Tameside Metropolitan Borough

Tameside Metropolitan Borough Council - Equality Impact Assessment (EIA) Form

Subject / Title	Tameside Early Help Strategy 2023-2026	
Team	**Department**	**Directorate**
Early Help	Children's Services	Children's
Start Date		**Completion Date**
08.03.23		11.05.23
Project Lead Officer	Paula Sumner	
Contract / Commissioning Manager	Paula Sumner	
Assistant Director/ Director	Ali Stathers-Tracey	

EIA Group (lead contact first)	Job title	Service
Paula Sumner	Assistant Director of Early Help and Partnerships	Children's Services
Roseanna Wain-Basaran	Policy Officer	Policy, Performance and Intelligence
Charlotte Lee	Population Health Programme Manager	Population Health - Health Population Health - Health Improvement
Ali Stathers-Tracey	Director of Children's Services	Children's Services

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to,

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people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	What is the project, proposal or service / contract change?	Tameside Early Help Strategy 2023-2026
1b.	What are the main aims of the project, proposal or service / contract change?	This Tameside Early Help Strategy 2023-2026, builds on the previous Tameside Early Help Strategies of 2017 and 2020, by setting the scene both locally and nationally. It provides clear priorities and accountability to improve and enhance, at pace, the Tameside Early Help approach and offer, ensuring it remains responsive to the needs of the children and families within the Borough. The Tameside Early Help Strategy 2023-26 is a partnership document which underpins our strong commitment to early intervention, aligning with our refreshed approach to thresholds as contained with the Tameside Framework for Help and Support. The strategy also identifies recommendations focusing around six themes: authentic system leadership, effective partnerships and an integrated team, asset based focus, workforce and development, data and improvements, communication and engagement. Recommendations span from reviewing and updating online Service Information Directory to improving access to information between organisations and ensuring joined up commissioning across all services supporting families.

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.				
Protected Characteristic	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact/Relevance	Explanation
Age	x			In Tameside, there are 231,063 people in total. The total breakdown based on age is shown below. <table><tr><td colspan="3">**Census 2021**</td></tr><tr><td>**Age Group**</td><td>**% Tameside**</td><td>**% England and Wales**</td></tr><tr><td>0-9</td><td>12.3</td><td>11.3</td></tr></table>

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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

Within Tameside, since 2011 there has been an increase of 8.5% in children aged under 15 years. Early Help is likely to be accessed by families consisting of people of all ages. However, the primary aim is to improve families' resilience and reduce the likelihood of a problem getting worse[1], in order to promote the best outcomes for children and young people.

The proportion of children and young people within each age group who are the subject of an Early Help Assessment (EHA) are shown in the table below.

Early Help Assessment Data (30.03.23)		
Age Group	**Number**	**%**
Aged under 1 up to 3 years	79	14.1
Aged 4-8 years	165	29.4
Aged 9-13 years	183	32.6
Aged 14-18 years	135	24.0

As early help is intended to be accessed by families with children, it is likely that people aged 0-18 will be most likely to be impacted. Additionally, as young people aged between 9-13 years are the age group most commonly the subject of an Early Help Assessment, children within this age bracket and families including a child aged between 9-13 years may be particularly affected by any changes to the delivery of Early Help. However, given that the Early Help Offer can be accessed by families made up of people of any age and is designed to assist the family as a whole, it is not foreseen that the implementation of the

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[1] Early Help System Guide (publishing.service.gov.uk)55

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				Early Help Strategy 2023-2026 will discriminate on the basis of age.
Disability	**x**			Data from the 2021 Census shows that 9.6% of people in Tameside are disabled under the Equality Act 2010.[2] 4.1% of pupils in Tameside have an Education, Health Care Plan compared to 4.0% of children in England (2021/22). 13.6% of pupils in Tameside have Special Educational Needs (SEN) compared to 12.6% of all pupils across England (2022). Disability also increases a family's likelihood of experiencing poverty, increasing the likelihood that they may need additional support through Early Help. Research from the Joseph Rowntree Foundation shows that of all the families in poverty, just under half include someone who is disabled and that poverty is particularly high where there are both disabled adults and children in the family; at 40%, it is more than double the rate of families where no-one is disabled.[3]
Ethnicity		x		The Early Help offer is available to all families and children meeting the relevant threshold regardless of ethnicity. It is intended that the proposals are inclusive and therefore would not discriminate against people on the basis of their race or ethnicity. However, the implementation of the early help strategy 2023-2026 must take into account the specific challenges faced by BAME families including discrimination and structural inequalities and

Within the Disability row:

Early Help Assessment Data (EHA) (30.03.23)		
Characteristic of child/young person	Number	%
Is disabled	85	15.1%
Is not disabled	477	84.9%

The available data shows that 15.1% of children and young people who are the subject of an Early Help Assessment have a disability. Children and young people with disabilities may be more likely to have involvement with Early Help and supporting services, highlighting that any changes to the delivery of Early Help through the implementation of a new Early Help Strategy 2023-2026 may disproportionately impact young people with a disability.

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[2] Disability age standardised - Census Maps, ONS
[3] UK poverty 2022: the essential guide to understanding poverty in the UK', Joseph Rowntree Foundation, January 2022, page 59; https://www.jrf.org.uk/report/uk-poverty-2022.

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provide holistic support.[4]

Early Help Assessment Data (30.03.23)		
Ethnicity of child/young person	Number	%
(British) Bangladeshi	12	2.1%
(British) Indian	4	0.7%
(British) Pakistani	25	4.4%
African	2	0.4%
Any Other Group	11	2.0%
Black & White	1	0.2%
Black British	4	0.7%
British Asian	2	0.4%
British, Mixed British	69	12.3%
Chinese	3	0.5%
English	106	18.9%
Mixed Black(Combination of These)	2	0.4%
Mixed White	3	0.5%
Nigerian	1	0.2%
Not Known at this Stage	3	0.5%
Other Black (Not Specified)	4	0.7%
Other European	5	0.9%
Other Mixed (Within Combination Above)	5	0.9%
Other White (No Mixed Race Description Given)	2	0.4%
Polish	5	0.9%
White & Black African	4	0.7%

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[4] Supporting early intervention that works for minority ethnic families | Early Intervention Foundation (eif.org.uk)

				White & Black Caribbean	11	2.0%
				White British	252	44.8%
				(blank)	26	4.6%
				Grand Total	562	100.0%

2021 Census Data (NOMIS)	
Ethnicity of usual residents in Tameside (%)	100
Asian, Asian British or Asian Welsh	9.2
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	2.3
Black, Black British, Black Welsh, Caribbean or African: African	1.8
Black, Black British, Black Welsh, Caribbean or African: Caribbean	0.3
Black, Black British, Black Welsh, Caribbean or African: Other Black	0.2
Black, Black British, Black Welsh of African background: Nigerian	0.3
Mixed or Multiple ethnic groups	2.1
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	85.5
White: English, Welsh, Scottish, Northern Irish or British	82.4
White: Irish	0.7
White: Gypsy or Irish Traveller	0

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				White: Roma	0
				White: Polish	0.9
				White: Other White	2.4
				Other ethnic group	0.8
				Other ethnic group: Arab	0.2
				Other ethnic group: Any other ethnic group	0.6

When comparing the key trends between the EHA data for ethnicity of children/young people and the census data for Tameside the following trends emerge:
- Broadly, children/young people identifying as ethnically Asian are slightly under-represented in Early Help Assessments. 7.2% of those subject to an EHA identify as Asian, compared with 9.2% general population of Tameside in accordance with the 2021 census.
- However, children/young people who identify as Pakistani are slightly over-represented in EHAs, making up 4.4% of children subject to an EHA whereas, people identifying as Pakistani only make up 3.9% of residents in Tameside according to the 2021 census.
- White British/English children are most commonly the subject of an EHA. However, Children/young people identifying as White British/English are disproportionately under-represented within EHAs, making up 63.7% of children who have been part of an EHA, yet according to the 2021 census 82.4% of residents in Tameside identify this way.
- Children/young people identifying as fitting within the mixed or multiple ethnic groups category are significantly over-represented within EHAs. Census data indicates residents identifying as mixed account for 2.1% of the population of Tameside, however, when the descriptors indicating mixed ethnic identity from the EHA data are compiled (British, Mixed British; Black & White; Mixed Black (Combination of These); Mixed White, Other Mixed (Within Combination Above); White & Black African; White & Black Caribbean), children identifying as mixed account for 17% of children who have been involved with an EHA.

Early Help operates within the neighbourhood model. The neighbourhoods within Tameside are: North (Ashton), South (Hyde, Hattersley and Longdendale), East (Stalybridge, Mossley and Dukinfield) and West (Denton, Droylsden and Audenshaw).

![Tameside Metropolitan Borough logo]

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				In terms of neighbourhood demographics, the North Neighbourhood has the most ethnic diversity, followed by the South, West and East. Research also suggests that areas with the highest BAME populations in Greater Manchester are often those with the highest child poverty rates.[5]
				In the North Neighbourhood, 71.95% of people identify as White, 21.20% of people identify as Asian, Asian British, or Asian Welsh, 3.26% identify as Black, Black British, Black Welsh, Caribbean or African, 2.15% identify as Mixed or Multiple ethnic groups, 1.44% identify as another ethnic group. The North also had the highest proportion of people identifying as 'White: Other White' (3.96%).
				The North Neighborhood has both the highest proportion of resident's who's main language is not English and cannot speak English well (2.97%) and who's main language is English and cannot speak English (0.63%) in Tameside.
				In the South Neighbourhood, 85.89% of people identified as White, 10.05% of residents identified as Asian, Asian British or Asian Welsh, 1.51% identified as Black British, Black Welsh, Caribbean or African, 1.88% as Mixed or Multiple Ethnic Groups, 0.87% identified as another ethnic groups.
				In the South, 1.28% of people do not have English as their first language and cannot speak English well and 0.27% of residents cannot speak English.
				In the West Neighbourhood, 89.25% of people identify as White, 4.49% identify as Asian, Asian British, or Asian Welsh, 2.81% identify as Black, Black British, Black Welsh, Caribbean or African, 2.64% identify as mixed or multiple ethnic groups, 0.82% identify as another ethnic group. 0.57% of people within this area cannot speak English well and 0.27% cannot speak English.
				In the East Neighbourhood, 92.65% of people identify as White, 3.53% of people identify as Asian, Asian British, or Asian Welsh, 1.51% of people identify as Black British, Black Welsh, Caribbean or African, 1.78% of people identify as mixed or multiple ethnic groups, 0.53% of people identify as another ethnic group. 0.57% cannot speak English well, 0.10% of people cannot speak English at all.
				In the North 12.69% of those identifying as Asian identify as Pakistani and 2.52% identify as Bangladeshi, in the South 7.87% identified as Bangladeshi.
				Nationally, poverty rates for Bangladeshi and Pakistani ethnic groups are higher than for all

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[5] [Poverty-monitor-child-poverty-and-ethnicity-table.pdf (gmpovertyaction.org)](gmpovertyaction.org)

				other ethnicities. Poverty rates were also significantly higher for Black ethnic groups and people from Other Asian backgrounds than white groups.[6] Furthermore, black and minority ethnicity (BME) residents and BME British children are more likely to be affected by the 'no recourse to public funds' (NRPF) policy.[7] In 2020, Joseph Rowntree Foundation reported that a fifth of households experiencing destitution were migrants, with the primary cause being the NRPF policy which restricts access to social welfare including benefits.[8] Given the link between poverty and the involvement of child protective services, the implementation of the early help strategy must take into account the causes and effects of poverty on particular families and provide holistic support to alleviate this. Additionally, there are significant and persistent inequalities of outcome for children from minority ethnic groups, for instance, considerably more children from ethnic minority and disadvantaged backgrounds missed out on formal early learning during the pandemic.[9] Research from the Early Intervention Foundation found that some ethnic minority families sought early help but did not receive this until things had reached 'breaking point', highlighting the need to ensure the early help offer is easily accessible to families early on in the life of a problem. [10] The implementation of the Early Help Strategy 2023-2026 and the provision of support to families will provide holistic, tailored support to families, taking into account additional barriers faced by some families such as language barriers, issues relating to immigration status, no recourse to public funds restrictions and the causes and effects of poverty. The delivery of Early Help should also give consideration to the cultural and religious beliefs of families.
Sex		x		The Early Help Offer is available family members, children and young people, regardless of sex or gender identity.

[6] uk_poverty_2023_-_the_essential_guide_to_understanding_poverty_in_the_uk_0_0.pdf (jrf.org.uk)
[7] Unity Project and Deighton Pierce Glynn ' Access Denied: The cost of the 'no recourse to public funds policy' Access+Denied+-+the+cost+of+the+No+Recourse+to+Public+Funds+policy.+The+Unity+Project.+June+2019.pdf (squarespace.com)
[8] Destitution in the UK 2020 | JRF
[9] Concern for the inequality gap has increased as children from ethnic minority and disadvantaged backgrounds missed out on "considerably more" early years educat | Family and Childcare Trust
[10] Improving the way family support services work for minority ethnic families | Early Intervention Foundation (eif.org.uk)

According to the 2021 ONS Census, overall, 51% of the population of Tameside identify as female, 49% identify as male. However, for those aged 0-18, 48.6% are female and 51.4% are male.

Early Help Assessment Data (30.03.23)		
Sex of child/young person	**Number**	**%**
Female	255	45.4%
Indeterminate	1	0.2%
Male	298	53.0%
Unborn	8	1.4%
Grand Total	562	100.0%

Of the children/young people who are included in an early help assessment, most are male. Therefore, male children, young people and their families may have a slightly higher likelihood of interacting with Early Help and supporting services and as such any changes to delivery of Early Help through the implementation of the Early Help Strategy 2023-2026 may indirectly affect residents on the grounds of sex.

Tameside (13.8%) has a higher percentage of lone parent families than the national average (11.1%). The highest proportion of lone parent families is in the North Neighbourhood (15%) followed by the South (13.8%), West (13.6%) and East (13.2%). National data suggests that lone parent mothers account for 86% of this family type.[11] Lone parent families often face disadvantage, for instance, lone parent families are the most likely of any family type to experience poverty.[12] Given that most lone parent families are headed by a single mother, are more likely to be in poverty and the strong link between poverty and involvement with children's protective services, it is likely that the implementation of a new early help strategy will indirectly impact upon women indirectly.

Many services supporting the early help offer operate from Tameside's Children Centres

[11] Families and households in the UK - Office for National Statistics (ons.gov.uk)
[12] uk_poverty_2023_-_the_essential_guide_to_understanding_poverty_in_the_uk_0_0.pdf (jrf.org.uk)

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					which have recently rebranded as Family Hubs. In 2022, the visitor numbers showed that most service users of Children's Centres were women (13713 female, 4726 male, unknown 136), therefore, any changes to delivery of early help services may disproportionately affect women.
Religion or Belief				X	The Early Help Offer is available to family members, young people and children who meet the threshold, regardless of religion or belief. The below 2021 ONS Census data indicate the religious demographics of Tameside. Information on the religion/beliefs of young people who were included in Early Help Assessments was not available.
Sexual Orientation				x	Early Help and the services connected to Early Help are available to everyone, regardless of sexual orientation. Information relating to the sexual orientation of young people or family members who were included in Early Help Assessments was not available. It is not anticipated that the implementation of Early Help Strategy 2023-2026 will impact residents on the basis of sexual orientation.

Religion or Belief table:

Religion/Belief	Tameside
No religion	40.0%
Christian	50.3%
Buddhist	0.3%
Hindu	1.4%
Jewish	0.0%
Muslim	7.7%
Sikh	0.1%
Other Religion	0.4%
Not Answered	4.9%

Sexual Orientation table:

Census 2021 (Tameside)		
Sexual Orientation	Number of Residents	% of Residents
Straight or Heterosexual	168,142	90.8
Gay or Lesbian	3,315	1.8
Bisexual	2,081	1.1
Pansexual	407	0.2
Asexual	140	0.1
Queer	27	0.0

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				All other sexual orientations 38 0.0	
				Not answered 10,985 5.9	

| Gender Reassignment | | | | x | It is not anticipated that the implementation of Early Help Strategy 2023-2026 will impact residents on the basis of gender reassignment. |

Census 2021 (Tameside)		
Gender Identity	**Number**	**%**
Total: All usual residents aged 16 years and over	185,136	100.0
Gender identity the same as sex registered at birth	175,401	94.7
Gender identity different from sex registered at birth but no specific identity given	450	0.2
Trans woman	180	0.1
Trans man	157	0.1
All other gender identities	167	0.1
Not answered	8,781	4.7

In Tameside, a slightly higher percentage of residents identified as the same gender they were assigned at birth (94.7%), than the national average (93%).

| Pregnancy & Maternity | x | | | | As parents and families may need assistance from Early Help during pregnancy and during maternity, the implementation of the Early Help Strategy 2023-2026 may directly impact people on the basis of this protected characteristic.
Latest available Early Help Assessment data indicated that 8 unborn children were included in Early Help Assessments (30.03.23).
2021 Census data indicates that the number of live births in Tameside in 2021 was 2,525[13] and that the crude birth rate for Tameside (10.9) was higher than the rate for England (10.5), indicating that Tameside has a slightly higher number of births per 1,000 people than the national average. |

| Marriage & Civil Partnership | | | | x | It is not anticipated that the implementation of the Early Help Strategy 2023-2026 will discriminate or disproportionately impact people on the basis of marital status or civil partnership.
According to 2021 Census data, 27.1% of households in Tameside are married or civil |

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[13] Live births in England and Wales : birth rates down to local authority areas - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

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				partnered.[14]
Other protected groups determined locally by Tameside Metropolitan Borough Council?				
Group (*please state*)	**Direct Impact/ Relevance**	**Indirect Impact/ Relevance**	**Little / No Impact/Relevance**	**Explanation**
Mental Health	**x**			3.5% of school pupils in Tameside have social, emotional and mental health needs, compared with 3.0% across England (2021/22). 19.5% of population in Tameside aged over 16 have a common mental disorder, exceeding the England average (16.9%) (2017). [15] As issues relating to mental health can cause families to need assistance from early help, families experiencing mental ill-health may be disproportionately impacted by the implementation of a new Early Help Strategy, due to the emphasis on providing a more joined up approach to support.
Carers	**X**			Data from the 2021 census shows that 9.5% of residents in Tameside provide some level of unpaid care, with 3.1% providing 50hours or more unpaid care.[16] As Early Help support is provided to families, it is acknowledged that people who identify as carers will be directly impacted by the implementation of the new strategy. Furthermore, young carers caring for family members may be more likely to be supported by Early Help and therefore there will also be a direct impact upon young carers. Nationally, Around one in 20 young carers misses school because of their caring responsibilities and education attainment at GCSE is also lower, their families are more likely to be in poverty and they are 1.5 times more likely to have a special education need or disability.[17]
Military Veterans			**x**	3.6% people in Tameside aged 16 or over previously served in the armed forces, which is slightly lower than the national average (3.8%) for England and Wales It is not anticipated that military veterans will be impacted by the implementation of the

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[14] Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

[15] Public health profiles - OHID (phe.org.uk)

[16] Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

[17] LGA_Meeting the health and wellbeing of young carers_22 19_January 2018.pdf (local.gov.uk)

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				Early Help Strategy 2023-2026.
Breast Feeding	**x**			In Tameside, breast-feeding rates are significantly lower than the national average. In Tameside, 53.3% of babies are breastfed as their first feed, significantly lower than the North West and England averages, 62.4% and 67.4% respectively. Additionally, only 36.6% of babies in Tameside were breastfeeding at 6-8weeks, compared to the England average of 49.3%.[18] Given the enhanced support being offered to breastfeeding mothers through family hubs which forms part of the Early Help offer, is anticipated that breast-feeding mothers will be impacted by the implementation of the Early Help Strategy 2023-2026.

Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to?
(e.g. vulnerable residents, isolated residents, those who are homeless)

Group (*please state*)	Direct Impact/ Relevance	Indirect Impact/ Relevance	Little / No Impact/Relevance	Explanation
Low or no income groups	**X**			The close connection between poverty, deprivation, inequality of outcomes and involvement within the child protection system has been firmly established,[19] therefore the implementation of a new Early Help Strategy will have a disproportionate impact upon low income families. Latest available research from Joseph Rowntree Foundation found that the North West is one of the regions with the highest average rates of destitution, meaning that people are disproportionately unable to afford the basics needed to survive.[20] Tameside is the 37th most income deprived local authority in England. 17.5% of the population was income deprived in 2019. [21] As of July 2022, 4.8% of people in Tameside were in receipt of benefits, compared to just 3.7% of people in Great Britain.[22] However,

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[18] Public health profiles - OHID (phe.org.uk)

[19] What is early help? Concepts, policy directions and multi-agency perspectives (publishing.service.gov.uk)

[20] Destitution in the UK 2020 | JRF

[21] Exploring local income deprivation (ons.gov.uk)

[22] NOMIS, Official Census and Labour Market Statistics "Labour Market Profile –Tameside, Claimant Count by age", July 2022, https://www.nomisweb.co.uk/reports/lmp/la/1946157088/report.aspx?town=tameside

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					38% (Jan 23) of people in Tameside on the main income replacement benefit (Universal Credit) are in employment.[23] 17.6% of children in absolute low income families in Tameside, compared to 15.1% across England (2020/21)[24] 22.3% of children in relative low income families in Tameside, compared to 18.5% across England (2020/21).[25] In 2022, 29.90% of children in Tameside were eligible for Free School Meals in Primary School and nursery and 26.40% of children were eligible for Free School Meals at Secondary School. This is higher than the national average which was 23.10% and 20.90% respectively.[26] Child poverty affects children's experiences and outcomes in a number of ways: - Children from low income families have worse educational outcomes than their peers.[27] - Children experiencing poverty are more likely to experience adverse childhood experiences (e.g. parental separation, verbal abuse, mental illness, physical abuse, domestic violence, alcohol abuse, sexual abuse, drug abuse and incarceration).[28] - Household poverty and area deprivation are closely associated with youth violence.[29] - Children who have been excluded from state-funded secondary schools are disproportionately eligible for free-school meals and four times more likely to be growing up in poverty.[30] - Children growing up in poverty are more likely to be malnourished or obese.[31]

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[23] Stat-Xplore - Table View (dwp.gov.uk)

[24] Public health profiles - OHID (phe.org.uk)

[25] Ibid.

[26] Local authority interactive tool (LAIT) - GOV.UK (www.gov.uk)

[27] Child poverty and education outcomes by ethnicity - Office for National Statistics (ons.gov.uk)

[28] the-marmot-review-10-years-on-full-report.pdf (instituteofhealthequity.org)

[29] the-marmot-review-10-years-on-executive-summary.pdf (instituteofhealthequity.org)

[30] making-the-difference-summary-october-2017.pdf (ippr.org)

[31] The Food Foundation (2021) The Broken Plate 2021: The State of the Nation's Food System, Available at **foodfoundation.org.uk/publication/broken-plate-2021**

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				- Increases in household energy bills have resulted in families choosing between eating and heating, increasing the likelihood of children developing respiratory illnesses through living in a cold home. [32] The implementation of the Early Help Strategy 2023-2026 will continue to support low income families, building on the work already carried out to connect families with assistance relating to food and fuel, benefits, housing, school uniform, white goods and holiday activities.

''Low or no income groups'' should be included as a key consideration when assessing the impact of your project, proposal, policy or service/contract change.
Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		x	

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[32] [Child health inequalities driven by child poverty in the UK - position statement | RCPCH](#)

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| 1e. | **What are your reasons for the decision made at 1d?** | The EIA identified the below effects as a result of the policy change on the following groups:
Age – Direct impacts were identified on the grounds of age.
Disability – Children with disabilities and parents with disabilities, are more likely to require additional support from children's services and as such may have increased involvement with Early Help to support their family, as indicated in the Early Help Assessment data. Therefore, it is anticipated that the implementation of the Early Help Strategy 2023-2026 will have a direct impact on grounds of disability.
Sex – The Early Help Offer is accessible to family members, young people and children regardless of their sex or gender identity. However, it is anticipated that any changes to the delivery of Early Help may indirectly impact service users on the grounds of sex/gender identity.
Ethnicity – It is anticipated that the Early Help offer or the Early Help Strategy 2023-2026 will have an indirect impact on grounds of race or ethnicity.
Religion – It is not anticipated that the implementation of the Early Help Strategy 2023-2026 will discriminate on grounds of religion or belief. However, current data on the religion/beliefs of children and young people who were included in Early Help Assessment was not available.
Sexual orientation – It is not anticipated that the implementation of the Early Help Strategy 2023-2026 will discriminate on grounds of sexual orientation. However, current data on the sexual orientation of family members/young people who were included in an Early Help Assessment was not available.
Carers – Direct impacts were identified on grounds of carer status.
Breast Feeding - Direct impacts to this group were identified.
Gender reassignment – No impact intended on this basis, however, there is insufficient available Early Help Assessment data on the proportion of children/young people who are trans/non-binary.
Pregnancy and maternity – As a result of the implementation of the Early Help Strategy 2023-2026, there will be a direct impact upon people on the basis of pregnancy and maternity.
Marriage and civil partnership – No impacts are foreseen on the basis of marital status or civil partnership.
Mental health – Given the relationship between mental health and the need for further support, it is anticipated that the implementation of the Early Help Strategy 2023-26 will have an indirect impact.
Low income – Given the link between poverty, children's outcomes and involvement with local child protection systems, the implementation of the Early Help Strategy 2023-26 will have a direct impact on low income groups. |

If a full EIA is required please progress to Part 2.

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PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
This Tameside Early Help Strategy 2023-2026, builds on the previous Tameside Early Help Strategies of 2017 and 2020, by setting the scene both locally and nationally. It provides clear priorities and accountability to improve and enhance, at pace, the Tameside Early Help approach and offer, ensuring it remains responsive to the needs of the children and families within the Borough. The Tameside Early Help Strategy 2023-26 is a partnership document which underpins our strong commitment to early intervention, aligning with our refreshed approach to thresholds as contained within the Tameside Framework for Help and Support and with the delivery of the Family Hubs and Best Start for Life Programme. The strategy sets out six priority areas for delivery: authentic system leadership, effective partnerships and an integrated team, asset based focus, workforce and development, data improvements, communication and engagement. A delivery plan will be created and implemented based on these priorities. **Main findings of the EIA:** **Age** – Direct impacts were identified on the grounds of age. Although the Early Help offer is available to all members of a family where the relevant threshold is met, given the local authority has a duty to promote the wellbeing of children and to reduce inequalities between children,[33] the delivery of early help may directly impact children aged 0-18. Additionally, data relating to Early Help Assessments indicates that specific age groups may have more involvement with early help services than others, for instance, children aged 9-13 were most commonly the included in Early Help Assessments, indicating that this group may be disproportionately affected by any changes to the delivery of Early Help. **Disability** – Children with disabilities and parents with disabilities, are more likely to require additional support from children's services and as such may have increased involvement with Early Help to support their family. Therefore, it is anticipated that the implementation of the Early Help Strategy 2023-2026 will have a direct impact on grounds of disability. **Sex** – The Early Help Offer is accessible to family members, young people and children regardless of their sex or gender identity. However, it is anticipated that any changes to the delivery of Early Help may indirectly impact service users on the grounds of sex/gender identity. This is because, people may be interact with different parts of the Early Help Offer in different ways, indirectly linked to their gender identity. For instance, male children/young people were most commonly included in EHAs, whereas, women were more likely to visit a children's centre. **Ethnicity** – The Early Help Offer is accessible to family members, young people and children regardless of their ethnicity. However, it is recognised that BAME families, children and young people may have face additional barriers and may experience services differently. For instance Research also suggests that areas with the highest BAME populations in Greater Manchester are often those with the highest child

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[33] S.1 Children Act 2006

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poverty rates,[34] that BME British children are more likely to be affected by the 'no recourse to public funds' (NRPF) policy and that neighbourhoods in Tameside with the highest levels of BAME residents also have a higher proportion of residents who cannot speak English well.

Overall, it is anticipated that the Early Help offer or the Early Help Strategy 2023-2026 could have an indirect impact on grounds of race or ethnicity if relevant materials are not translated into commonly spoken languages within the borough.

Religion – It is not anticipated that the implementation of the Early Help Strategy 2023-2026 will discriminate on grounds of religion or belief. However, current data on the religion/beliefs of children and young people included in Early Help Assessments was not available.

Sexual orientation – It is not anticipated that the implementation of the Early Help Strategy 2023-2026 will discriminate on grounds of sexual orientation. However, current data on the sexual orientation of family members/young people subject to an Early Help Assessment was not available.

Carers – The implementation of the Early Help Strategy 2023-2026 will have a direct impact upon carers as early help support is provided to families, necessitating that those accessing the service will either have some responsibility for caring for children/young people or will be a child/young person. Furthermore, given that young carers regularly face additional barriers it is important that the holistic support provided through early help includes joined up support for young carers.

Gender reassignment – No impact anticipated on this basis, however, there is insufficient available data on the proportion of children/young people who are trans/non-binary and subject to an EHA.

Pregnancy and maternity – As parents and families may need assistance from Early Help during pregnancy and during maternity, the implementation of the Early Help Strategy 2023-2026 may directly impact people on the basis of this protected characteristic.

Breast Feeding - Given the enhanced support being offered to breastfeeding mothers through family hubs which forms part of the Early Help offer, is anticipated that breast-feeding mothers will be directly impacted by the implementation of the Early Help Strategy 2023-2026.

Marriage and civil partnership – No impacts are foreseen on the basis of marital status or civil partnership.

Military Veterans - No impact anticipated.

Mental health – Given the way that mental health can affect a family's day to day experiences, it is anticipated that the implementation of the Early Help Strategy 2023-26 will have an indirect impact on the basis of this characteristic, as families experiencing issues with mental health may require additional support from Early Help.

Low income – Given the link between poverty, children's outcomes and involvement with local child protection systems, the implementation of the Early Help Strategy 2023-26 will have a direct impact on low income groups.

No detriment is anticipated to any of the above groups through the implementation of the Early Help Strategy 2023-2026.

- Summarise what measures have been put in place to mitigate any negative impact or relevance and how the success of these measures will be monitored:

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[34] Poverty-monitor-child-poverty-and-ethnicity-table.pdf (gmpovertyaction.org)

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- The Early Help delivery plan, will be created and implemented by a multi-agency team, monitored by the Early Help Partnership.

2b. Issues to Consider

The EIA identified the below effects as a result of the policy change on the following groups:

Age – Direct impacts were identified on the grounds of age. Although the Early Help offer is available to all members of a family where the relevant threshold is met, given the local authority has a duty to promote the wellbeing of children and to reduce inequalities between children,[35] the delivery of early help may directly impact children aged 0-18. Additionally, data relating to Early Help Assessments indicates that specific age groups may have more involvement with early help services than others, for instance, children aged 9-13 were most commonly the included in Early Help Assessments, indicating that this group may be disproportionately affected by any changes to the delivery of Early Help.

Disability – Children with disabilities and parents with disabilities, are more likely to require additional support from children's services and as such may have increased involvement with Early Help to support their family. Therefore, it is anticipated that the implementation of the Early Help Strategy 2023-2026 will have a direct impact on grounds of disability.

Sex – The Early Help Offer is accessible to family members, young people and children regardless of their sex or gender identity. However, it is anticipated that any changes to the delivery of Early Help may indirectly impact service users on the grounds of sex/gender identity. This is because, people may be interact with different parts of the Early Help Offer in different ways, indirectly linked to their gender identity. For instance, male children/young people were most commonly included in EHAs, whereas, women were more likely to visit a children's centre.

Ethnicity – The Early Help Offer is accessible to family members, young people and children regardless of their ethnicity. However, it is recognised that BAME families, children and young people may have face additional barriers and may experience services differently. For instance research also suggests that areas with the highest BAME populations in Greater Manchester are often those with the highest child poverty rates,[36] that BME British children are more likely to be affected by the 'no recourse to public funds' (NRPF) policy and that neighbourhoods in Tameside with the highest levels of BAME residents also have a higher proportion of residents who cannot speak English well.

Overall, it is anticipated that the Early Help offer or the Early Help Strategy 2023-2026 could have an indirect impact on grounds of race or ethnicity.

Religion – It is not anticipated that the implementation of the Early Help Strategy 2023-2026 will discriminate on grounds of religion or belief. However, current data on the religion/beliefs of children and young people included in Early Help Assessments was not available.

Sexual orientation – It is not anticipated that the implementation of the Early Help Strategy 2023-2026 will discriminate on grounds of sexual

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[35] S.1 Children Act 2006

[36] Poverty-monitor-child-poverty-and-ethnicity-table.pdf (gmpovertyaction.org)

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orientation. However, current data on the sexual orientation of family members/young people subject to an Early Help Assessment was not available.

Carers – The implementation of the Early Help Strategy 2023-2026 will have a direct impact upon carers as early help support is provided to families, necessitating that those accessing the service will either have some responsibility for caring for children/young people or will be a child/young person. Furthermore, given that young carers regularly face additional barriers it is important that the holistic support provided through early help includes joined up support for young carers.

Gender reassignment – No impact anticipated on this basis, however, there is insufficient available data on the proportion of children/young people who are trans/non-binary and subject to an EHA.

Pregnancy and maternity – As parents and families may need assistance from Early Help during pregnancy and during maternity, the implementation of the Early Help Strategy 2023-2026 may directly impact people on the basis of this protected characteristic.

Breast Feeding - Given the enhanced support being offered to breastfeeding mothers through family hubs which forms part of the Early Help offer, is anticipated that breast-feeding mothers will be directly impacted by the implementation of the Early Help Strategy 2023-2026.

Marriage and civil partnership – No impacts are foreseen on the basis of marital status or civil partnership.

Military Veterans - No impact anticipated on this basis.

Mental health – Given the way that mental health can affect a family's day to day experiences, it is anticipated that the implementation of the Early Help Strategy 2023-26 will have an indirect impact on the basis of this characteristic, as families experiencing issues with mental health may require additional support from Early Help.

Low income – Given the link between poverty, children's outcomes and involvement with local child protection systems, the implementation of the Early Help Strategy 2023-26 will have a direct impact on low income groups.

No detriment is anticipated to any of the above groups through the implementation of the Early Help Strategy 2023-2026.

Consultation and Engagement

Initially, to help design the framework and priorities behind the strategy, two in-person workshops were held on the 29 September 2022 and 13 January 2023. The meeting was attended by representatives from: Active Tameside, Greater Manchester Police, Children's Social Care, Population Health, Libraries, Adult Social Care, Action Together and Health Services.

The Early Help draft Strategy 2023-2026 was taken to the Neighbourhood Forums for feedback and awareness. The draft will also be taken to the Early Help Transformation Board, Tameside Community Safety Partnership, Neighbourhood Transformation Group, Executive Safeguarding Children Partnership and Health and Wellbeing Board.

An online survey through Survey Monkey was launched for 9 weeks (03.03.23 – 05.05.23) and shared widely, gaining 133 responses. The

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survey included a copy of the draft Early Help Strategy 2023-2026 and asked a series of questions to identify whether the strategy helped people to understand what Early Help is and whether there were any areas for improvement required. The survey was circulated to:

- Tameside Youth Council
- Families receiving support from Early Help,
- Children's services staff,
- Greater Manchester Police,
- SEND Young Person's Council,
- Children in Care Council
- Schools
- Early Years Providers
- Health (GM integrated care, Tameside and Glossop Integrated Care NHS Foundation Trust, Change Grow Live)
- Welfare Rights
- Voluntary Sector Organisations (e.g. OKE, Homestart, Action Together, Citizens Advice).
- Department for Work and Pensions
- Bridges
- Primary Care Networks

The survey was also advertised at the in-person launch event for the West Family Hub in Tameside on the 20th March. In-person consultation events took place with the Youth Council (3rd April 2023), SEND Young Person's Council (20th April 2023) and Young Carers Forum (27th April 2023) and the voluntary sector (13th April and 3rd May). The survey was also advertised via the Tameside Council's Early Help page, The Big Conversation and through Tameside Council's social media channels.

Summary
Most respondents said they felt the title of the strategy was good (54.14%), that early help and targeted family help were clearly explained (77.17%), that Tameside's approach and model were clear (80.80%), that the actions identified in section 6 'Making it Happen – Our priorities' accurately reflected the gaps they were aware of (61.79%). The most prevalent theme in the comments for question 5 "is there anything missing from the strategy?" was that there was nothing missing from the strategy (20%). In question 6, when asked whether there were any further changes that needed making to the strategy, the most prevalent theme of comments highlighted the need for better staff training / capacity / organisation (22%). Common themes within the comments included:

- Concern about mental health support pathways/SEND provision within early help and EHCP process
- Greater use of family focused language and the creation of a shorter/ accessible guide for families on how early help works in practice
- Concern around current capacity / delivery of early help including staff training including issues around application of thresholds and how cases are moved up, down or closed

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Survey Response Demographics:

Gender:

86.09% female	8.70% male	0.87% other	4.35% prefer not to say

Gender Identity

93.91% of respondents had the same gender identity as the sex they were assigned at birth	6.09% preferred not to say.

Age (range 11-62)

10-19	20-29	30-39	40-49	50-59	60-69
13.46%	6.73%	24.03%	32.69%	18.27%	4.80%

Ethnicity

89.42% of residents identified as White: English, Welsh, Scottish, Northern Irish and British	2.88% identified as any other ethnic group	1.92% identified as Asian/Asian British: Bangladeshi	1.92% identified as Asian/Asian British: Pakistani	0.96% identified as Asian/Asian British: Indian	0.96% identified as mixed/multiple ethnic groups: White and Black Caribbean	0.96% identified as mixed/multiple ethnic groups White and Black African	0.96% identified as Arab.

Religion or belief

49.57% identified as Christian	45.22% identified as having no religion	2.61% identified as Muslim	1.74% identified as any other religion or belief	0.87% identified as Buddhist.

Sexual Orientation

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82.30% identified as heterosexual/straight,	7.96% identified as bisexual	6.19% prefer not to say,	1.77% prefer to self describe	1.77% identified as gay/lesbian.

Disability		
80.36% did not have a disability or health problem lasting or expected to last 12 months	13.39% did have a health problem or disability which limited day to day activities a little	6.25% had a health problem or disability which limited day to day activities a lot.

Carer status			
Do you look after, or give any help or support to family members, friends, neighbours or others because of either long term physical or mental ill health /disability or problems related to old age?	No (63.39%)	Yes 1-19 hours a week (12.50%) yes – 20	Yes 20-49 hours a week (8.93%) yes 50 or more hours a week (15.18%).	Yes 50 or more hours a week (15.18%).

Membership of the armed forces			
Are you a member or ex-member of the armed forces?	93.81% answered no	4.42% prefer not to say	1.77% yes

Marital status					
48.67% married	26.55% single	12.39% prefer not to say	6.19% divorced	5.31% civil partnership	0.88% widowed.

Pregnancy and Maternity			
90.18% of respondent were not pregnant, on maternity leave or returning from maternity leave	8.04% prefer not to say	0.89% on maternity leave,	0.89% pregnant.

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2c. Impact/Relevance
Age – Direct impacts were identified on the grounds of age. Although the Early Help offer is available to all members of a family where the relevant threshold is met, given the local authority has a duty to promote the wellbeing of children and to reduce inequalities between children,[37] the delivery of early help may directly impact children aged 0-18. This is in line with the aims of the strategy and changes implemented in light of the strategy such as improvements in partnership working between services should benefit this group. Additionally, data relating to Early Help Assessments indicates that specific age groups may have more involvement with early help services than others, for instance, children aged 9-13 were most commonly the included in Early Help Assessments, indicating that this group may be disproportionately affected by any changes to the delivery of Early Help. **Disability** – Children with disabilities and parents with disabilities, are more likely to require additional support from children's services and as such may have increased involvement with Early Help to support their family, as indicated in the Early Help Assessment data. Therefore, it is anticipated that the implementation of the Early Help Strategy 2023-2026 will have a direct impact on grounds of disability. This is in line with the aims of the strategy, as it is recognises the benefits of early intervention to support families with disabilities. **Sex** – The Early Help Offer is accessible to family members, young people and children regardless of their sex or gender identity. However, it is anticipated that any changes to the delivery of Early Help may indirectly impact service users on the grounds of sex/gender identity. This is because, people may be interact with different parts of the Early Help Offer in different ways, indirectly linked to their gender identity. For instance, male children/young people were most commonly included in EHAs, whereas, women were more likely to visit a children's centre. These impacts will be positive as a result of an enhanced offer to children, young people and families e.g. increased access to services at family hubs and increased connectivity between services, in line with the strategy's aims. **Ethnicity** – The Early Help Offer is accessible to family members, young people and children regardless of their ethnicity. However, it is recognised that BAME families, children and young people may have face additional barriers and may experience services differently. For instance research also suggests that areas with the highest BAME populations in Greater Manchester are often those with the highest child poverty rates,[38] that BME British children are more likely to be affected by the 'no recourse to public funds' (NRPF) policy and that neighbourhoods in Tameside with the highest levels of BAME residents also have a higher proportion of residents who cannot speak English well. Overall, it is anticipated that any changes to the Early Help offer through the implementation of the Early Help Strategy 2023-2026 could have an indirect impact on grounds of race or ethnicity.

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[37] S.1 Children Act 2006

[38] Poverty-monitor-child-poverty-and-ethnicity-table.pdf (gmpovertyaction.org)

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Religion – It is not anticipated that the implementation of the Early Help Strategy 2023-2026 will discriminate on grounds of religion or belief. However, current data on the religion/beliefs of children and young people included in Early Help Assessments was not available.

Sexual orientation – It is not anticipated that the implementation of the Early Help Strategy 2023-2026 will discriminate on grounds of sexual orientation. However, current data on the sexual orientation of family members/young people subject to an Early Help Assessment was not available.

Carers – The implementation of the Early Help Strategy 2023-2026 will have a direct impact upon carers as early help support is provided to families, necessitating that those accessing the service will either have some responsibility for caring for children/young people or will be a child/young person. Furthermore, given that young carers regularly face additional barriers it is important that the holistic support provided through early help includes joined up support for young carers. These effects are in line with the aims of the strategy, which aims to promote interconnectivity between services supporting families.

Gender reassignment – No impact anticipated on this basis, however, there is insufficient available data on the proportion of children/young people who are trans/non-binary and subject to an EHA.

Pregnancy and maternity – As parents and families may need assistance from Early Help during pregnancy and during maternity, the implementation of the Early Help Strategy 2023-2026 may directly positively impact people on the basis of this protected characteristic. This will be in line with the aims of the strategy, which intends to improve the offer available to families through early help.

Breast Feeding - Given the enhanced support being offered to breastfeeding mothers through family hubs which forms part of the Early Help offer, is anticipated that breast-feeding mothers will be directly positively impacted by the implementation of the Early Help Strategy 2023-2026.

Marriage and civil partnership – No impacts are foreseen on the basis of marital status or civil partnership.

Military Veterans - No impact anticipated on this basis.

Mental health – Given the way that mental health can affect a family's day to day experiences, it is anticipated that the implementation of the Early Help Strategy 2023-26 will have an indirect, positive, impact on the basis of this characteristic, as families experiencing issues with mental health may require additional support from Early Help.

Low income – Given the link between poverty, children's outcomes and involvement with local child protection systems, the implementation of the Early Help Strategy 2023-26 will have a direct impact on low income groups. This is in line with the aims of the strategy which aims to tackle the root causes of issues such as financial hardship, bringing together multi-agency support to help a family to overcome the issues they face. It is expected that changes stemming from the implementation of the Early Help Strategy 2023-2026 will lead to a more joined up whole family offer through Early Help, positively impacting families experiencing poverty or on a low income.

No detriment is anticipated to any of the above groups through the implementation of the Early Help Strategy 2023-2026.
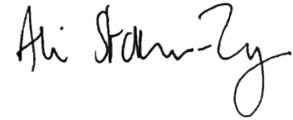
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2d. Mitigations *(Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)*	
Religion – lack of data recorded relating to children/young people's religion or belief during EHA process	*There could be better recording of this through the Early Help Assessment Process.*
Gender Reassignment – lack of data relating to whether children/young people's gender identity was the same as it was at birth recorded during EHA process	*There could be better recording of this through the Early Help Assessment Process.*
Sexual Orientation – lack of data around the sexual orientation of children/young people recorded during EHA process	*There could be better recording of this through the Early Help Assessment Process.*
Ethnicity – Early Help Strategy and relevant materials may not be accessible to those with limited English skills.	*Materials relating to the Early Help Strategy 2023-2026 could be translated into commonly spoken languages.*

2e. Evidence Sources
Early Help Strategy 2023-2026 Survey Monkey Questionnaire Early Help System Guide (publishing.service.gov.uk)55 Age and disability - Office for National Statistics (ons.gov.uk) UK poverty 2022: the essential guide to understanding poverty in the UK', Joseph Rowntree Foundation, January 2022, page 59; https://www.jrf.org.uk/report/uk-poverty-2022. Supporting early intervention that works for minority ethnic families	Early Intervention Foundation (eif.org.uk)

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Poverty-monitor-child-poverty-and-ethnicity-table.pdf (gmpovertyaction.org)

uk_poverty_2023_-_the_essential_guide_to_understanding_poverty_in_the_uk_0_0.pdf (jrf.org.uk)

Unity Project and Deighton Pierce Glynn ' Access Denied: The cost of the 'no recourse to public funds policy' Access+Denied+-+the+cost+of+the+No+Recourse+to+Public+Funds+policy.+The+Unity+Project.+June+2019.pdf (squarespace.com)

Destitution in the UK 2020 | JRF

Concern for the inequality gap has increased as children from ethnic minority and disadvantaged backgrounds missed out on "considerably more" early years educat | Family and Childcare Trust

Improving the way family support services work for minority ethnic families | Early Intervention Foundation (eif.org.uk)

Families and households in the UK - Office for National Statistics (ons.gov.uk)

uk_poverty_2023_-_the_essential_guide_to_understanding_poverty_in_the_uk_0_0.pdf (jrf.org.uk)

Live births in England and Wales : birth rates down to local authority areas - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

LGA_Meeting the health and wellbeing of young carers_22 19_January 2018.pdf (local.gov.uk)

Public health profiles - OHID (phe.org.uk)

What is early help? Concepts, policy directions and multi-agency perspectives (publishing.service.gov.uk)

Destitution in the UK 2020 | JRF

Exploring local income deprivation (ons.gov.uk)

NOMIS, Official Census and Labour Market Statistics "Labour Market Profile –Tameside, Claimant Count by age", July 2022,

https://www.nomisweb.co.uk/reports/lmp/la/1946157088/report.aspx?town=tameside

Stat-Xplore - Table View (dwp.gov.uk)

Public health profiles - OHID (phe.org.uk)

Local authority interactive tool (LAIT) - GOV.UK (www.gov.uk)

Child poverty and education outcomes by ethnicity - Office for National Statistics (ons.gov.uk)

the-marmot-review-10-years-on-full-report.pdf (instituteofhealthequity.org)

making-the-difference-summary-october-2017.pdf (ippr.org)

The Food Foundation (2021) The Broken Plate 2021: The State of the Nation's Food System, Available at **foodfoundation.org.uk/publication/broken-plate-2021**

Child health inequalities driven by child poverty in the UK - position statement | RCPCH

Poverty-monitor-child-poverty-and-ethnicity-table.pdf (gmpovertyaction.org)

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2f. Monitoring progress		
Issue / Action	**Lead officer**	**Timescale**
Improvement in the collection, collation and monitoring of specific data to ensure services are accessible and equitable. This is to be done through the Early Help Assessment process. Reporting will require changes and improvements to the case management system and will need to feature in the Early Help performance management framework.	*Paula Sumner*	*From September 2024*
Understand the commonly spoken languages in Tameside and ensure translation of the strategy is undertaken and is accessible along with translated progress reports pertaining to the delivery of the strategy.	*Paula Sumner*	*September 2024 and annually when reviewing and refreshing the strategy.*
Ensure appropriate governance is in place to monitor the delivery of the strategy on a regular basis whilst also ensuring the impact on particular groups is reviewed.	*Paula Sumner*	*September 2024 and quarterly when reviewing progress against the priorities highlighted in the strategy.*
Monitoring the operational implementation of the strategy through a multi-agency working group to draft and deliver the delivery plan	*Paula Sumner*	*From May/June 2023*
Signature of Contract / Commissioning Manager		**Date**
PM Sumner		**18 April 2023**
Signature of Director		**Date**
Ali Stathnely		**20 April 2023**