

## **Equality Impact Assessment:**

# **Get GM Working Plan**

### **Version Control**

Document Version	First Published	Last Updated
1		

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## **Details of Policy / Programme / Initiative**

Name	Get GM Working Plan (GGMWP)			
Implementation	The plan will set out Priority Actions for the next 18-24 months			
Timeline	and longer-term goals over the next 10 years.			
Description	The Get GM Working Plan will be a GM system-wide plan to			
	support more people to access and stay in good work,			
	particularly where health is a barrier. It is a requirement of the			
	Get Britain Working White Paper to develop this with support of			
	key stakeholders by September 2025.			
Who is intended	The main stakeholder that this policy is looking to impact as an			
to benefit from	outcome of the intervention is residents of GM, more specifically			
the policy?	the 452,200 residents which are economically inactive, with			
	161,500 due to long term poor health or disability. However many			
	of the interventions will directly and positively impact a wider			
	group of residents within GM including those who are employed,			
	unemployed and young people. It will also benefit those working			
	in the wider health, skills, work and wider social support system			
	as they will benefit from the tools, resources created as part of			
	the delivery, and from a more joined-up and responsive system			
	that is aligned with the needs of the local economy as a result.			
Strategic Impact	This initiative will contribute towards the following aims in the			
	Greater Manchester Strategy:			
	Support to live well – everyday support in every			
	neighbourhood			
	Thriving economy built by everyone and benefitting everyone			



### **Strategic and Policy Context**

#### **Policy Drivers**

Are there any policies or procedures that may influence the Equality Impact Assessment? This includes overarching ambitions or commitments

#### **Get Britain Working White Paper**

The Government launched the Get Britain Working White Paper which has an ambition of reaching an 80% employment rate. The white paper requires local areas to produce Local Get Britain Working Plans.

The Get GM Working Plan will support other local strategies, and plans - including Local Growth Plans, Local Skills Improvement Plans and Integrated Care Board Work and Health Strategies.

It will include the following which are relevant to an equality lens:

- Labour market analysis: Analysis of the key challenges faced in the labour market across both labour market participation (employment, unemployment and economic inactivity) and progression at work (earnings and job quality). This should include analysis of:
  - Geographical areas where there are challenges and where there are specific economic challenges (for example around particular industries or demand side factors).
  - Employment demand within areas, as well as the supply, the vacancies available, or lack of, and in what sectors, skills shortage areas etc.
  - Impacts on specific demographic groups disabled people, people with a health condition, disadvantaged young people and older people, and people who face multiple disadvantages (for example homelessness, exoffenders, and care experience).
- 2. Drivers and Causes of Economic Inactivity (and wider supply and demand side labour market issues where possible): Analysis of primary drivers of economic inactivity within the region. This will include, but not be limited to, issues related to education, skills and health, as well as factors that may limit people's ability to access work like transport, housing, caring, and the availability and accessibility of jobs.
- 3. **Systemic changes:** Areas should consider what mechanisms need to be in place to ensure any future investment can be tackled collectively. Your plans should outline the changes which are required to local systems to improve outcomes and enhance the effectiveness of the system as a whole. This should include an assessment of the potential for joint outcomes, adapting locally to align systems around key outcomes and across system partners. It should define the current capacity and capability challenges of different stakeholders, and any structural issues which would need to be addressed to facilitate any future investment.



4. Priority Actions and Longer-Term Goals: These should be ambitious yet achievable goals and priorities for the next 12-24 months, which partners will work through collectively to achieve. Plans should describe how these actions will be monitored and reported against at a local level, including through outcome indicators which should align with the Get Britain Working outcome metrics, such as the employment rate. This will enable local areas to identify progress against both short term goals and movement towards longer-term objectives. Plans should detail the resources, opportunities and capabilities at the disposal of local systems, stakeholders, partners and the range of public services available to address issues. There should be a clear plan for supporting people to take up and engage in opportunities across the area, detailing how this will be embedded into local services. The plan should be clear on the priority actions and changes that the local partners sign up to as part of a local plan of action. This could be a combination of system changes as well as strategic activity around interventions, provision and support offers for local people and employers.

#### **Legislative Drivers**

Is there any legislation that may influence the Equality Impact Assessment? This includes Case law and judicial review, particularly instances where similar services have been provided and challenged, and as a result, have needed to change.

GMCA adheres to the Government Communications Service's inclusive and accessible communications standards (<u>Inclusive and accessible communications - GCS</u>) This therefore means that any comms will follow inclusive practices such as: using non-gender specific language, using representative imagery from our GM communities and making digital assets accessible.

#### **Financial Considerations**

Are there any financial considerations that may influence the Equality Impact Assessment, e.g. budgeting, available resources, etc.?

There is currently no single identified budget for the delivery of the GGMWP, rather it aims to bring together a variety of activity, delivered by various partners. Therefore, any specific interventions will need to be supported by a business case/approval for funding.

## **Development**

Has a similar			
initiative			
existed in the			
past / currently			

Greater Manchester has a long-standing history of successful delivery and a deep understanding of regional needs. This includes interventions and programs delivered in GM through Working Well which have been highly effective in helping residents access support that brings them closer to employment. The data



exists which we	collected and leavens learned from this programme will inform
	collected and lessons learned from this programme will inform
Development Stakeholders	this initiative.  We will be undertaking a large-scale programme of engagement activity to support development of the plan to include the following groups:  • Greater Manchester Local Authorities – including Work and Skills, Place-based leads and Public Health teams  • NHS partners – GM Population Health, primary care, secondary care, mental health and community providers  • Voluntary, Community, Faith and Social enterprise (VCFSE) organisations including housing providers- many of whom are already engaging GM residents in the work and health space  • DWP/Job centre plus – through information sharing to support engagement, further integration of services and potential to access inactive claimants through benefits migration processes  • Local Employers including employer representative bodies and trade unions – to support residents to move into work and focus on priority sectors  • Colleges/training providers – to support outreach  • Commissioned delivery providers  • GMCA equality panels – using GM's existing mechanisms to engage with disadvantaged and/or underrepresented communities, including the Disabled People's Panel, Race
Gaps/ Limitations	Equality Panel and Youth CA.  Whilst GMCA has made every effort to bring together available data on labour market participation, we are currently lacking granular and ongoing insight. There is an existing wealth of data from range of different services (including health, employment services, and VCFSE/third sector organisations), but a lack of mechanisms to join this up and effectively target economic inactive residents.  There are also issues with obtaining data from DWP/JCP. For example, we do not have data on a breakdown of claimant's ethnicity data, which would helpfully inform targeting of support to priority cohorts, or the ability to obtain contact details of residents where a requirement for wider support is identified by DWP.

## Delivery

Implementation	The Get GM Working Plan will be published in September 2025.				
Timeline					
	The plan will set out Priority Actions for the following 18-24				
	months and longer-term goals over the next 10 years.				



#### Delivery Stakeholders

The following organisations will be involved in the delivery:

- 10 Greater Manchester Local Authorities including Work and Skills, Place-based leads and Public Health teams
- **NHS partners** GM Population Health, primary care, secondary care, mental health and community providers
- Voluntary, Community, Faith and Social enterprise (VCFSE)
  organisations including housing providers- many of whom
  are already engaging GM residents in the work and health
  space
- DWP/Job centre plus through information sharing to support engagement, further integration of services and potential to access inactive claimants through benefits migration processes
- Local Employers including employer representative bodies and trade unions – to support residents to move into work and focus on priority sectors
- Colleges/training providers to support outreach
- Commissioned delivery providers

Is there a governance structure for this initiative? How will the continuous equalities impact of this initiative be monitored and evaluated?

The plan will be approved by both GMCA and NHS GM governance and regional DWP colleagues. The appendix: Get GM Working Engagement, Governance and Role of Our Stakeholders sets out in more detail the how the Get GM Working Plan has been progressed through existing EWS governance, how our governance structures include our key stakeholders and how the plan will continue to be monitored on a live running basis. Future iterations of the plan will follow the same process, and we anticipate an update on progress against the plan will be shared annually, with the full plan being reviewed at key intervals. It is an explicit action within the plan to continue to monitor and evaluate the equalities impact of the plan.



## **Equality Analysis**

The Get GM Working Plan articulates our vision for an integrated employment, skills and health system, which addresses the key challenges impacting labour market participation, namely high levels of poverty, deprivation and ill health.

This Equality Impact Analysis looks at the current challenges and barriers faced by residents relating to employment which the Get GM Working Plan will seek to address. This has been broken down by each of the protected characteristics in the Equality Act 2010.

#### Age

For those aged 18 years and over, age is a protected characteristic. Protection will be provided against age discrimination for those over 18. The Act disapplies age as a protected characteristic for those aged under 18 years in relation to services and public functions.

In GM we are working towards an overall employment rate of 80%. There are two age groups whose employment rate is below this target: people aged under 25 and those aged 50 and over. In GM 16-24-year-olds are by far the age group with the highest rate of economic inactivity at 45.5%, followed by 50-64-year-olds at 31%. 1

The following data illustrates the current barriers to employment for these two age groups:

#### 16-24 years olds

The number of young people in the city region is also rising more than elsewhere, worsening capacity and recruitment challenges. Between 2018-2023, GM saw a 17.6% increase in the 16-18 cohort, growing at nearly double the rate of the national average.

#### NEET (Not in Employment, Education or Training)

- In the UK, the NEET rate for 18 to 24-year-olds has been trending upwards over the last 2 years. It is currently at 15.8%.1
- In Greater Manchester from March 2023-24 the number of 16-17 yr olds NEET rose to 5.5% in GM. The increase is mainly driven by 16-year-olds, increasing from 3.7% (Mar 23) to 4.1% (Mar 24).1
- From March 2023 to March 2024 NEET and Unknown levels increased among priority (care experienced and SEND support) cohorts from 12.3% to 13.4%. SEND Support at 10.7%, 5321 young people, and those with an EHCP at 12.6%, 497 young people. 1
- Furthermore, the characteristics of the NEET cohort are changing, with increasing complexity in the range of determinants of NEET, including a notable rise in the number of young people for whom health is a barrier to participation.



#### **Education & Skills**

- Data from the *Annual Population Survey* estimating that 16.1% of 16–19-year-olds had no level 2 qualification in 2023. Further to this, the APS estimated that 13.7% of 16-19-year-olds had no qualifications altogether in 2023. This compares to 15.7% nationally.
- Apprenticeship starts for 16–18-year-olds in GM has fallen from a peak of 7849 in 2015/16 prior to implementation of the Levy to a low of 3583 in 2020/21.5.

#### **Employment**

- Length of time out-of-work is intimately linked to the ability to re-enter work. Young people are overrepresented among those who have never worked.
- In January 2025 of those working-aged people in GM who were unemployed, 18% were aged 16-24.4
- Levels of economic inactivity due long-term sickness and disability for 16-24-year-olds are highest in Brinnington, Stockport at (6.5%, 123 people).2
- High proportions of young people who have never worked are found in Oldham and Rochdale, while over 50s are less affected, except in Manchester (13.5%). 2

#### Over 50's

- Sickness is the main reason for worklessness among people aged 50 to 65, with retirement close behind.
- Health problems are the main reason why older workers leave the workforce prematurely. The disability employment gap rises with age: around two in three Disabled people aged 25 to 34 are employed compared with fewer than half of Disabled people aged 50 to 65.1
- Nearly half a million people aged 50 to 65 with long-term health conditions would return to the workforce if the right support were in place.3
- Levels of economic inactivity due long-term Sickness and Disability increase with age. Higher levels are seen among 50-64-year-olds in central Salford, Manchester, and East Manchester. 2 Alexandra in Oldham has the highest proportion (23.9%, 490 people). 2
- The most prevalent health condition taken from PIP data for 16–24-year-olds is mental health related whereas for 50-64 it is muscular skeletal.
- Job starts likelihood decreases with age, from nearly 40% for 20-year-olds to around 20% for 60-year-olds. 1
- High proportion of those aged 50-64 in GM with no or low qualifications (32.2%) compared to England 21.6%.1
- 1 NOMIS Annual Population Survey
- 2.Census 2021
- 3. Centre for ageing better
- 4. Office for National Statistics
- 5. ESFA datacube; data period 2019-22 covers all apprenticeship types for 16-24-year-olds



#### **Disability**

People who currently have a disability are protected because of this characteristic against harassment and discrimination - including discrimination arising from disability and a failure to comply with the duty to make reasonable adjustments.

In GM, the number of residents who are economically inactive due to ill health stands at 127,400 people, this includes residents who are temporary sick (9,300 people) and long-term sick (118,100 people). 2 GM has less economically inactive residents due to long term sickness compared to the North-West, but a greater proportion of economically inactive residents due to long-term sickness than England. 1

To identify where residents who are economically inactive due to ill health or a disability reside, GMCA has created a dashboard bringing together data from a range of sources. The dashboard can be accessed here.

Economic inactivity exists in every borough, ward, and LSOA of GM. However, each geography differs in prevalence.

- Manchester has the highest proportion of GM wide economic inactivity due to LTSD at 21.3%, whilst Trafford has the lowest at 5.7%.
- Manchester has the most hotspots concentrated in the South and East including wards such as Woodhouse Park and Miles Platting.
- The most prominent hotspot is Brinnington, Stockport (12.9% of the population are economically inactive due to LTSD).
- Other high prevalence areas include LSOA 016c in Bury, 010c in Rochdale, and 009c in Wigan.
- Brinnington in Stockport, Harpurhey in Manchester, and Hollinwood in Oldham also have relatively high numbers of Universal Credit claimants on account of health.

#### **Health Conditions**

Data held by Working Well programmes highlight that the most prevalent health conditions or disabilities for GM residents accessing the services are psychiatric disorders, such as depression, low mood, or anxiety, with musculoskeletal problems the second most prevalent condition. This information correlates with a national picture where research has found the main reasons for economic inactivity due to LTSD are mental ill health and musculoskeletal issues.

Type of health condition can affect the likelihood of employment. For example, those with hearing loss are twice as likely to be employed compared to those with Autism. Disabled people with musculoskeletal issues are more likely than those with a mental health condition to be in employment. Autism, severe learning difficulties, or severe mental illness, are least likely to be in employment. Therefore, provision will require employing specialist staff with knowledge of supporting people with certain health conditions with individualised approaches: more intensive support may be more suitable for neurodivergent individuals, whereas moderate intensive support may be more suitable for people with musculoskeletal issues or less complex mental health needs.



#### **Disability Employment Gap**

2023/24 data show 450,000 disabled people in Greater Manchester. About **half of these (47%)** are in employment. This compares with around 1.3m non-disabled people, of which around 80% are in employment. This is called the disability employment "gap".

Analysis has been done to capture the current picture of how people with disabilities are represented across the whole of the GM workforce:

- Just under 1 in 5 working age people in the UK reports some form of disability these are wide-ranging. 4
- A record number of people (5.5m nationwide) report having a disability while also employed though this is driven by 2 factors:
  - o An increase in the number of disabled people finding work
  - An increase in the number of people already in employment declaring their condition.

Disabled people also see trends of:

- Higher self-employment (13.0% vs. 11.9%)
- Higher rates of part-time work (31.8% vs. 21.8%)
- Lower rates of employment in management and professional occupations.

The <u>GM Disabled People's Survey 2022</u> shows the barriers disabled people face when it comes to employment:

- 42% felt unwelcome in mainstream education.
- 28% were affected (primarily transport and accommodation) by the increased cost of living and it was affecting their education.
- 50% of respondents were not in employment.
- 80% of those in work felt they did not get the same career opportunities as nondisabled people.
- 48% said their pay was not enough to cover all their living expenses.
- 27% had left a job because of disabling barriers in the workplace.

According to the resident survey (March 2025), 22% of resident who had a physical or mental health condition of said they had received prejudice or treated unfairly because of this. Of those 27% said they received discrimination when accessing employment or experience at work, and 13% when accessing education and training.

- 1 NOMIS Annual Population Survey
- 2.Census 2021
- 3. Centre for ageing better
- 4. The employment of disabled people 2024 GOV.UK

#### Sex

Identify any potential impact to men or women, or people who are non-binary.



In Dec 2024 the female national employment rate was 71.8%, which remains lower than men at 78%. In GM over the same period 68.3% of women were in employment compared to 74.2%.1

In GM Men and women demonstrate similar likelihood to be economically inactive due to LTSD (51% female vs. 49% male). 1 Men are more geographically dispersed, while women are concentrated in hotspot areas.

Length of time out-of-work is intimately linked to the ability to re-enter work. Women are overrepresented among those who have never worked, with 13.6% of women compared to 10.3% of men. Manchester is a hotspot for women who have never worked (18.4%).2

For those individuals whose inactivity is related to looking after family / home where 82.5% of all those inactive for this reason were female compared to 17.5% male. 1

According to the resident survey (March 2025), 18% of female resident said they had received prejudice or treated unfairly because of their gender. Of those, 27% said they received discrimination when accessing employment or experience at work, and 14% when accessing education and training.

#### Wage

- The gender pay gap has decreased from 2023 and 2024, for both residence and workplace-based pay, and across both GM and the UK. Bury (19.7%), Stockport (19.3%) and Trafford (15.6%) all have the highest workplace gender pay gaps in GM, whilst Oldham (0.6%) and Rochdale (1.4%) have the lowest workplace gender pay gaps in GM.3
- Women are typically paid more in part-time jobs compared to men but are paid significantly less when it comes to full-time jobs. The gender pay gap is more pronounced in places with higher pay, suggesting a trade-off between low pay and low inequality.
- Low pay is concentrated in certain industries and occupations and among groups of workers. Women are more likely to be in low paid industries such as accommodation and food services and occupations that are categorised as "elementary" are more likely to pay low wages.
- In GM there were approximately 193,000 jobs which paid below the RLW, 59% of them were undertaken by women. 3

#### Health

- Male life expectancy is nearly 5 years younger, and female life expectancy is 4 years younger than the England average.
- There are difference in localities, with males born in Salford can expect to live 11.7
  year less than a man living in wealthier neighbourhoods and women born in
  Salford can expect to live 11.1 years less than a woman living in wealthier
  neighbourhoods. 4
- Male healthy life expectancy in GM is 61.4 years vs England average of 63.1 and women health life expectancy in GM is 60.9 years vs England average of 63.9.



• There are localities difference here to with a male born in Oldham expecting to live 10.3 years less in good health can a male born in Trafford, and a female born in Salford could expect to live 9.5 years less in good health than a female born in Trafford.

#### 1 NOMIS - Annual Population Survey

- 2.Census 2021
- 3. The Annual Survey of Hours and Earnings is the principal source of information on pay. The Office for National Statistics published data from the survey carried out in April 2024 at the end of October 2024 and end of November for low pay data
- 4. Fairer Health for All 2024 Greater Manchester Integrated care partnership.

#### Race

Identify any potential impact on different ethnic groups and identify which ethnic groups you may need to specifically consider.

#### **National Employment Data**

- In the UK 77% of white people were employed, compared with 69% of people from all other ethnic groups combined.
- In the UK 61% of people from the combined Pakistani and Bangladeshi ethnic group were employed the lowest percentage out of all ethnic groups.
- In the UK the difference in the employment rate between white people and people from ethnic minorities (excluding white minorities) was biggest among 16- to 24year-olds – 58% of white people and 39% for people from ethnic minorities were employed

#### **GM Employment Data**

- Economic inactivity varies significantly across ethnic groups and localities. The GM white and mixed populations are most likely to be economically inactive due to LTSD. Rochdale has high inactivity for 'White' groups (7%), Oldham for 'mixed' (7%) and 'Asian' or 'Asian British' groups (4.7%), and Trafford for 'Black British' (4.1%).1.
- Minority ethnic residents typically have higher unemployment rates. At the end of 2024, the unemployment rate for minority ethnic residents was 9.5%, compared to 3.8% overall. Please note that there is considerable volatility with ethnic minority unemployment data so should be treated with caution.
- For people from minority ethnic groups in Greater Manchester, employment rates are over 10% below the overall working age employment rate. 1

#### Wage

• One third of Black workers and 27% of Asian workers are paid below the living wage, compared with 21% of White workers. Whilst different ethnicities constitute 20% of all young people (aged 16-18), among apprentices they make up just 8%. 3

#### Discrimination as barrier to employment

According to the resident survey (March 2025), 42% of residents from a racially minorities community said they had received prejudice or treated unfairly because of their race or ethnicity. Of those 24% said they received discrimination when



accessing employment or experience at work, and 15% when accessing education and training.

#### **ARE's Evidence Paper makes the following points:**

- -Persistent Racial Disparities Exist Despite High Educational Attainment.
- -Young people from ethnic minority backgrounds especially Black, Bangladeshi, and Pakistani groups -consistently achieve high levels of education, yet face disproportionately high unemployment and underemployment due to systemic barriers in hiring and career progression.
- -Discrimination in Recruitment is Widespread and Measurable. Nearly 30% of ethnic minority workers report experiencing racial discrimination in the workplace. This includes being overlooked during recruitment despite having equivalent or better qualifications than white counterparts.
- -Pay Gaps Reflect Structural Inequality, Not Performance Black, Pakistani, and Bangladeshi workers experience significant pay penalties, with Black workers earning on average 7.8% less than White British workers, even in similar roles. These disparities are persistent and not fully explained by skill, education, or experience.
- -Ethnic Minority Youth Are Overrepresented in NEET Statistics Young Black Caribbean individuals are 2.3 times more likely to be NEET (Not in Education, Employment, or Training) compared to White British peers. This indicates compounded socio-economic barriers despite comparable potential.
- -Representation in Senior Roles Remains Critically Low Despite diversity initiatives, only 1 in 3 employees report having a senior leader who champions equality. Moreover, performance objectives on diversity have declined, especially among White managers, indicating weakening institutional commitment.4
- 1 NOMIS Annual Population Survey
- 2.Census 2021
- 3. Research published in 2022 by the Centre on Dynamics of Ethnicity (CoDE) (University of Manchester),
- **4.** <u>Action-for-Race-Equality-Ethnicity-Pay-Gap-Consultation-June-2025.pdf</u>

#### Religion and belief (including no belief)

Identify any potential impact on different religious groups and identify which you may need to specifically consider.

GMCA currently do not capture data around religious belief, therefore this protected characteristic is not current monitored, and therefore it is more difficult to measure and mitigate inequalities.

#### **National Employment Data**

- In the UK people who identified as "Muslim" had the lowest percentage of people aged 16 to 64 years in employment, 51.4%, compared with 70.9% of the overall population. The next lowest percentage, 64.2%, was among people who reported "Other religion". 2
- These differences were shaped by higher percentages of "economically inactive" people within these religious groups. Those who identified as "Muslim" had the highest percentage of "economically inactive" people, 41.9%, followed by 30.3%



for those who reported "Other religion" (17.2 and 5.6 percentage points higher than the overall population, respectively). 2

- Among people who identified as "Muslim", the group with the highest percentage of "economic inactivity", 16.1% were looking after home or family and 13.8% were students (compared with 5.8% and 7.3% of the overall population, respectively).2
- The percentage of people looking after home or family was almost three times higher for people who identified as "Muslim" than the overall population.2
- Those who identified as "Buddhist" and "Muslim" had the highest percentages of people working in "elementary occupations". 2
- Among people who identified as "Muslim", 25.3% had no qualifications, 7.1 percentage points higher than the overall population (18.2%)<sub>2</sub>

1 NOMIS – Annual Population Survey 2. Census 2021

#### **Sexual Orientation**

Identify any potential impact on different sexual orientations and identify which sexual orientations you may need to specifically consider.

NOTE: For the purposes of analysing impact bases on sexual orientation, the acronym LGB has been used to refer to Lesbian, Gay and Bisexual people – on some occasions this has included + where other non-straight sexual orientations have been included in the data.

**Data Collection:** GMCA do not consistently collect data on sexual orientation, which needs to be considered when measuring impact of programmes and services.

Greater Manchester is home to an estimated 215,000 LGBT people. A population larger in size than that of the whole of Rochdale.1

LGBT people face a significant number of inequalities compared to their heterosexual neighbours; from poorer physical and mental health, increased risk of hate crime and discrimination, to loneliness and isolation and negative experiences in employment.1.

#### Health and Disability

- Only 8% of LGB people in Greater Manchester say they have never experienced a mental health problem.3
- 23% of LGBT people have at one time witnessed anti-LGBT remarks by healthcare staff.2
- In 2017, 1 in 6 LGBT people reported drinking almost every day in the last year, this compares to 1 in 10 adults in the general population who report drinking alcohol on five or more days per week. 2
- 55% of gay, bisexual men were not active enough to maintain good health, compared to 33% of men in the general population.2



- In 2017, 52% of LGBT people reported experiencing depression in the previous year. 2
- In the UK People who identified as lesbian, gay, bisexual or another minority sexual orientation (LGB+) were more likely to be disabled than the overall population of England and Wales; the largest differences were among 16- to 24-year-olds, where 32.4% of people who identified as LGB+ were disabled compared with 12.6% in the overall population of the same age.6
- For people who identified as LGB+, the most prevalent reason for economically inactivity is due to long-term sick or disabled.6

#### **Accessing Services**

30% of LGB people would expect to be treated worse than heterosexual people when accessing a range of public services and this perception can stop people using services or benefitting from them as fully as the general population.5

#### **Employment**

- According to the resident survey (March 2025), 27% of non-heterosexual residents said they had received prejudice or treated unfairly because of their sexual orientation. Of those 19% said they received discrimination when accessing employment or experience at work, and 12% when accessing education and training.
- People in employment who identified as gay or lesbian (4.3%) or bisexual (4.5%) were half as likely to work in "skilled trades occupations" as the overall population in employment in England and Wales (10.3%).6
- Randstad's Workmonitor Pulse Survey, showed Nearly half (47%) of UK based respondents admitted to facing discrimination at work throughout their career. 7.

#### Crime

- In 2017, 21% LGBT people reported that they had experienced a homophobic, biphobic or transphobic hate crime in the previous 12 months, with this rising to 41% for trans people.2
- 42.8% of LBT women said that they had experienced sexual violence compared to an estimated 20% of all women in the UK.2

#### Socio-economic disadvantage

24% of homeless people aged 16-24 are LGBT and 69% of these people believe parental rejection was a main factor in becoming homeless. 2

- 1. (LGBT Foundation 2024) <u>lgbtqplus-equality-panel-greater manchester lgbt action.pdf</u>
- 2. <u>Hidden Figures: LGBT Health Inequalities in the UK LGBT Foundation</u> 3 LGBT Foundation. 2012. I Exist. Available from: <a href="http://lgbt.foundation/policy-research/i-exist-survey-research-into-LGB-needs-and-experiences/">http://lgbt.foundation/policy-research/i-exist-survey-research-into-LGB-needs-and-experiences/</a>
- 4. Stonewall, Gay In Britain, 2013
- 5. census-2021-briefing sexual orientation finalso-002.pdf



- 6. <u>Sexual orientation, further personal characteristics, England and Wales Census</u> 2021.pdf
- 7. One in three LGBTQI+ workers believe their sexuality or gender identity has negatively affected their career | Randstad

#### **Gender Reassignment**

Identify any potential impact on people who are proposing to undergo, are undergoing or have undergone a process

(or part of a process) to reassign their sex by changing physiological or other Under the Act 'gender reassignment' is a personal process (that is, moving away from one's birth sex to the preferred gender), rather than a purely medical process.

#### GM Demographics

- There were 6,450 people (0.3%) in Greater Manchester who said their gender was different to the sex they were registered with at birth (0.2% in England).5.
- Some 2,650 people described themselves as trans men and 2,530 as trans women in Greater Manchester in 2021 This response was similar to national patterns. A total of 1,595 people described themselves as non-binary (less than 0.1%).5
- Manchester was the district where there were notably different patterns than elsewhere in respect of gender identity – both in comparison with Greater Manchester and England as a whole.

According to the resident survey (March 2025), 20% of transgender residents said they had received prejudice or treated unfairly because of their gender identity. Of those 36% said they received discrimination when accessing employment or experience at work, and 15% when accessing education and training.

#### Health

Stonewall's LGBT in Britain: Health Report (2018) found that within the past year:

- 70% of non-binary people had experienced depression
- 71% of trans people (including 79% of non-binary people) had experienced anxiety
- 19% of trans people (including 24% of non-binary people) had experienced an eating disorder
- 46% of trans people (including 50% of non-binary people) have considered taking their own life
- 35% of trans people (including 41% of non-binary people) have self-harmed
- The study also found that rates of mental ill health are higher LGBT people of colour, disabled LGBT people and for LGBT people who have experienced a hate crime.
- 23% of LGBT people have at one time witnessed anti-LGBT remarks by healthcare staff.2
- In 2017, 40% of trans people who had accessed or tried to access public healthcare services reported having experienced at least one negative experience because of their gender identity in the previous 12 months. 2



• 55% of trans men were not active enough to maintain good health, compared to 33% of men in the general population.2

#### Socio-economic Disadvantage

• 24% of homeless people aged 16-24 are Trans and 69% of these people believe parental rejection was a main factor in becoming homeless. 2

#### **Data Collection**

GMCA and partners do not consistently collect data on gender identity which is inclusive of trans and non-binary people.

A survey of trans patients experiences of their GP survey in 2013 conducted by TransForum in partnership with LGBT Foundation found that 90% of respondents would be comfortable disclosing their trans status with the right provision of confidentiality and rationale for monitoring. However, we recognise that trans people face overwhelmingly high levels of discrimination and transphobic behaviours and attitudes, including 81% of respondents to the Trans Mental Health Study saying they avoid certain situations due to fear of transphobia. For many reasons trans people may not want to disclose their status, and we fully respect this. 6

- 2. <u>Hidden Figures: LGBT Health Inequalities in the UK LGBT Foundation</u>
- 5. census-2021-briefing\_sexualorientation\_finalso-002.pdf
- 6. Monitoring Sexual Orientation and Trans Status LGBT Foundation

Trans People's Mental Health - TransActual

#### Marriage & Civil Partnership

Identify any potential impact because of marital or civil partnership status.

We have not found any evidence that marriage & Civil Partnership is a barrier to employment. There is no evidence to suggest that the Get GM Working Plan will have any specific impacts based on this protected characteristic.

#### **Pregnancy and Maternity**

Identify any potential impact because of pregnancy, maternity, or paternity. Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Pregnancy and maternity discrimination at work is common. The EHRC reported in 2016 that 77% of mothers had 'a negative or possibly discriminatory experience during pregnancy, maternity leave, and/or on return from maternity leave'. [97]

The 2019 Parental Rights Survey, released in 2023, found that 30% of women respondents had experienced 'unfair treatment' such as being given unsuitable work (11% of respondents), being so badly treated they felt they had to leave their job (9%) and being subjected to 'unpleasant remarks' from employers and colleagues (9%).[98]



The total number of women reporting such problems has increased by 15.5 percentage points since the previous survey, carried out in 2011. 11% of mothers giving birth in 2006 and 18% of mothers giving birth in 2008 reported unfair treatment, i.e. an average of 14.5%, compared to 30% in the latest survey. This constitutes a 15.5 percentage point increase.

#### **Maternity Pay**

- The basic rate of Statutory Maternity Pay or Maternity Allowance is less than half of the National Living Wage and a little over one third of women's median weekly earnings.
- The division between those who can and cannot access statutory benefits has also grown with the proliferation of low paid and insecure work. [110]
- It is argued that the low levels of UK maternity pay in the UK are based on the assumption of the existence of a male breadwinner and also serves to reinforce this outdated norm. [111] This despite the fact that most two-person households now have two incomes. [112] In addition to this, one in every four mothers is a lone parent, a figure that rises to just over half of mothers from Black ethnic groups. [113]
- Epifanio and Troeger (2020) cite evidence that 'well paid, non-transferrable'
  maternity provisions help to redress gender inequality by keeping women in their
  jobs and thus helping to mitigating what they call 'the baby penalty', i.e. the
  disadvantages faced by women in the workplace after having
  children.[114] Similarly, Nandi et al (2018), in a systematic review of literature on
  paid parental leave and socioeconomic and health in OECD countries, found that
  more generous paid maternity leave was a key driver in women returning to work
  after maternity leave and was associated with higher wages two years after
  birth.[115]
- Maternity Action's latest research in 2023[4] shows an increase since the prior
  year in the already considerable number of women who are experiencing financial
  difficulties during maternity leave. 58% of survey respondents cut their maternity
  leave short for financial reasons (compared to 42% in 2022)

#### **Maternity Leave**

- Approximately 9 per cent of mothers did not take any type of leave at all following their child's arrival, [176] despite the legally required two-week period (four weeks for factory workers.)
- Women who did not take leave were more likely than average to have one or more of the following characteristics; be younger, on lower incomes, classed as workers rather than employees, have less than two years of service in their current jobs, be single mothers, of Asian ethnicity and qualified below degree level. [177]
- 41% of women who did not take leave gave the reason as 'not being entitled' to leave, followed by 29% who did not know whether or not they were entitled. 11% said they could not afford to take leave. [178]

#### **Employment and Health Outcomes**



- Being out of work is a known risk factor for adverse birth outcomes. Thomson et al (2021) found an increased risk of stillbirth, maternal mortality and preterm birth among parents who were unemployed. [28]
- Similar findings were reported in a 2016 review of 1,899 maternal deaths, using data from MBRRACE and the UK Obstetric Surveillance System (UKOSS), which found that "being unemployed was associated with almost twice the odds of death" compared to women who were not.[29]

#### **Precarious Work**

- Employment status is an important factor when determining eligibility for maternity leave and pay, as well as tax and national insurance.
- Not everyone who is in work is an employee. Many self-employed workers, agency
  workers, and others who are classed as 'worker' as opposed to employee have no
  access to employment rights, including maternity leave and pay. [154]
- This particularly affects women in precarious work situations, such as those on zero-hours and short-term contracts.
- A recent report by the Work Foundation estimates that 25% of white women and 26% of ethnic minority women were in 'severely insecure work' in 2021. Equivalent figures for men were 13% and 23%. [155] The number of women on zero-hours contracts has almost doubled in the last ten years 4.4% of working women are currently on one, as well as 2.9% of men. [156] 'Bogus' or 'false self-employment', when workers are wrongly treated as self-employed, also affects access to maternity rights. [157]

Whilst the following theme does not strictly fall under the protected characteristic of maternity and pregnancy, we believe it provides related wider context...

#### **Lone Parents**

- Nearly 7 in 10 (68.5%) lone parents were employed with over half of these employed full-time (51.8%) and under half employed part-time (48.2%). Over 3 in 10 (31.5%) lone parent families were not employed (inactive). 1
- The employment rate for lone mothers was 67.1% in April to June 2021 compared with lone fathers at 80.1%.
- Research suggests that when co-habiting parents separate, they are more likely to fall into poverty, and to remain there. [148] According to a 2023 report from Gingerbread, 66% of single parents are in employment and 76% are in debt – half of them owing above £2000. [149] 90% of single parents are women. [150] 2.

**Cost of Childcare** – see 'socio-economic disadvantage' impact assessment further down in this document.

#### Socio-economic disadvantage

Identify any potential impact arising from socioeconomic position. For example, for people with low or no wealth, are homeless or who live in an area that is disadvantaged in terms of service provision or transport



#### **Poverty**

- Poverty is the single biggest driver of ill health, and the relationship is bidirectional: Poverty causes ill health, and ill health causes poverty.
- 1.1Million GM residents live in areas neighbourhood's which are the 20% most deprived in England
- All GM areas have residents funding it hard to makes ends meet, but in 1 in 5 of our neighbourhood's face some of the hardest economics circumstances in the country.
- 40% of GM residents under 16 live in poverty.

#### **Debt**

- Approximately 1 in 3 residents in Greater Manchester may be considered financially vulnerable, with 46% of GM residents finding it difficult to afford their energy costs and 1 in 3 (37%) with children in the household were feeling worried about feeding their family.4
- Debt can stop you from getting a job, especially in certain fields and roles where financial stability is key e.g. in the financial services industry, jobs in the police force or other security-sensitive roles may require a clean credit report.
- Financial stress can affect your job performance. Constant worry about debt can lead to decreased productivity, lower job satisfaction, and even health problems, all of which could jeopardise your position over time. 5

#### **Housing and Homelessness**

- Over 6,500 households in GM owed a prevention duty, relief duty, or main duty across the quarter ending December 2023. Nearly 5,000 households were in temporary accommodation at the end of December 2023. Across the month of May, 337 people were experiencing rough sleeping in GM.7
- The rising costs of rent and mortgages are a key element of the cost-of-living crisis in Greater Manchester, and the support available from the welfare system doesn't provide an adequate safety net for too many of our residents.
- Almost 290,000 households now rely on Universal Credit or Housing Benefit to help with their housing costs, at a cost of over £1.5 billion per year. (DWP StatXplore, Housing Benefit - Data from April 2018 and Households on Universal Credit, February 2023)
- Department for Levelling Up, Housing and Communities shows that in 2019 almost 12% of all homes in Greater Manchester have a category 1 health and safety hazard, and over 17% did not meet the current Decent Homes standard.

#### **Transport**

Access to jobs and training needs to be improved so that transport is not a barrier to work or moving to a better job. Where businesses operate 24/7 or have variable working hours it can be difficult to provide public transport, and the cost of travel is a serious issue for those in lower-paid jobs.

#### **Cost of Childcare**



- Many women do not return to work after maternity leave. A lack of affordable childcare in the local area was the reason given by 56% of respondents who did not return. [129] Similarly, a 2022 survey by Policy Exchange found that 60% of mothers who were not in work would return if they could find affordable childcare. [130]
- More than two thirds (70 per cent) of working parents in the UK have left or are considering leaving their job as a result of the cost of childcare, new research by HR platform Remote has revealed.3
- Its Working Families Index 2023 Spotlight report, which focused on the experience of lower-income families, found that parents have had to leave jobs, fallen into debt and had their mental health and relationships affected by the lack of affordable childcare. Four in 10 had found themselves in debt to cover childcare costs, and three in 10 parents surveyed were working below their skill level because it offered greater flexibility.

1 Employment, skills and volunteering, UK armed forces veterans, UK: Veterans' Survey 2022 - GOV.UK

3 More than two thirds of working parents consider quitting jobs because of childcare costs, research finds

- 4. GMCA Part A Report Template
- 5 How Debt Could Affect Your Career MoneyPlus Advice

6 gm-housing-strategy-2019-2024.pdf

#### Other

Are there other differential impacts between groups that you think are relevant to this initiative?

#### Veterans

- According to the 2021 census, there are over 50,000 ex-service personnel in GM
  that served in the UK regular armed forces, and just under 15,000 who served in
  the reserve forces.
- Military veterans are nearly twice as likely to be unemployed as the general population in the UK, and for some veterans, the lack of security, camaraderie and routine of a life in the armed forces can make securing a stable and settled career especially challenging.1
- Female veterans were more likely to be unemployed than male veterans (2.8% compared with 1.3%).1
- Of the veterans who left the UK armed forces in the 5 years prior to the survey and referred to the theme of health in relation to unemployment, just over 4 in 10 referenced mental health. 1 Veterans with a disability were over-represented which may compound barriers to employment.

#### Substance abuse

There are 70,000 people in GM who are drug dependent. 21,000 are in treatment and of these, 2,500 have a chronic housing need, 1,500 have a housing problem, and



1,200 have a criminal justice referral. These are all wider determinants of unemployment.

#### Carers

According to 2021 census data, there are 76,078 carers providing over 50 hours of unpaid care a week in GM. Over 55,000 provide between 20 to 49 hours a week. Manchester and Wigan have the highest number of carers providing 50+ hours a week of unpaid care, with the fewest in Bury and Trafford.

#### Offenders / Ex-offenders

GM Police recorded 36,202 arrests between 2020-2021 – some of the most prevalent issues/needs amongst these people include alcohol and drug dependencies and accommodation issues.

#### **Domestic abuse**

92,000 people in GM have experienced domestic abuse, with 78,000 experiencing it in the previous 12 months (March 2018). 20,000 had used alcohol problematically, with over 20,000 experiencing homelessness at some point.

#### Care leavers - aged 17-24

in GM, there are 4,770 care leavers (i.e. those with care experience) between the ages of 17-24, of which 1,421 are NEET (not in employment, education or training). Manchester has by far the highest number of care leavers at 1,396, accounting for nearly 30% of 17-24-year-old care leavers.

#### **Sex Workers**

- The government estimates there are about 105,000 sex workers across the UK, and we think there are around 4,500 in Greater Manchester. Sex workers live across Greater Manchester, in every borough. Two-thirds of work in Manchester City Centre but sex work happens in every borough.
- In GM 3-in-10 Sex workers need help because of disability or long-term health condition.
- According to MASH (Manchester Action on street health) reported common wishes for the sex workers they surveyed were financial security, secure housing, becoming and/or staying drug-free; better health, finding a different job; better education.
- Some reason for sex working includes to get essentials things like food or clothes
  for children and families, to pay rent or bills. Some workers have no legal right to
  work and have no other money.

#### Other factors

Data from our Working Well programmes, showed our participants face diverse barriers and needs, requiring varied support:

 Working Well: Pioneer participants (economically inactive) are more qualified and confident in their ability to start work than the long-term unemployed. This may be due to the outreach element of the programme and its impact on motivation to work.



- Participants on current programmes (IPSPC, Pioneer and current WHP [post-September 23]) are much more likely to be short-term unemployed than previously seen on WHP/other programmes, suggesting they are closer to the labour market.
- Oral health is an issue across all programmes, suggesting the need for the continuation of Working Well: Roots to Dental.

1 Families and the labour market, UK - Office for National Statistics

2<u>The impact on mothers and families of low maternity payments and the cost of living crisis: a literature review - Maternity Action</u>

3MASH ResearchLeafletWEB.pdf



## **Action Plan**

The Get GM Working Plan is an overarching strategic plan, as such, many other strands of work will feed into the delivery of its outcomes. Some of the actions/activity below has been identified as part of this Equality Impact Assessment but may not be actioned or monitored specifically by the Get GM Working Plan governance structures.

Action/ Activity	Owner / Stakeholders	Dependencies/ Risk/ Constraints	Completion Date	Progress Update
ENGAGEMENT WITH THE GM EQUALITY PANELS We will be engaging with the GM Equality Panels as part of the development of this plan.	GMCA Officers: Jamie Bytheway, Stef Riches, Emily Adams, Mahmuda Khanom	All GM Equality Panels were offered the opportunity to engage with the development of this plan, however not all accepted the offer. This is likely due to limited capacity of already stretched agendas.	Engagement was carried out from March – June 2025.	We have engaged with the following panels:  Disabled People's Panel Race Equality Panel Youth Combined Authority  We received valuable inputs from panel members, for example, the Disabled People's Panel consulted on the tone and language used in the Plan which we will action.
FURTHER ENGAGEMENT RELATING TO EQUALITIES  As well as the GM Equality Panels, we are also engaging with a number of other organisations and boards which will give us an insight into the impact this plan could have in tackling inequality.	GMCA Officers: Jamie Bytheway, Stef Riches, Rachel Taylor, Emily Adams		Engagement was carried out from March – June 2025.	<ul> <li>Engagement completed:</li> <li>Unseen Voices Panel</li> <li>GMEq=al Steering Group</li> <li>NHS GM Learning Disability Check and Challenge Group</li> <li>Online survey circulated to key stakeholders including VCFSE sector, responses were received from equalities focussed organisations.</li> </ul>



SOCIAL MODEL OF DISABILITY AND INCLUSIVE	GMCA officers:	There is a risk and	Upon	We have received valuable input from this engagement, in particular it has been useful to hear from GM residents who have lived experience of barriers to employment which we hope to tackle with this plan.  We have discussed this issue
LANGUAGE	Mahmuda	constraint around	publication of	with the Disabled People's Panel.
Following engagement with the Disabled People's Panel, we received a specific suggestion around	Khanom, Emily Adams, Jamie	the phrase "economic	the Get GM Working Plan	We have also researched the issue utilising GMEq=Al
the use of inclusive language. We will work with the	Bytheway	inactivity" because	VVOIKINGT tall	resources.
panel to ensure the plan does not perpetuate	,	it is the language		
harmful stereotypes relating to people who are not	GM Disabled	used at a national		The GM Disabled People's Panel
in paid employment.	People's Panel	level in many of the		have produced a briefing on employment. The section on
		key performance indicators that we		language is in development so
		are measured		that it can include alternative
		against locally, it is		phrases for "economic
		also prevalent in		inactivity".
		national policies. There may be		GMCA will avoid the use of this
		instances where the		phrase where possible, but there
		use of the term is		may be instances where we need
		unavoidable for this		to refer to specific national data
	01404 077	reason.		or policies.
EMPLOYER ENGAGEMENT	GMCA Officers:	Achieving an 80%	Engagement	Discussions with employers were
We will be engaging with employers via various	Jamie	employment rate is	was carried	very focussed on how we can
employer representative groups to deliver the outcomes of the plan. We will also be engaging with	Bytheway, Joe Crolla, Sophie	contingent on inclusive economic	out from March – June	drive inclusive growth and create inclusive employment
the Good Employment Charter.	Hope	growth to ensure	2025.	opportunities. Growth is now one
the Good Employment Gharter.	11000	Si Owill to cliquic	2020.	of the key themes within the plan



There is ongoing work to engage with employers relating to specific findings of this EIA, e.g. removing barriers to employment based on age, disability or health condition, discrimination, and more.		the level of vacancies exist.		and there are specific actions related to addressing inequalities.
DEVELOP KEY PERFORMANCE OUTCOMES TO MEASURE EQUALITY IMPACT The Get GM Working Plan will include a set of KPIs which will measure the impact of activity. These will include indicators that will measure equalities impact.	GMCA Officers: Jamie Bytheway, Stephen Overall		Publication of the plan September 1 <sup>st</sup> .	We have developed an outcomes framework that will monitor progress of the plan against a number of key indicators relating to employment, pay, skills, benefits and vacancy rates. Where data allows this will be disaggregated across age, sex, ethnicity and disability. Please see outcomes framework for more detail.
FUTURE ENGAGEMENT AND GOVERNANCE	GMCA Officers:	Once an approach	This is a	This is a priority action for the first
STRUCTURE  An explicit action of the plan is to further develop a plan for recognising and responding to living experience and moving to a co-deign model. This includes ensuring living experience voice is represented within governance, which goes further than current structures which include learned experience.	Jamie Bytheway	is established, it will be the role of the responsible offer to take a co-design approach, and in governance the role of the chair to ensure that a diverse range of voices are inputting to delivery.	priority action for the first 24 months of delivery.	24 months of delivery.
ENGAGEMENT AND PARTICIPATION PRACTICES  GMCA have been developing our knowledge and	Education, Work and Skills	This is not a specific action for the Get	Unspecified	This action will not be specifically monitored as part of the Get GM
GMCA have been developing our knowledge and skills of participation techniques including the		GM Working Plan,		Working Plan governance.
Lundy Model. This framework will inform our	Employment	rather it is part of a		However, the outcome of this



engagement practices and ways of working to ensure that young people feel listened to and feel that they can express themselves in a safe environment. The Education, Work and Skills team will be involved in some training to deliver engagement in this way by Youth Focus North-West.	and Opportunities Team, in collaboration with Youth Focus North- West.	wider more general action that will impact all our programmes and services.		work will feed into the outputs of the plan.
DATA COLLECTION AND ANALYSIS  A key theme that we have found across a number of protected characteristics is that GMCA and our partners do not have a consistent approach to demographic data collection. We need to consider where we may need to make our data collection more inclusive and consistent.  We need to balance the following considerations:  • Collecting consistent and inclusive demographic data is vital to equality impact assessments  • Collecting this data may be considered disproportionate or invasive*  • Large quantities of data can be difficult to manage due to capacity of staff, which can lead to data not being analysed or utilised as well as it should. This is particularly problematic where open text fields are used.	Officers in Education Work and Skills are exploring methods of improving the consistency of our data collection.  It may be that Information and Data Governance colleagues, and other key stakeholders will also need to be part of this	This is not a specific action for the Get GM Working Plan, rather it is part of a wider more general action that will impact all our programmes and services.	Unspecified	One of the actions in the Get GM Working Plan will be to improve our approach to data collection to consider how we can better monitor and analyse impacts from an equalities perspective.
*Our EIA has shown that most LGBTQ+ people are happy to disclose their sexual identity and gender identity for data collection (see analysis above)	discussion.			



#### ONGOING/CURRENT PROVISION

As this is an overarching strategic plan, the outcomes will be achieved through a broad range of programmes, some of which are already in delivery. Here are some examples:

#### **AGE**

- We currently commission a NEET programme, delivered by all 10 Local Authorities in Greater Manchester, who have been able to work with the hardest to reach young people, data sharing between partners has meant tracking and finding young people has been easier and the key worker model has been instrumental in supporting young people.
- Community Grants are delivering specific targeted support to different marginalised age cohorts within communities across all 10 LA's in Greater Manchester, with specific focused projects in each across the LA's focusing on young people between 16-30.
- The Ageing Hub have a delivery plan for 25/26 that incorporates activities across GMCA and the LAs.
- There is an Employment and Health MoU setting out a programme of strategic activity and delivery between NHS GM and GMCA EWS.
- Support to Succeed has a dedicated over 50s offer for short intensive support for those economically inactive and at a significant distance from the labour market. The specific offer to those aged over 50 approaches age specific barriers and the inequalities they experience.
- We are working with the Health Foundation on a project to explore economic activity amongst over 50s.

#### **DISABILITY**

- We already have extensive existing provision targeted to support individuals with disabilities and long-term health conditions e.g. Individual placement and support in primary care (IPSPC) which supports individuals with physical or mental health disabilities and Work Well which GMCA is delivering in partnership with NHS, this supports employed people at risk of unemployment through ill health or unemployed people who have fallen out of work due to ill health.
- GM's **Community Grants programme** which is being delivered by a wide range of VCFSE are delivering specific targeted support to residents with disabilities and cohorts within communities across all 10 LA's in Greater Manchester e.g. target support for those are deaf or with hearing impairment, visual impaired and those unemployed with long term sickness, mental health needs, learning disabilities or with a range of disabilities.
- In addition, there are a number of VCFSE-led and NHS-led offers for individuals with disabilities or long-term health conditions including IPS SMI, EAs in Talking therapies and other supported employment offers.

#### SEX

• Bolton Stand up Sisters aimed at providing accessible courses for unemployed/economically inactive women suffering with trauma, health challenges, disability.



- Build Bolton Well (BBW) is a work and skills property renovation and horticulture project supporting Men with complex need.
- Flourish Together CIC across Bury, Manchester and Stockport Empowering diverse women to rise above adversity and hardship
  through increased financial resilience and awareness of broader career pathways, with a focus on inclusive career & enterprise
  support.
- As well projects that support women -who have experienced gender-based violence.

#### RACE

- Manchester have commissioned VCFSE organisations to target communities experiencing racial inequalities.
- Bolton programme for individuals from Myanmar
- Rochdale Digital skills provision for South Asian women.
- As well as several specific projects supporting Refugees and Migrants.

#### **FAITH AND BELIEF**

• Salford-based project supporting Jewish residents in raise employment, training and skill levels and remove barriers to employment whose ethnic needs are bypassed by existing service provision.

#### LGBTQ+

- Gaydio delivering 'Introduction to Radio & Associated Media' courses, held locally, to teach practical media skills and how to apply them.
- Proud Young Adults which deliver a service prepare and support LGBT+ young adults for the future.

#### **OTHER**

- Women ex offenders WomenMATTA will deliver a range of trauma-informed learning and development opportunities to women impacted by the criminal justice system.
- Carers Tech Together through Health & Wellbeing The programme will deliver a combination of training and workshops in employability, information technology, digital skills fundamentals, and health and wellbeing.
- Unpaid carers Employcare Manchester Employcare Manchester is a new project that will support unpaid carers and former carers to move into or closer to employment.
- Engaging residents from Stockport's top two priority groups, Care-Experienced and SEND Constructing the Future in Stockport Edgeley Park Skills Hub



# Sign-off

The final stage of the Equality Impact process is to formally sign off the document as being a complete, rigorous, and robust analysis.

The policy, strategy or function has been fully assessed in relation to its potential effects on equality and all relevant concerns have been addressed.

### **Quality Check and Review by the Directorate EDI Contact Officer**

Name	Job Title	Signed	Review Date
	Equalities Policy and	<i>a</i> .	
Emily Adams	Partnership Manager,	EAdams	16.06.2025
Emily Adams	Education Work and	0 10000	16.06.2025
	Skills		

## **Service Director or Senior Officer (sign-off)**

Name	Job Title	Signed	Review Date
Nic Witton- Dowd	Assistant Director - Education Work and Skills		