Equality Impact Assessment (EQIA)

The Equality Impact Assessment (EQIA) form is a template for analysing a policy or proposed decision for its potential effects on individuals with protected characteristics covered by the Equality Act 2010.

The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not

The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

1. Responsibility for the Equality Impact Assessment

Name of proposal:	**Haringey Adult Carers Strategy**
Service Area:	**Commissioning**
Officer Completing Assessment:	**Sujesh Sundarraj**
Equalities Advisor:	**Jessica Russell**
Cabinet meeting date (if applicable):	**21st October 2025**
Director/Assistant Director	**Jo Baty**

2. Executive summary

Policy Proposal and Aims

The Haringey Adult Carers Strategy sets out a comprehensive framework to improve the lives of unpaid adult carers across the borough. The strategy is structured around six interconnected themes:

1. Information and Communication – Improving access to information, digital inclusion, and carer identification.
2. Health and Wellbeing – Supporting carers' physical and mental health, and tackling health inequalities.
3. Respite and Breaks – Expanding and simplifying access to respite care.
4. Financial Resilience – Enhancing financial support, benefits access and flexible working.
5. Training and Employment – Providing carers with training, digital skills, and employment support.
6. Getting the Basics Right – Ensuring accessible services, emergency planning, and support for carers with disabilities.

The strategy aims to deliver a more inclusive, responsive and equitable system of support for carers, recognising their vital role in the health and social care system.

Results of the Equality Analysis

The EQIA identified a number of positive impacts across protected characteristics, particularly for:

- Women, who are overrepresented among carers and stand to benefit from improved support and recognition.
- Disabled carers, particularly health related disabilities including those with learning disabilities or mental health conditions, through targeted support and accessible services.
- Older carers, who may benefit from health checks, respite, and financial advice.
- Carers from racially minoritised communities: Strategy addresses health inequalities and promotes culturally competent services.

However, the analysis also highlighted potential negative or under-addressed impacts due to data gaps or underrepresentation in engagement, particularly for:

- LGBTQ+ carers
- Carers from minority faith backgrounds
- Young adult carers (18–25)
- Male carers
- Carers from seldom-heard communities and areas of high deprivation

Mitigations to minimise negative impacts to address these gaps and risks, the following actions will be taken:

- Strengthen equalities monitoring across all services and engagement activities.
- Undertake targeted outreach to underrepresented groups including building relationships with community groups and faith leaders
- Work with community and voluntary sector partners to co-produce inclusive services.
- Provide staff training on cultural competence and inclusive practice.
- Ensure all communications and services are accessible and tailored to diverse needs.
- Embracing innovative digital solutions like Mobilise Care Ltd. to enhance engagement

Next Steps

- The strategy will be implemented with a clear delivery plan and governance structure.
- Equalities data will be reviewed in the final year of the strategy, with a full strategy review every three years.
- An earlier review may be triggered by evidence of unequal outcomes or significant demographic changes.
- Ongoing engagement will be maintained through Carers Reference Group and co-production workshops, ensuring carers from all backgrounds continue to shape the strategy's delivery.

3. Co-production and engagement

The development of Haringey's Adult Carers Strategy has been underpinned by a robust and inclusive engagement process designed to ensure that the voices of carers—particularly those from protected and minoritised groups—are meaningfully reflected in the strategy's priorities and actions.

We have co-produced the strategy with residents and carers across the borough through a variety of accessible and inclusive methods. These include:

- Codesigning the Carers Strategy Survey in partnership with the Carers Coproduction Group to ensure relevance and accessibility.
- Disseminating surveys both online and in paper format, with postal surveys sent to 2,542 carers and a total of 274 responses received (11% response rate), ensuring representation from those who may be digitally excluded.

- Engaging through established networks and forums, including Carers First, Mobilise Care ltd, Public Voice, Haringey's Commissioning Coproduction Board, Haringey Carers Coproduction Group and other Community Networks.
- Building relationships with minoritised communities to ensure the inclusion of carers from diverse ethnic, cultural, and linguistic backgrounds.
- In-person engagement through walk-in sessions at libraries across the three localities, attendance at Joint Partnership Board (JPB) Reference Groups and participation in events such as Carers Rights Day.
- Ongoing dialogue with carers through informal settings such as Carers Coffee Mornings, Learning Disabilities Carers Forum and the Dementia Carers Café.

This multi-channel approach has enabled us to gather a wide range of perspectives, particularly from those with protected characteristics under the Equality Act 2010, including older carers, carers from Black, Asian and minority ethnic communities, carers of people with disabilities, and LGBTQ+ carers.

The insights gathered through this engagement have directly informed the strategy's development, ensuring that it is responsive to the lived experiences, needs, and aspirations of Haringey's diverse carer population. This inclusive approach will continue throughout the implementation and monitoring phases, ensuring that the strategy remains equitable and effective in addressing the needs of all carers.

1. Information and Communication

- **Barriers to Accessing Information:** Carers from minoritised ethnic backgrounds and those with disabilities reported difficulties accessing timely and culturally appropriate information.
- **Digital Exclusion:** Older carers and carers with limited digital literacy expressed a need for non-digital communication channels.
- **Under-Identification:** Many carers, particularly young adult carers, working carers, and those from seldom-heard communities, are not formally identified or supported as carers.

2. Health and Wellbeing

- **Mental Health Needs:** Carers, especially women and those from Black and Asian communities, highlighted the emotional toll of caring and the need for culturally sensitive mental health support.
- **Health Inequalities:** Carers with disabilities and older carers reported poorer health outcomes and limited access to preventative health services.
- **Wellbeing Support:** There was strong support for stress management programmes, mindfulness workshops and peer support networks.

3. Respite and Breaks

- **Access and Flexibility:** Carers from low-income households and those caring for individuals with complex needs reported challenges in accessing flexible and affordable respite options.
- **Administrative Burden:** Many carers, particularly those with limited English proficiency or cognitive impairments, found the process of arranging respite overly complex. There was strong indication from Carers feedback that this experience was shared by most carers irrespective of their proficiency in English.

4. Financial Resilience

- **Cost of Caring:** Carers from low-income and single-parent households reported significant financial strain, exacerbated by rising living costs.
- **Lack of Awareness:** Many carers were unaware of the full range of benefits and concessions available to them.
- **Employment Barriers:** Working-age carers, particularly women and carers from ethnic minority backgrounds, cited inflexible employment conditions and lack of employer support as key barriers to financial stability.

5. Training and Employment

- **Skills Development:** Carers expressed a strong interest in training, particularly around condition-specific care, digital skills and employment readiness.
- **Employment Support:** Carers with disabilities and long-term health conditions highlighted the need for tailored employment support and flexible working arrangements.
- **Volunteering and Local Opportunities:** There was support for initiatives that connect carers with local volunteering and employment opportunities, especially among younger carers and those seeking to re-enter the workforce.

6. Getting the Basics Right

- **Accessibility of Services:** Carers with physical or sensory impairments reported barriers in accessing services and assessments.
- **Emergency Planning:** Many carers, particularly older carers and those supporting individuals with high dependency needs, expressed anxiety about the lack of emergency support and contingency planning.
- **Housing and Adaptations:** Carers of people with disabilities and those living in unsuitable housing highlighted the urgent need for timely repairs and home adaptations.

4. Data and Impact Analysis

4a. Age

Data Sources to Inform Assessment: To assess the impact of the strategy on different age groups, we used the following data sources:

- Haringey State of the Borough Report and Ward Profiles: These provide detailed demographic breakdowns of the borough's population by age, enabling comparison with the target population of carers.
- Carers Survey Data (2024): Includes age-related insights from respondents, helping to identify the needs and experiences of carers across different age groups.
- Adult Social Care and Carers First Service Data: Offers information on the age profile of carers accessing support services.

Borough Age Profile (Haringey):

- 0–17: 54,422 (21%)
- 18–34: 71,660 (27%)
- 35–49: 63,930 (24%)
- 50–64: 46,516 (18%)
- 65+: 27,706 (10%)

Assessment of Impact: The strategy is expected to have a positive impact across all age groups, with targeted actions to address age-specific needs:

- **Young Adult Carers (18–25):** Often under-identified and under-supported. The strategy includes actions to improve identification, provide tailored information, and support transitions into employment or further education.
- **Working-Age Carers (25–64):** This group often balances employment with caring responsibilities. The strategy promotes flexible working, financial resilience, and access to training and employment support.
- **Older Carers (65+):** More likely to experience health issues and social isolation. The strategy addresses these through health checks, wellbeing support, and accessible respite options.

By aligning the strategy with the age distribution of carers and the wider population, and by using both quantitative and qualitative data, we aim to ensure that the needs of carers across all age groups are met equitably.

The data indicates that older adults, particularly those aged 50 and over, are significantly overrepresented among unpaid carers in Haringey:

- Over 90% of respondents to the Carers Strategy Survey were aged 50+, despite this group comprising only 28% of the borough's population.
- One in three carers in Haringey is aged 50–64, compared to this group making up less than one in five of the general population.
- 2,531 carers are aged 65+, many of whom report poorer health outcomes.

This overrepresentation suggests that older residents are more likely to be impacted by the strategy and therefore stand to benefit from its provisions. However, it also highlights the need to ensure that services are age-appropriate, accessible, and responsive to the specific challenges faced by older carers, such as declining health, social isolation, and digital exclusion.

Age-related needs were clearly identified through both the Census and the survey:

- Older carers (50+) are more likely to experience:
  - Poor physical and mental health: Over a quarter of all carers report not being in good health, rising to 47% among carers aged 65+.
  - High-intensity caring: Many provide 50+ hours of care per week, often without adequate respite or support.
  - Digital exclusion: Older carers may face barriers accessing online services and information.
- Young adult carers (18–34) are underrepresented in the survey and may be less likely to self-identify as carers. This group faces distinct challenges, including:
  - Balancing caring with education, employment, and early adulthood transitions.
  - Lack of visibility and tailored support within mainstream services.

  The strategy acknowledges this gap and includes actions to improve the identification and support of young adult carers, particularly those from seldom-heard and minoritised communities.

Potential Impacts

Impact Area	Impact Rating	Rationale
Older Carers (50+)	**Positive**	The strategy is likely to benefit older carers, who are overrepresented in the carer population. It addresses key age-related needs such as health checks, respite care, stress management, and digital inclusion. Given that nearly half of carers aged 65+ report poor health, these measures are expected to have a significant positive health impact.

Impact Area	Impact Rating	Rationale
Young Adult Carers (18–34)	**Neutral to Negative (currently)**	Young adult carers are underrepresented in the survey and may not yet see their specific needs fully reflected in the strategy. Without targeted outreach and tailored support, there is a risk that this group may not benefit equally. However, the strategy does acknowledge this gap and outlines future actions to address it.
Children and Young Carers (under 18)	**Neutral**	While not the primary focus of this strategy as this is an Adult Carers Strategy, young carers may be indirectly affected. Coordination with Children's Services will be important to ensure continuity of support.
Health Outcomes	**Positive**	The strategy includes actions to tackle health inequalities, particularly among older carers and those providing high levels of care. This includes regular health assessments, mental health support, and access to wellbeing services.

The strategy is well-positioned to improve outcomes for older carers, who make up the majority of the carer population in Haringey. However, to ensure equity, further work is needed to engage and support younger carers, whose needs may differ significantly and who are currently underrepresented in both data and service design.

4b. Disability

To assess the impact of the Adult Carers Strategy on people with disabilities, we will draw on a range of quantitative and qualitative data sources, including:

1. **Census 2021 – Haringey Borough Profile**

- 13.7% of residents are disabled under the Equality Act 2010:
    - 6.1% report that their day-to-day activities are limited a lot.
    - 7.5% report that their day-to-day activities are limited a little.
- 7.5% of residents have been diagnosed with depression.
- 1.7% have a severe mental illness.
- 0.4% have a learning disability.

This borough-wide data provides a baseline for understanding the prevalence and distribution of disability in Haringey.

2. **Carers Strategy Survey (2024)**

- Self-reported data from carers who identify as having a disability or long-term health condition.
- Qualitative feedback on barriers to accessing services, including physical accessibility, mental health support, and communication needs.

3. **Adult Social Care and Carers First Service Data**

- Information on carers with disabilities who are known to services, including those receiving support under the Care Act.
- Data on carers with learning disabilities, mental health conditions, and sensory impairments.

4. **Local Health and Wellbeing Needs Assessments**

- Insights from the Joint Strategic Needs Assessment (JSNA) and Haringey's Health and Wellbeing Strategy, particularly in relation to mental health, long-term conditions, and health inequalities.

5. **Engagement with Disability-Focused Forums and Groups**

- Feedback from the Learning Disability Carers Forum, Dementia Carers Café, and other reference groups.
- Ongoing engagement with carers with disabilities through co-production activities and community networks.

People with disabilities appear to be overrepresented among unpaid carers in Haringey, particularly those who responded to the Carers Strategy Survey. While:

- 13.7% of Haringey residents are disabled under the Equality Act 2010,
- 59% of survey respondents identified as having a disability or long-term health condition.

This suggests that carers with disabilities are more likely to engage with services and may be more reliant on support structures. Additionally, 73% of respondents were aged 50 and over, including those aged 85+, which correlates with a higher likelihood of disability and long-term health conditions.

Carers with disabilities face distinct and compounded challenges that the strategy must address:

- **Higher prevalence of health conditions:** Survey responses indicate that carers with disabilities are more likely to report poor physical and mental health, including chronic conditions, mobility issues, and stress-related illnesses.
- **Accessibility barriers:** Carers with physical, sensory, or cognitive impairments may face difficulties accessing services, information, and respite opportunities.

- **Digital exclusion:** Some carers with disabilities, particularly older adults, may struggle with digital platforms, limiting their access to online support and resources.
- **Intersection with age:** Many carers with disabilities are also older adults, increasing their vulnerability to isolation, health decline, and financial insecurity.

The strategy includes actions to improve accessibility, promote digital inclusion, and provide tailored health and wellbeing support. However, the high proportion of disabled carers responding to the survey underscores the importance of ensuring that all services are inclusive, adaptable, and co-designed with disabled carers in mind.

Potential Impacts

Impact Area	Impact Rating	Rationale
Health and Wellbeing	**Positive**	The strategy includes targeted actions to support carers with disabilities, such as access to health checks, mental health resources, and stress management programmes. Given the high prevalence of poor health among disabled carers, these measures are expected to have a significant positive impact.
Accessibility of Services	**Positive**	Commitments to improve physical, sensory, and digital accessibility will help reduce barriers for carers with disabilities. This includes clearer communication, inclusive service design, and support for carers with learning disabilities or cognitive impairments.
Inclusion and Representation	**Positive (with ongoing need)**	The high number of survey respondents identifying as disabled suggests strong existing engagement. However, continued co-production and targeted outreach

Impact Area	Impact Rating	Rationale
		are needed to ensure that carers with a range of disabilities remain central to service design and delivery.
Digital Inclusion	**Neutral to Positive**	While digital training and support are included in the strategy, carers with certain disabilities (e.g. visual impairments, neurodivergence) may still face challenges. Ongoing investment in accessible digital tools and alternatives is essential.
Intersection with Age	**Positive**	Many carers with disabilities are also older adults. The strategy's focus on older carers, health inequalities, and emergency planning will benefit this group, though tailored support must continue to be developed.

4c. Gender Reassignment

There is no evidence to suggest that individuals with this protected characteristic are overrepresented among unpaid carers in Haringey. According to the Census 2021:

- 0.5% of Haringey residents identify as having a gender identity different from their sex registered at birth.
- 0.1% identify as trans women, and 0.1% as trans men.

The Carers Strategy Survey did not include a specific question on gender identity, so we are unable to determine whether trans or non-binary carers are proportionately represented. This represents a data gap that should be addressed in future engagement and monitoring.

While the strategy is not expected to have a negative impact, trans and non-binary carers may face unique barriers that require specific attention:

- **Discrimination and stigma:** Trans carers may experience discrimination in accessing services or feel unsafe in certain care environments.
- **Lack of inclusive services**: Health and social care services may not always be inclusive or sensitive to gender identity, which can deter engagement.
- **Mental health:** National research shows that trans individuals are more likely to experience mental health challenges, which may be compounded by the pressures of caring responsibilities.
- **Visibility and representation**: The absence of gender identity data in the Carers Strategy Survey suggests that trans carers may be underrepresented in service design and delivery.

The strategy's commitment to inclusive engagement, co-production, and partnership with LGBTQ+ organisations provides a foundation for addressing these issues. However, further work is needed to ensure that services are explicitly inclusive of trans and non-binary carers, and that their voices are heard in future strategy development.

Potential Impacts

Impact Area	Impact Rating	Rationale
Health and Wellbeing	**Neutral to Positive**	While the strategy includes general mental health and wellbeing support, it does not yet explicitly address the specific health inequalities experienced by trans and non-binary carers. However, the inclusive intent and potential for tailored support through future engagement suggest a positive direction.
Access to Services	**Neutral**	There is no evidence of direct exclusion, but the lack of gender identity data in the Carers Strategy Survey limits understanding of trans carers' experiences. Without targeted actions, there is a risk that services may not fully meet the needs of this group.

Impact Area	Impact Rating	Rationale
Inclusion and Representation	**Neutral to Positive**	The strategy's commitment to co-production and engagement with community organisations provides a foundation for inclusion. However, the absence of specific reference to gender identity in the strategy may limit visibility and representation of trans carers.
Data and Monitoring	**Neutral (with improvement needed)**	The current lack of gender identity data in the survey highlights a gap in monitoring. Future data collection should include inclusive gender identity questions to better understand and respond to the needs of trans carers.

4d. Marriage and Civil Partnership

1. Census 2021 – Haringey Borough Profile

The following borough-wide data provides a demographic baseline:

- 35.8% of residents are married or in a registered civil partnership
- 45.3% are single (never married or in a civil partnership)
- 9.9% are divorced or formerly in a dissolved civil partnership
- 6.1% are widowed or surviving partners
- 2.9% are separated but still legally married or in a civil partnership

This data helps contextualise the relationship status of residents and may indicate potential support needs, particularly for carers who are single, separated, or widowed.

2. Carers Strategy Survey (2024)

- Marriage and civil partnership status was not captured in the survey.
- This represents a data gap in understanding how relationship status may intersect with caring responsibilities and access to support.

3. Adult Social Care and Carers First Service Data

- Where available, this may provide contextual insights into the household and relationship status of carers known to services.

4. National Research and Best Practice

- Evidence from Carers UK and other national bodies highlights that carers who are single, separated, or widowed may experience greater isolation and financial strain, which can impact their wellbeing and access to informal support networks.

Due to the absence of data on marital or partnership status in the Carers Strategy Survey, we are unable to directly compare the profile of carers with the borough-wide demographic. However, there is no evidence to suggest that individuals who are married, in a civil partnership, or formerly in one are overrepresented among unpaid carers in Haringey. However,

According to Census 2021 data for Haringey:

- 35.8% of residents are married or in a registered civil partnership.
- 45.3% are single (never married or in a civil partnership).
- 9.9% are divorced or formerly in a dissolved civil partnership.
- 6.1% are widowed or surviving partners.
- 2.9% are separated but still legally married or in a civil partnership.

This suggests a diverse range of relationship statuses across the borough, which may influence the level of informal support available to carers.

While the strategy is not expected to negatively impact people based on their marital or partnership status, there are indirect implications that may affect carers differently depending on their circumstances:

- Single, separated, or widowed carers may have less access to informal support networks, increasing their reliance on formal services.
- Married or partnered carers may share caring responsibilities, but may also face dual pressures if both partners are ageing or unwell.
- Divorced or separated carers may experience financial strain or emotional stress, particularly if they are caring for former partners or children with additional needs.

The strategy's focus on respite, financial resilience, and emotional wellbeing is likely to benefit carers across all relationship statuses. However, the lack of specific data on this characteristic highlights the need for more inclusive monitoring in future engagement activities.

Potential Impacts

Impact Area	Impact Rating	Rationale
Health and Wellbeing	**Positive**	The strategy includes support for emotional wellbeing, mental health, and stress management, which may particularly benefit carers who are single, separated, or widowed and may lack informal support networks.
Access to Support	**Positive**	Carers who are not in a partnership may be more reliant on formal services. The strategy's emphasis on accessible respite, financial support, and community engagement is likely to benefit this group.
Inclusion and Representation	**Neutral**	The strategy does not explicitly reference marital or partnership status. While it is not expected to exclude anyone, future engagement could benefit from capturing this data to better understand carers' household and relational contexts.
Financial Resilience	**Positive**	Single carers or those separated from a partner may face greater financial strain. The strategy's focus on benefits maximisation, debt management, and flexible working is likely to support carers across all relationship statuses.

The strategy is expected to have a positive impact on carers regardless of their marital or partnership status. However, the absence of specific data on this characteristic highlights an opportunity to improve future monitoring and ensure that carers in all types of relationships are equally supported.

4e. Pregnancy and Maternity

Data

1. **Borough Profile – Office for National Statistics (ONS)**

- In 2021, there were 3,376 live births in Haringey.

- This provides a general indication of the number of residents who may be pregnant or in the early stages of maternity at any given time.

2. **Carers Strategy Survey (2024)**

- Data on pregnancy and maternity was not collected as part of the survey.
- This represents a gap in understanding the experiences of carers who may be pregnant or have recently given birth.

3. **National Research and Best Practice**

- Evidence from organisations such as Carers UK, NHS England, and Maternity Action highlights the challenges faced by pregnant carers and those with infants, including:
    - Physical and emotional strain
    - Increased risk of isolation
    - Barriers to accessing antenatal and postnatal care while managing caring responsibilities

There is no evidence to suggest that individuals who are pregnant or in the maternity period are overrepresented among unpaid carers in Haringey. According to the ONS, there were 3,376 live births in Haringey in 2021, providing a general indication of the number of residents who may be pregnant or in the early stages of parenthood.

However, the Carers Strategy Survey did not collect data on pregnancy or maternity status, so we cannot determine the extent to which this group is represented among carers. This represents a data gap that limits our ability to assess potential overrepresentation or specific needs.

While the strategy is not expected to negatively impact this group, carers who are pregnant or in the maternity period may face unique challenges that require consideration:

- **Physical and emotional strain:** Pregnancy and early parenthood can be physically and mentally demanding, and these challenges may be compounded when combined with caring responsibilities.
- **Access to healthcare:** Pregnant carers may face difficulties attending antenatal appointments or accessing postnatal care if they are also providing intensive care to others.
- **Isolation and support needs:** New parents who are also carers may experience increased isolation and may benefit from targeted peer support or respite services.
- **Financial vulnerability:** Carers on maternity leave or with reduced income may be more financially vulnerable, particularly if they are single parents or caring for multiple dependents.

While the strategy includes general support for wellbeing, financial resilience, and access to services, it does not currently include specific actions for carers who are pregnant or in the maternity period. This highlights an opportunity to strengthen future iterations of the strategy by engaging with family support services, health visitors, and perinatal mental health teams to better understand and respond to the needs of this group.

Potential Impacts

Impact Area	Impact Rating	Rationale
Health and Wellbeing	**Neutral to Positive**	The strategy includes general support for mental health and wellbeing, which may benefit carers who are pregnant or in the postnatal period. However, without targeted actions, the specific health needs of this group may not be fully addressed.
Access to Services	**Neutral**	There is no indication that the strategy excludes carers who are pregnant or new parents, but the absence of specific provisions may limit its effectiveness for this group.
Inclusion and Representation	**Neutral**	The Carers Strategy Survey did not collect data on pregnancy or maternity status, resulting in a lack of visibility for this group in the strategy's development.
Financial Resilience	**Neutral to Positive**	Carers on maternity leave or with young children may benefit from the strategy's focus on benefits advice, debt management, and flexible working, though these are not tailored specifically to their circumstances.

While the strategy is not expected to negatively impact carers who are pregnant or in the maternity period, the lack of targeted data and actions means that their specific needs may not be fully addressed. Future engagement and service design should consider the unique challenges faced by this group to ensure equitable support.

4f. Race

In the Equality Act 2010, race can mean ethnic or national origins, which may or may not be the same as a person's current nationality.[1]

Data

Borough Profile [2]

Arab: **1.0%**
Any other ethnic group: 8.7%

Asian: **8.7%**
Bangladeshi: 1.8%
Chinese: 1.5%
Indian: 2.2%
Pakistani: 0.8%
Other Asian: 2.4%

Black: **17.6%**
African: 9.4%
Caribbean: 6.2%
Other Black: 2.0%

Mixed: **7.0%**
White and Asian: 1.5%
White and Black African:1.0%
White and Black Caribbean: 2.0%
Other Mixed: 2.5%

White: **57.0% in total**
English/Welsh/Scottish/Norther Irish/British: 31.9%
Irish: 2.2%
Gypsy or Irish Traveller: 0.1%
Roma: 0.8%
Other White: 22.1%

- 106 respondents provided ethnicity data.
- Key findings include:
    - Overrepresentation of:
        - Black Caribbean (14% of carers vs. 6.2% borough)

[1] Race discrimination | Equality and Human Rights Commission (equalityhumanrights.com)
[2] Census 2021 - Ethnic group, England and Wales - Office for National Statistics (ons.gov.uk)

- Other Black (11% vs. 2.0%)
- White British (32% vs. 31.9%)
- White Irish (5% vs. 2.2%)

- Underrepresentation of:
  - Black African (6% vs. 9.4%)
  - White Other (including Turkish) (14% vs. 22.1%)
  - Other ethnic groups (including Kurdish) (4% vs. 8.7%)
  - Asian groups, particularly Bangladeshi, Chinese, and Other Asian communities

Qualitative Feedback from Engagement

- Carers highlighted language barriers and a lack of culturally appropriate information as key issues.
- Engagement with Somali, Turkish, Kurdish, African and Caribbean communities has begun, but further outreach is needed, particularly with Eastern European, Asian, Latin American and Jewish communities.

The data shows that some ethnic groups are overrepresented among carers who responded to the survey, while others are underrepresented:

Overrepresented Groups:

- Black Caribbean: +8.4%
- Other Black: +7.0%
- Other Mixed: +5.0%
- White Irish: +2.6%
- Other Asian: +2.3%
- Indian: +0.6%
- Pakistani: +0.1%

Underrepresented Groups:

- White Other (including Turkish): −8.9%
- Other ethnic group (including Kurdish): −4.9%
- Black African: −3.7%
- Bangladeshi: −1.8%
- Chinese: −1.5%
- White British: −1.7%

- Arab: −1.0%
- White and Black African: −1.0%
- White and Asian: −0.5%
- Roma: −0.8%
- Gypsy or Irish Traveller: −0.1%

This indicates that Black Caribbean, Other Black and White Irish carers are more likely to be represented in the survey and potentially more engaged with services. In contrast, Turkish, Kurdish, Black African, and Asian communities (particularly Bangladeshi and Chinese) are underrepresented, suggesting potential barriers to engagement or access.

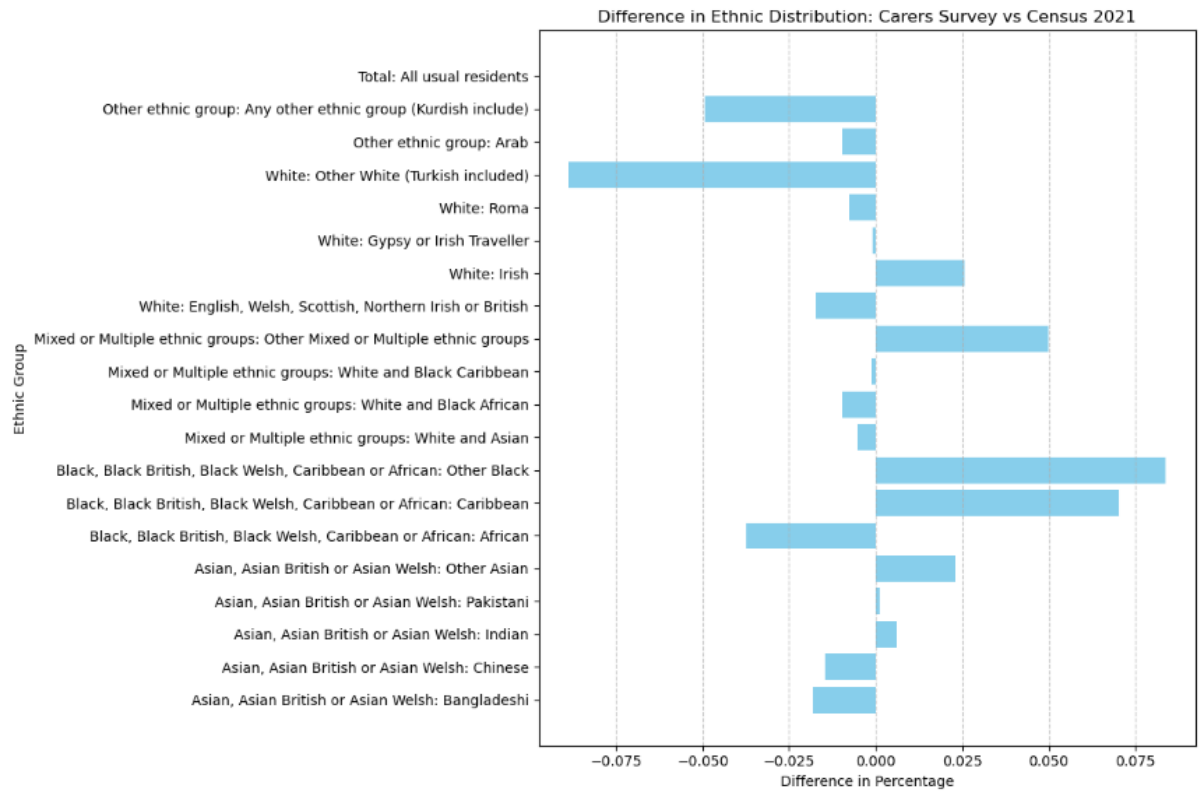
Carers from racially minoritised communities may face distinct challenges that could affect their ability to access or benefit from the strategy:

- Language barriers: Particularly among Turkish, Kurdish, and some Asian communities, limiting access to information and services.
- Cultural stigma: Around seeking formal support or identifying as a carer.
- Lower awareness: Of available services and entitlements.
- Discrimination or mistrust: In interactions with statutory services.

The strategy acknowledges these issues and includes commitments to:

- Work with trusted community organisations.
- Improve language accessibility.
- Continue outreach to underrepresented groups, including Somali, Kurdish, Latin American, and Jewish communities.

Visual Summary



Potential Impacts

Impact Area	Impact Rating	Rationale
Health and Wellbeing	**Positive**	The strategy includes actions to address health inequalities, which are particularly relevant for carers from racially minoritised communities who may face poorer health outcomes and barriers to accessing culturally appropriate care.
Access to Services	**Positive (with ongoing need)**	The strategy acknowledges language barriers and underrepresentation of certain ethnic groups (e.g. Turkish, Kurdish, Black African, Bangladeshi) and commits to

Impact Area	Impact Rating	Rationale
		improving access through community engagement and translated materials.
Inclusion and Representation	**Neutral to Positive**	While some groups (e.g. Black Caribbean, White Irish) were well represented in the survey, others were underrepresented. The strategy recognises this and outlines plans for continued outreach to underrepresented communities.
Cultural Competency	**Positive**	The strategy's emphasis on co-production and working with trusted community organisations supports the development of culturally competent services that reflect the needs of Haringey's diverse population.

The strategy is expected to have a **positive impact** on carers from racially and ethnically diverse backgrounds. However, to ensure equity, it will be important to continue targeted engagement, improve data collection, and embed cultural competency across all services and communications.

4g. Religion or belief

Data

Religious or belief-based data was not collected as part of the Carers Strategy engagement or survey. As such, we do not hold a specific profile of adult carers in Haringey by religion or belief.

Assessment Approach:

In the absence of direct data on carers' religion or belief, we have drawn on borough-wide demographic data to inform our understanding of the potential impact of the

strategy. While the strategy does not include religion-specific provisions, it is designed to be inclusive and accessible to all carers, regardless of faith or belief.

We recognise that religion or belief can influence caring roles, expectations, and access to support. For example, some carers may face additional barriers due to cultural or religious norms around seeking external help or using formal care services. Faith-based organisations may also play a key role in supporting carers within their communities.

Next Steps:

- We will work with local faith and belief groups to raise awareness of the strategy and ensure carers from all backgrounds are able to access support.
- Future engagement activities will seek to capture more detailed equalities data, including religion or belief, to better understand the needs of carers from different communities.
- We will continue to monitor feedback and service uptake to identify any disparities and address them through targeted outreach or service adaptation.

Potential Impacts

Impact Area	Impact Rating	Rationale
Access to Support Services	**Positive**	The strategy promotes inclusive access to services, which may benefit carers from faith communities who face cultural or religious barriers to formal support.
Representation and Engagement	**Neutral**	Religion or belief data was not collected during engagement, so the strategy does not directly address faith-specific needs, but aims to be broadly inclusive.
Cultural and Religious Sensitivity	**Negative (Potential)**	Without targeted engagement, there is a risk that the needs of carers from minority faith groups may not be fully understood or reflected in service design.

Impact Area	Impact Rating	Rationale
Partnership with Faith Groups	**Positive**	The strategy encourages collaboration with community and voluntary sector organisations, including faith-based groups, to improve outreach and support.
Monitoring and Data Collection	**Neutral (with improvement planned)**	Current data gaps limit analysis, but future engagement will seek to capture religion or belief data to inform service development and reduce inequalities.

4h. Sex

Data

Borough Profile (Haringey):

- **Female: 51.8%**
- **Male: 48.2%**
  (Source: Census 2021)

Target Population Profile (Carers Strategy Survey):

- **Total responses: 218**
  - **Female: 164 (75.2%)**
  - **Male: 51 (23.4%)**
  - **Prefer not to say: 3 (1.4%)**

Data Sources Used:

- **Haringey Borough demographic data (Census 2021)**
- **Carers Strategy Survey (2024), which collected self-reported sex data from respondents**
- **Qualitative feedback from carers during engagement sessions and workshops**

Findings:
Survey data indicates that a significantly higher proportion of respondents identifying as carers are female (75.2%), which aligns with national trends showing that women are more likely to take on unpaid caring roles. This suggests that the strategy is likely to have a greater impact on women and that their experiences and needs should be central to service design and delivery.

The data from the Carers Strategy Survey indicates that women are significantly overrepresented among respondents, with 75.2% identifying as female, compared to 51.8% of the general borough population. This suggests that women are more likely to take on unpaid caring roles in Haringey, which is consistent with national trends.

As a result, women are likely to be disproportionately affected—both positively and negatively—by the implementation of the strategy, as they represent the majority of the carer population. The strategy's effectiveness in addressing the needs of carers will therefore have a particularly strong impact on women's health, wellbeing, and access to support.

Women are more likely to experience gendered expectations around caregiving, which can lead to:

- Increased emotional and physical strain
- Reduced access to employment and financial independence
- Higher risk of social isolation and mental health challenges

The strategy acknowledges these challenges and includes actions aimed at improving access to support, respite, and information for all carers. However, the gendered nature of caring means that women may have distinct needs that require targeted interventions, such as:

- Flexible support services that accommodate part-time work or childcare
- Mental health support tailored to the pressures of long-term caring
- Outreach to ensure women from diverse backgrounds are aware of and can access services

Potential Impacts

Impact Area	Impact Rating	Rationale
Representation of Carers	**Positive**	The strategy reflects the lived experiences of a predominantly female carer population, ensuring their voices are central to the strategy.

Impact Area	Impact Rating	Rationale
Gendered Caring Roles	**Positive**	Acknowledges the disproportionate impact of caring responsibilities on women and includes actions to support their wellbeing and resilience.
Access to Support Services	**Neutral**	Services are designed to be inclusive of all genders, though uptake may differ based on gendered perceptions of caring and help-seeking.
Male Carer Engagement	**Negative (Potential)**	Lower male response rate suggests potential under-engagement; targeted outreach may be needed to ensure male carers are equally supported.
Monitoring and Evaluation	**Neutral (with improvement planned)**	Sex-disaggregated data will continue to be collected to monitor uptake and outcomes, ensuring gender equity in service delivery.

4i. Sexual Orientation

Data

Borough profile [3]

- Straight or heterosexual: 83.4%
- Gay or Lesbian: 2.7%
- Bisexual: 2.1%
- All other sexual orientations: 0.8%
- Not answered: 11.0%

Income

- 6.9% of the population of Haringey were claiming unemployment benefit as of April 2023[4]

[3] Census 2021 - Sexual orientation, England and Wales - Office for National Statistics (ons.gov.uk)
[4] ONS - ONS Claimant Count

- 19.6% of residents were claiming Universal Credit as of March 2023[5]
- 29.3% of jobs in Haringey are paid below the London Living Wage[6]

Educational Attainment

- Haringey ranks 25th out of 32 in London for GCSE attainment (% of pupils achieving strong 9-5 pass in English and Maths)[7]
- 3.7% of Haringey's working age population had no qualifications as of 2021[8]
- 5.0% were qualified to level one only[9]

Area Deprivation

Haringey is the 4th most deprived in London as measured by the IMD score 2019. The most deprived LSOAs (Lower Super Output Areas, or small neighbourhood areas) are more heavily concentrated in the east of the borough, where more than half of the LSOAs fall into the 20% most deprived in the country.[10]

Target Population Profile:
Sexual orientation data was not collected as part of the Carers Strategy Survey. Therefore, we do not have a specific profile of adult carers in Haringey by sexual orientation.

Additional Contextual Data:
While not directly linked to sexual orientation, broader socio-economic indicators such as income, educational attainment, and area deprivation are relevant when considering intersectional impacts. Haringey has high levels of deprivation, particularly in the east of the borough, where a significant proportion of carers may reside. Responses to the Carers Strategy Survey were low in number regarding locality, but those received were primarily from central and eastern areas.

Data Sources Used:

- Census 2021 (ONS)
- Haringey Borough socio-economic indicators (2023)
- Carers Strategy Survey (2024)
- Local insight from community engagement and service providers

[5] DWP, StatXplore - Universal Credit statistics, 29 April 2013 to 9 March 2023 - GOV.UK (www.gov.uk)
[6] ONS - Annual Survey of Hours and Earnings (ASHE) - Estimates of the number and proportion of employee jobs with hourly pay below the living wage, by work geography, local authority and parliamentary constituency, UK, April 2017 and April 2018 - Office for National Statistics
[7] DfE - GCSE attainment and progress 8 scores
[8] LG Inform - Data and reports | LG Inform (local.gov.uk)
[9] LG Inform - Data and reports | LG Inform (local.gov.uk)
[10] IMD 2019 - English indices of deprivation 2019 - GOV.UK (www.gov.uk)

5. Key Impacts Summary

Impact Area	Impact Rating	Rationale
Visibility and Representation	**Neutral**	The strategy does not currently include specific reference to sexual orientation, and data was not collected to assess representation.
Access to Inclusive Services	**Positive (Potential)**	The strategy promotes inclusive access to support for all carers, regardless of sexual orientation, and commits to reducing barriers to access.
Risk of Underrepresentation	**Negative (Potential)**	Without data collection or targeted engagement, there is a risk that the needs of LGBTQ+ carers may not be fully understood or addressed.
Intersection with Deprivation	**Negative (Potential)**	LGBTQ+ individuals may face compounded disadvantage due to socio-economic inequality, particularly in deprived areas of the borough.
Future Monitoring and Engagement	**Neutral (with improvement planned)**	Future engagement activities will aim to capture sexual orientation data to better understand and respond to the needs of LGBTQ+ carers.

5c. Data Gaps

Based on the data collected, several relevant groups have not yet been sufficiently surveyed or engaged. These include:

- **LGBTQ+ carers** – Sexual orientation data was not collected, limiting understanding of the experiences and needs of LGBTQ+ carers.
- **Carers from minority faith groups** – No religion or belief data was gathered through the Carers Strategy Survey, which may overlook faith-related barriers or support needs.
- **Male carers** – The survey was predominantly completed by female respondents (75.2%), suggesting male carers may be underrepresented.
- **Carers from deprived areas** – Locality data was limited, though responses indicate some engagement from central and eastern Haringey, where deprivation is highest.
- **Carers with low income or low educational attainment** – No data was collected on income or education, which are key factors in understanding access to support.
- **Carers from seldom-heard communities** – Including those from migrant, refugee, or Traveller backgrounds, who may face cultural, linguistic, or systemic barriers to engagement.
- **Young adult carers (aged 18–25)** – This group may have distinct needs related to education, employment, and transitions into adulthood, but were not specifically identified in the survey.
- **Carers with learning disabilities or mental health conditions** – These carers may face additional challenges in navigating services and accessing support, yet were not explicitly captured in the engagement process.

How We Will Address These Gaps

- **Targeted Outreach and Engagement**: We will work with community partners, including LGBTQ+ organisations, youth services, mental health charities, and learning disability networks, to reach underrepresented carers.
- **Improved Equalities Monitoring**: Future surveys will include questions on sexual orientation, disability, age, income, education, and caring context to build a fuller picture of carer diversity.
- **Co-Production with Seldom-Heard Groups**: We will embed co-production approaches that actively involve carers from seldom-heard communities in shaping services and informing delivery.
- **Locality-Based Engagement**: We will prioritise outreach in the east of the borough and other areas of high deprivation to ensure carers in these communities are heard and supported.
- **Accessible Communication**: Materials and engagement methods will be adapted to meet the needs of carers with learning disabilities or mental health conditions, using plain English, Easy Read, and trauma-informed approaches where appropriate.

6. Overall impact of the policy for the Public Sector Equality Duty

There is no evidence to suggest that the strategy will result in direct discrimination. However, there is a potential risk of indirect discrimination if the needs of underrepresented or seldom-heard groups—such as LGBTQ+ carers, carers with learning disabilities or mental health conditions, and carers from minority faith backgrounds—are not fully understood or addressed due to data gaps.

To mitigate this, the strategy includes commitments to:

- Strengthen equalities monitoring
- Improve engagement with underrepresented groups
- Ensure services are culturally competent and accessible

The strategy is designed to advance equality of opportunity by:

- Identifying and addressing barriers to accessing support
- Promoting inclusive service delivery
- Prioritising outreach to carers in deprived areas and those with protected characteristics
- Embedding co-production to ensure diverse voices shape service design

This approach supports carers who may face additional disadvantage due to sex, gender reassignment, disability, ethnicity, sexual orientation, or socio-economic status.

By promoting inclusive language, recognising the diversity of caring experiences, and working in partnership with a wide range of community and voluntary sector organisations, the strategy helps to foster understanding and mutual respect between different groups.

The strategy also encourages collaboration across services and communities, which can help reduce stigma, challenge stereotypes, and build stronger, more connected support networks for carers.

7. Amendments and mitigations

No major change to the proposal: The Equality Impact Assessment has not identified or anticipates any direct adverse effects on individuals or groups with protected characteristics. Promoting equality and inclusion remains central to the Adult Carers Strategy, ensuring that services are designed and delivered in a way that supports equitable outcomes for all.

However, the EQIA has identified data gaps and underrepresentation among certain groups, including:

- LGBTQ+ carers
- Carers from minority faith backgrounds
- Male carers
- Young adult carers (18–25)
- Carers with learning disabilities or mental health conditions
- Carers from seldom-heard communities and areas of high deprivation

To avoid any potentially negative impacts on this group where there is a lack of data, the following actions will be taken to strengthen the strategy's implementation:

- Improve equalities monitoring in future engagement and service delivery
- Undertake targeted outreach to underrepresented groups
- Strengthen partnerships with community, faith-based, and specialist organisations
- Ensure services are culturally competent, accessible, and inclusive

These actions will be embedded in the delivery and monitoring phases of the strategy to ensure that all carers in Haringey are supported equitably.

Action:

1. **Improve Equalities Monitoring**

- Introduce more comprehensive equalities monitoring in future surveys and service evaluations, including data on sexual orientation, religion or belief, disability (including learning disability and mental health), age, and socio-economic status.

- Ensure data is disaggregated and analysed to identify disparities in access, experience, and outcomes.

2. **Targeted Engagement and Outreach**

- Work with community partners to engage underrepresented groups, including:
    - LGBTQ+ carers
    - Carers from minority faith backgrounds
    - Young adult carers (18–25)
    - Male carers
    - Carers with learning disabilities or mental health conditions
    - Carers from seldom-heard and marginalised communities

- Prioritise outreach in areas of high deprivation, particularly in the east of the borough.

3. Inclusive Co-Production

- Establish co-production panels that reflect the diversity of Haringey's carer population.
- Ensure carers with protected characteristics are actively involved in shaping services, policies, and communications.

4. Cultural Competency and Accessibility

- Provide training for staff and commissioned providers on cultural competency, inclusive practice, and unconscious bias.
- Ensure services are accessible to carers with learning disabilities, sensory impairments, or mental health needs, including through the use of Easy Read materials, trauma-informed approaches and other inclusive communication methods.
- Ensure translated materials will also be made available to support carers whose first language is not English, ensuring equitable access to information and support across all communities.

5. Partnership Working

- Strengthen collaboration with voluntary and community sector organisations, including those representing faith groups, LGBTQ+ communities, and disability networks, to co-design and deliver support that meets diverse needs.

6. Ongoing Monitoring and Review

- Embed equality considerations into the strategy's delivery plan and governance structures.
- Regularly review progress against equalities objectives and adjust actions as needed to ensure continuous improvement.

7. Ongoing monitoring

Responsibility for Monitoring

- The Commissioning Team for Adult Social Care will lead on monitoring the equalities impact of the strategy.

- Oversight will be provided by the Carers Strategy Working Group, which includes representation from carers, voluntary sector partners, and equalities leads.

2. Data Collection and Analysis

- Equalities data will be collected through:
    - Service user feedback and satisfaction surveys
    - Equalities monitoring forms at the point of **service access**
    - Engagement and coproduction activities
- Data will be disaggregated by protected characteristics (e.g. sex, age, disability, ethnicity, sexual orientation, religion or belief) and analysed bi-annually to identify trends, gaps, or disparities in access and outcomes.

3. Policy Review and Triggers for Early Revision

- The strategy will undergo a formal review every three years.
- An earlier review may be triggered by:
    - Significant changes in local demographics or carer needs
    - Evidence of unequal access or outcomes for specific groups
    - Feedback from carers or community partners indicating emerging issues
    - Legislative or policy changes at the national level

4. Ongoing Involvement of Communities

- Carers from diverse backgrounds will continue to be involved through:
    - Regular co-production workshops and focus groups
    - Partnership working with community and voluntary sector organisations, including those representing seldom-heard groups
    - A standing Carers Reference Group, which will provide lived experience insight into the implementation and monitoring of the strategy

Date of EQIA monitoring review: 18/07/2025