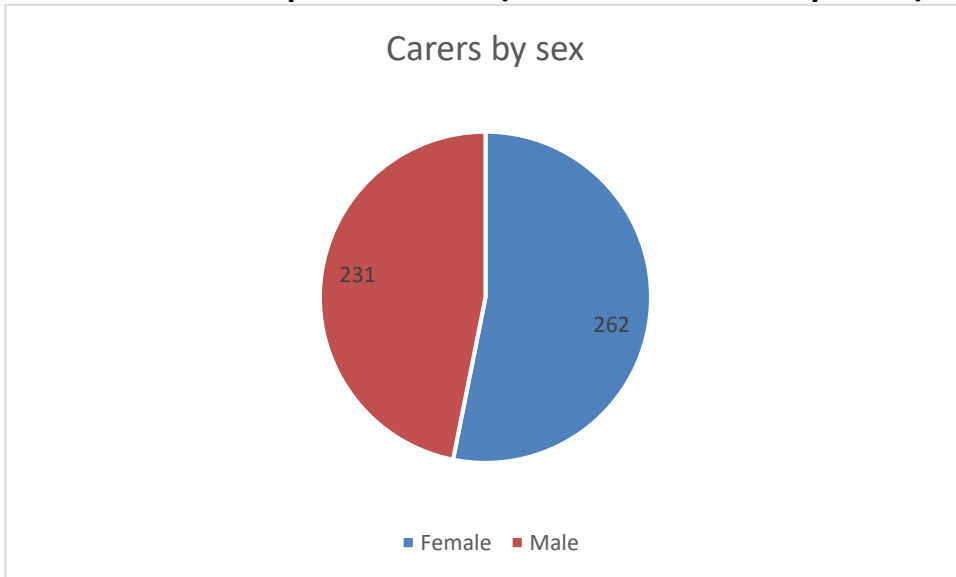
What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Given the wide range of religions and beliefs among carers coproduction will be central to ensuring services, peer groups and activities cater to all religious requirements and make all carers feel welcomed. (Linked to outcome 3).

Training and awareness raising delivered at part of the action plan will take into account race.

<ul style="list-style-type: none"> • Public Interaction: Carers might encounter derogatory comments, biases, or prejudiced behaviour from the public or professionals based on their religious attire or practices. • Financial Assistance: Biases related to religion or beliefs may influence the allocation of grants or support to certain carers. <p>Indirect discrimination faced by carers due to religious beliefs:</p> <ul style="list-style-type: none"> • Lack of Cultural and Religious Sensitivity: Services or support that do not consider the diverse religious practices and requirements may inadvertently exclude or inadequately serve carers of certain faiths. • Scheduling Conflicts: Training sessions, support group meetings, or events that are scheduled during religious observances or holidays can limit participation for carers of certain faiths. • Dietary Restrictions: Events or facilities that do not cater to the dietary restrictions of various religions can be excluding. • Public Awareness and Stereotyping: Misunderstandings or stereotypes related to certain religions can lead to misconceptions about the roles, challenges, or capabilities of carers from those religious backgrounds. • Lack of Representation: Carers from certain religious groups might feel underrepresented or misunderstood in advocacy groups or support organizations. • Cultural Stigmas: Some religious communities might have internal stigmas or beliefs regarding caregiving, seeking external support, or discussing certain health conditions, indirectly placing additional pressures or challenges on carers. <p>The public campaign in outcome 2 to help residents identify as carers will take into consideration the stigma around support services or as accepting a carer role that may come from certain religions and beliefs. This will be done through coproducing the campaign with carers.</p>	
<p>Key borough statistics – sources include:</p> <p>The ONS website has a number of data collections on religion and belief, grouped under the theme of religion and identity.</p> <p>Religion in England and Wales provides a summary of the Census 2011 by ward level</p>	<p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Sex - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*



What is the proposal’s impact on the equalities aim? *Look for direct impact but also evidence of disproportionate impact i.e. where a decision affects a protected group more than the general population, including indirect impact*

Direct discrimination faced by carers due to sex include:

- Employment: Female carers, in particular, might be denied job opportunities or promotions due to societal perceptions about their primary role being caregivers.
- Training Opportunities: Some employers or institutions might limit training or development opportunities for carers of a specific sex based on biases or stereotypes.
- Access to Services: Carers of one sex might face refusal or differential treatment in accessing carer services based on preconceived notions related to gender roles.
- Financial Assistance: Gender biases might influence the allocation of grants or financial support, with one sex being prioritised over the other.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Through the employment work of the joint local health and wellbeing strategy, significant consideration will be given to female workers and female carers will be included in this. There are direct and indirect discrimination that will greatly impact female carers that are either in work or are seeking employment. (Linked to outcome 3).

Training and awareness raising delivered at part of the action plan will take into account sex.

Coproduction will also ensure that support groups and activities are targeted at the right sex where it may be necessary to offer single sex support.

<ul style="list-style-type: none"> Public Perception: Male carers, for instance, might face comments or attitudes that challenge their role as caregivers, given societal expectations of caregiving as a "female" role. <p>Indirect discrimination faced by carers due to sex include:</p> <ul style="list-style-type: none"> Societal Expectations: Societal norms and expectations regarding gender roles can lead to undue pressure or lack of recognition for carers, especially for those who do not fit traditional caregiving moulds. Lack of Representation: Carers of a specific sex, particularly male carers, might feel underrepresented in advocacy groups, support organizations, or media portrayals. Assumptions about Capabilities: Stereotypes about what each gender is "naturally suited" for might lead to assumptions about the capabilities or limitations of carers based on their sex. Public Awareness and Stereotyping: Misconceptions about caregiving roles based on gender can result in reduced awareness or understanding of the challenges faced by carers of a specific sex. Service Design: Services designed with a gender bias (e.g., mainly catering to female carers) might inadvertently exclude or inadequately serve carers of the other sex. Support Group Dynamics: Some support groups might lean heavily towards one gender's experiences, potentially making it challenging for carers of the opposite sex to relate or benefit fully. 	
<p>Key borough statistics:</p> <p>At the time of the 2011 Census the usual resident population of the City of London could be broken up into:</p> <ul style="list-style-type: none"> 4,091 males (55.5%) 3,284 females (44.5%) 	<p>A number of demographics and projections for demographics can be found on the Greater London Authority website in the London DataStore. The site details statistics for the City of London and other London authorities at a ward level:</p> <ul style="list-style-type: none"> Population projections <p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Sexual Orientation

Check this box if NOT applicable

Sexual Orientation - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*

79.28% of City residents that undertook the census 2021 reported as heterosexual or straight.

7.58% reported as gay or lesbian

2.31% reported as bisexual

0.29% reported as pansexual

0.06% reported as asexual

0.10% reported as queer

0.01% reported as all other sexual orientations

10.37% did not answer.

Based on self-identified carers making up 5.8% of the population it can be estimated that a small number (around 50) may identify with a sexual orientation other than heterosexual or straight.

What is the proposal's impact on the equalities aim? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

Direct discrimination faced by carers due to sexual orientation include:

- Employment: Carers identifying as LGBTQ+ might be denied job opportunities or promotions based on biases related to their sexual orientation.
- Training Opportunities: Some employers or institutions might exclude carers based on their sexual orientation from training or development sessions.
- Access to Services: LGBTQ+ carers might face refusal or differential treatment when seeking support or services based on their sexual orientation.
- Financial Assistance: Biases related to sexual orientation might influence the allocation of grants or financial support to certain carers.
- Public Perception: Carers from the LGBTQ+ community might face derogatory comments, biases, or prejudiced behaviour based on their sexual orientation.

Indirect discrimination faced by carers due to sexual orientation include:

- Lack of Inclusive Support: Services or support groups primarily designed for heterosexual carers might not address the unique concerns of LGBTQ+ carers.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Coproduction will ensure that support groups and activities are available for carers that may want specific non heterosexual groups, and work will be undertaken to make them feel comfortable in all support groups. (Linked to outcome 3).

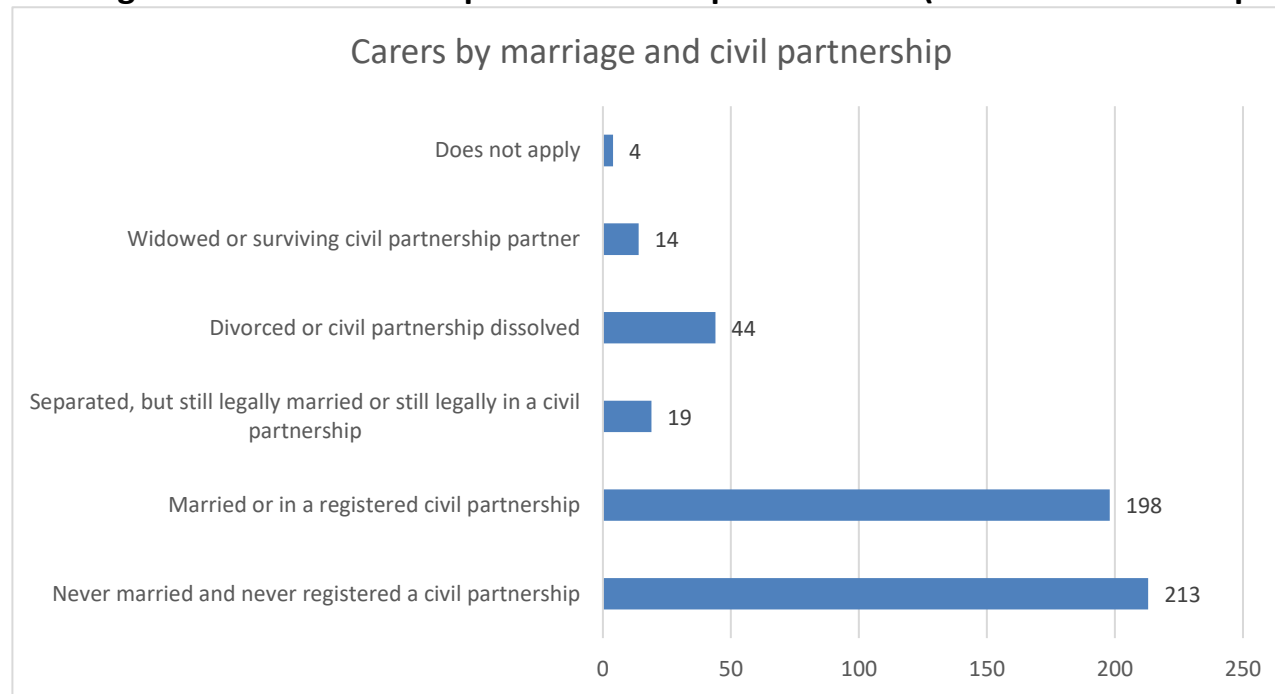
Training and awareness raising delivered at part of the action plan will take into account sex.

<ul style="list-style-type: none"> • Public Awareness and Stereotyping: Misunderstandings or stereotypes related to sexual orientation can lead to misconceptions about the roles and challenges of LGBTQ+ carers. • Inadequate Representation: LGBTQ+ carers might feel underrepresented in carer advocacy groups, support organizations, or media portrayals. • Assumptions about Family Dynamics: There might be assumptions about the familial relationships and dynamics of LGBTQ+ carers, leading to misinformed advice or support. • Service Design: Services not tailored to address the unique challenges or experiences of LGBTQ+ carers might inadvertently exclude or inadequately serve them. • Lack of Culturally Sensitive Care: The unique cultural or community-related experiences of LGBTQ+ individuals might not be considered when designing support or services for carers, potentially resulting in cultural insensitivity. <p>Outcome 2 of the strategy includes a public campaign to help carers identify themselves in that role. Part of the work to develop this will be understanding the stigmas around caring due to sexual orientation. This will also be extended to other actions in outcome 2 about ensuring relevant and needed information is accessible. Where applicable, links will be made with organisations that already have the expertise to support people facing different difficulties with caring.</p>	
<p>Key borough statistics:</p> <ul style="list-style-type: none"> • Sexual Identity in the UK – ONS 2014 • Measuring Sexual Identity - ONS 	<p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Marriage and Civil Partnership

Check this box if NOT applicable

Marriage and Civil Partnership - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*



What is the proposal's impact on the equalities aim? *Look for direct impact but also evidence of disproportionate impact i.e. where a decision affects a protected group more than the general population, including indirect impact*

Direct discrimination faced by carers that are married or in a civil partnership include:

- Employment: Carers in a marriage or civil partnership might be denied job opportunities or promotions based on assumptions about their caregiving responsibilities toward their spouse or partner.
- Training Opportunities: Employers or institutions might exclude carers in a marriage or civil partnership from training sessions, assuming they have other "family" commitments.
- Access to Services: Carers in a marriage or civil partnership might face

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Training and awareness raising delivered at part of the action plan will take into account marriage and civil partnership.

differential treatment when seeking support or services based on their marital status.

- Financial Assistance: Certain grants or support programs might prioritise or deprioritise carers based on their marital status, leading to potential exclusion.
- Public Perception: Carers in a marriage or civil partnership might face comments or attitudes suggesting that their primary role should be to support their spouse or partner, regardless of other commitments.

Indirect discrimination faced by carers that are married or in a civil partnership include:

- Societal Expectations: Societal norms regarding the roles and responsibilities of those in a marriage or civil partnership might lead to undue pressure or lack of recognition for these carers.
- Lack of Recognition: The unique challenges faced by carers who are married or in a civil partnership, such as balancing caregiving duties for their spouse or partner with other responsibilities, might not be adequately recognised.
- Assumptions about Support: There might be assumptions that carers in a marriage or civil partnership receive more personal support, thereby reducing the perceived need for external assistance.
- Public Awareness and Stereotyping: Stereotypes related to marital roles and responsibilities can result in reduced understanding or misconceptions about the challenges faced by carers in a marriage or civil partnership.
- Service Design: Services primarily designed without considering the unique challenges of those in a marriage or civil partnership might inadvertently exclude or inadequately serve them.

Outcome 2 of the strategy includes a public campaign to help carers identify themselves in that role. Part of the work to develop this will be understanding the stigmas around caring whether in a marriage, civil partnership or not. In all circumstances there will be differing stigmas that may need to be overcome (for example a spouse thinking caring is duty included in marriage) or acknowledgment that whatever partnership a carer is in, that their role requires the same support. This will be done working with carers.

Outcome 3 actions include ensuring support for people whose caring role has come to an end, through counselling, peer support or welfare aid.

Key borough statistics – sources include:

- [The 2011 Census contain data broken up by local authority on marital and civil partnership status](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.

Additional Impacts on Advancing Equality and Fostering Good Relations

NOT applicable

Additional Equalities Data (Service Level or Corporate)

Click or tap here to enter text.

Are there any additional benefits or risks of the proposals on advancing equality and fostering good relations not considered above?

Click or tap here to enter text.

What actions can be taken to avoid or mitigate any negative impact on advancing equality or fostering good relations not considered above? Provide details of how effective the mitigation will be and how it will be monitored.

Click or tap here to enter text.

This section seeks to identify what additional steps can be taken to promote these aims or to mitigate any adverse impact. Analysis should be based on the data you have collected above for the protected characteristics covered by these aims.

In addition to the sources of the information highlighted above – you may also want to consider using:

- Equality monitoring data in relation to take-up and satisfaction of the service
- Equality related employment data where relevant
- Generic or targeted consultation results or research that is available locally, London-wide or nationally
- Complaints and feedback from different groups.

Additional Impacts on Social Mobility

Check this box if NOT applicable

Additional Social Mobility Data (Service level or Corporate)

NONE

Are there any additional benefits or risks of the proposals on advancing Social Mobility?

The Carer Strategy 2023-27 will have added benefits to improving the social mobility of carers due to the following:

- There is a focus on early identification of carers and ensuring that carers get the support they need in a timely manner. This should mitigate financial loss from crisis situations.
- There is a focus on helping carers identify themselves which should again mitigate financial loss from crisis situations.
- The strategy is closely linked to the Joint Local Health and Wellbeing Strategy that is aimed at reducing the impact of economic determinants of health.

What actions can be taken to avoid or mitigate any negative impact on advancing Social Mobility not considered above?

Provide details of how effective the mitigation will be and how it will be monitored.

Click or tap here to enter text.

This section seeks to identify what additional steps can be taken to promote the aims or to mitigate any adverse impact on social mobility. This is a voluntary requirement (agreed as policy by the Corporation) and does not have the statutory obligation relating to protected characteristics contained in the Equalities Act 2010. Analysis should be based on the data you have available on social mobility and the access of all groups to employment and other opportunities. In addition to the sources of information highlighted above – you may also want to consider using:

- Social Mobility employment data
- Generic or targeted social mobility consultation results or research that is available locally, London-wide or nationally
- Information arising from the Social Mobility Strategy/Action Plan and the Corporation's annual submissions to the Social Mobility Ind

Conclusion and Reporting Guidance

Set out your conclusions below using the EA of the protected characteristics and submit to your Director for approval.

If you have identified any negative impacts, please attach your action plan to the EA which addresses any negative impacts identified when submitting for approval.

If you have identified any positive impacts for any equality groups, please explain how these are in line with the equality aims.

Review your EA and action plan as necessary through the development and at the end of your proposal/project and beyond.

Retain your EA as it may be requested by Members or as an FOI request. As a minimum, refer to any completed EA in background papers on reports, but also include any appropriate references to the EA in the body of the report or as an appendix.

This analysis has concluded that ...

The analysis has indicated that the Carers Strategy 2023-27 will have a positive impact on carers as this is the first strategy to have been developed with unpaid carers throughout the process through the Carer Strategy Implementation Group and collaborative work will be built on through the actions. This is further ossified by current work on collaboration, reward and recognition of volunteers being undertaken in the department.

The analysis has highlighted that professionals and other front line staff need to understand how protected characteristics can all add challenges and nuances to the carer role which need to be understood in order to provide the best support. The Carers Strategy will make specific reference to how the action plan will ensure that any negative impact is avoided or mitigated, and to better advance equality and foster good relations.

Outcome of analysis – check the one that applies

Outcome 1

No change required where the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

Outcome 2

Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustment will remove the barriers identified.

Outcome 3

Continue despite having identified some potential adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should be in line with the duty to have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.

Outcome 4

Stop and rethink when an assessment shows actual or potential unlawful discrimination.

Signed off by Director: *Click or tap here to enter text.*

Name: *Click or tap here to enter text.*

Date *Click or tap to enter a date.*