

Equality Impact Assessment

Rochdale Customer Access & Experience Strategy

Please see the accompanying guidance document which provides information to help you fill out this Equality Impact Assessment. Please also use the data available on the [Research & Intelligence Centre](#).

The content of this document should be discussed and agreed with the officer responsible for approving equality impact assessments in your department before the EIA is approved. This is to make sure the decisions made are not taken in isolation by one officer and that all the potential impacts are considered via a critical friend challenge.

Officer(s) completing the EIA: Asam Jan, Head of Customer Access

Department: Public Protection & Customers

Service / Team: Customer Access / Customer Contact Centre

Date of assessment: 7th October 2026

Section 1: context and background

1. Initial thoughts

Which parts of your proposal, policy, plan or project are particularly relevant to equality, socio-economic disadvantage, or human rights?
At this stage, you do not have to list possible impacts, just identify the main areas.

The Customer Access & Experience Strategy is the Council's first corporate approach to how residents find, access and experience services. Equality is central because the strategy will influence digital, telephone, face-to-face and assisted access across Council services.

The most equality-relevant elements are: channel by need rather than a blanket digital-only approach; assisted and non-digital access; reasonable adjustments and accessible information; trauma-informed and relational working; reducing the need for people to repeat difficult information; neighbourhood and Live Well access; use of CRM/customer insight; privacy and data-minimisation; and consistent corporate customer standards.

Particular attention is required for disabled people, older and younger residents, people with language or literacy barriers, low-income residents and digitally excluded households, unpaid carers, care-experienced people, veterans, and residents whose circumstances mean that human or face-to-face support may be necessary.

The strategy is intended to advance equality by making routine services simpler while protecting personalised support where this is needed. It also creates risks if channel shift, automation, data use or standardisation are implemented without accessibility, equality and individual needs being considered.

2. Where you will get your information from (data and evidence)

What sources of information will you use to identify the likely impact on different groups of people?

(For example, statistics, survey results, stakeholder evidence, complaints analysis, consultation documents, customer feedback, existing briefings, comparative data from local or national external sources, or Joint Strategic Needs Assessments (JSNA's).

Evidence used for this assessment includes:

- Rochdale demographic/equality dataset supplied with the EIA template: Census 2021, 2024 Mid-Year Estimates, fertility data, carers data, care-experience data and socio-economic indicators.
- The draft Customer Access & Experience Strategy, including its equality, inclusion, trauma-informed, neighbourhood and channel-by-need commitments.
- Customer data visibility work and Leadership material: 2025 contact volumes, digital activity, complaints themes and customer journey issues.
- Customer Contact Centre evidence: 2025 calls, emails and interaction volumes; complaints/compliments and operational insight.
- Consultation and engagement undertaken across Customer Access, Live Well, neighbourhood, digital, libraries, anti-poverty and related work, to be supplemented by formal public consultation.
- Internal accessibility guidance requiring accessible public-sector digital materials and consideration of WCAG 2.2 AA and assistive technology.
- Existing Council policy and evidence on digital exclusion, including the principle that digital services should retain assisted or non-digital alternatives.
- Complaints and customer feedback, particularly recurring themes on communication, delays, standards, ownership and repeated contact.

The EIA will be updated when formal consultation feedback and any additional service-specific equalities data become available.

3. Possible problems and challenges

Are there gaps in information that make it difficult or impossible to form an opinion on how your proposals might affect different groups of people? If so, what are the gaps, and how and when do you plan to collect additional information to address this?

(This information will help you to identify potential equality stakeholders and specific issues that affect them. This is essential information if you are planning to consult because you can raise specific issues with particular groups as part of the consultation process. EIAs often pause at this stage while additional information is obtained)

The evidence is sufficient to identify likely equality opportunities and risks at strategy level, but there are material gaps that must be addressed during implementation:

- Customer data is held across different systems and is not consistently categorised by protected characteristic, channel, neighbourhood or outcome.
- The current baseline does not show, consistently across all services, who is unable to complete digital journeys, who switches channel, who needs reasonable adjustments or who makes repeat contact.
- Some protected groups are small in published datasets, so quantitative data alone will not provide a reliable picture of lived experience.
- There is limited corporate baseline information on satisfaction, accessibility and customer standards by protected characteristic.
- Equality effects will vary by individual service and customer journey; this strategic EIA cannot replace service/project EIAs for material changes such as channel removal, automation, location changes or new digital systems.
- Formal public consultation on the strategy and Customer Charter has not yet been completed.

Actions to close gaps: undertake targeted consultation; collect qualitative evidence alongside quantitative data; test priority journeys with affected groups; improve demographic/accessibility fields and reporting where lawful and proportionate; monitor digital drop-off and assisted-access demand; and complete specific EIAs/DPIAs for material implementation projects.

4. What consultation are you doing?

How will consultation and/or engagement inform your assessment?

Explain how your approach will include protected groups likely to be impacted by the decision, as well people using the service, residents and / or staff.

The draft strategy will be tested internally with service leads, staff and partners and then through wider public consultation. Existing engagement from Live Well, neighbourhood, digital, libraries, anti-poverty and related programmes will be used so residents are not repeatedly asked the same questions.

Consultation should deliberately include groups who may experience access barriers, including disabled and neurodivergent residents; older people; young people and care-experienced young adults; unpaid carers; residents from different ethnic and faith communities; people with limited English; low-income/digitally excluded residents; veterans; and community/VCFSE organisations that support these groups.

The consultation should test the vision, six priorities, digital/assisted access approach, trauma-informed commitments, proposed corporate customer standards and Customer Charter. Accessible formats, reasonable adjustments and supported/offline ways to respond should be available. Findings should be analysed by protected characteristic where sample sizes and data quality allow, and this EIA updated before final approval.

In a very small minority of cases, the evidence may demonstrate there are no equality impacts at all. If you believe this to be the case, please contact the Policy Team to discuss it.

Section 2: Assessment and Evidence

Protected characteristics	Evidence and information	Impact	Mitigation activities and actions	Timescale and responsible service / team
Age	Rochdale population: 22% aged 0–15, 62% aged 16–64, 16% aged 65+, including 2% aged 85+ (2024 Mid-Year Estimates). The strategy recognises that some residents prefer fast self-service while others may need more time, reassurance or face-to-face support.	Mixed, with strong positive potential. Simpler digital access may benefit digitally confident residents, including people balancing work/caring. Risk: digital-first design or reduced human access could disadvantage some older people, children/young people accessing services, or residents less confident online.	Apply channel-by-need. Retain telephone, face-to-face and assisted routes where needed. Test digital journeys with older and younger users. Provide accessible/simple information and avoid assuming digital confidence based on age. Monitor digital drop-off and assisted-access demand.	Strategy development and consultation: Customer Access. Ongoing implementation: Customer Access, Digital Services and service owners.
Disability	18% of residents report day-to-day activities limited by a physical or mental health problem: 9% “a lot” and 9% “a little” (Census 2021). Council accessibility guidance requires accessible digital content and consideration of assistive technologies. The strategy commits to accessible information, reasonable adjustments, assisted access and human support where needed.	Positive potential through clearer journeys, reasonable adjustments, assisted access and reduced repetition. Significant negative risk if digital journeys, communications, buildings or telephone processes are inaccessible, or if residents are required to repeat disability/trauma information.	Accessibility and user testing; reasonable-adjustment routes; accessible formats; maintain non-digital/assisted access; WCAG-aligned digital design; monitor failed/dropped journeys; privacy-by-design; include disabled and neurodivergent residents in consultation. Service/project EIAs for major channel/system changes.	Before consultation and throughout delivery. Leads: Customer Access, Digital Services, service owners; Equality/IG input as required.
Gender reassignment	Census 2021 data records 0.3% of Rochdale residents with a gender identity different from sex registered at birth; 0.1% identify as a trans man and 0.1% as a trans woman. The strategy requires respectful,	Predominantly positive/neutral. Consistent respectful standards and privacy can improve experience. Risk may arise from inappropriate forms, titles, identity verification, data fields,	Use inclusive language and proportionate data collection; review forms/CRM fields when journeys are redesigned; protect privacy; provide staff guidance/training on respectful customer interaction; include relevant lived-	During standards/journey design and implementation. Leads: Customer Access, Digital/CRM, service

Protected characteristics	Evidence and information	Impact	Mitigation activities and actions	Timescale and responsible service / team
	non-judgemental, trauma-informed service and privacy.	misgendering or unnecessary disclosure of sensitive information.	experience feedback in consultation where available.	owners, IG/EDI advisers.
Marriage and civil partnership	Census 2021 data supplied with the EIA includes varied marital/civil partnership statuses. The strategy does not propose different access or service standards based on marital status.	No specific differential impact identified at strategy level. Potential indirect risk if forms or processes make assumptions about relationships, partners or household structures.	Use inclusive, neutral wording in forms and communications; collect relationship status only where operationally necessary; test redesigned journeys for unintended assumptions.	Ongoing through journey redesign. Leads: Service owners with Customer Access/Digital support.
Pregnancy and maternity	Rochdale total fertility rate was 1.7 children per woman in 2024, above GM 1.48 and England 1.42. Pregnancy/post-birth circumstances can affect mobility, time, caring responsibilities and preferred channel.	Positive potential from convenient digital access, clear updates and flexible supported routes. Risk if a service relies on in-person attendance, inflexible appointments or inaccessible processes without appropriate alternatives/adjustments.	Offer appropriate channel choice and reasonable flexibility; consider pregnancy/maternity needs in priority journey testing; ensure face-to-face facilities and appointment arrangements are accessible and suitable.	During consultation and service redesign. Leads: Customer Access and relevant service owners.
Race	Census 2021: 74% White, 18.5% Asian, 3.5% Black, 2.4% mixed and 1.6% other ethnicity. 90.5% speak English as their main language; after English, main languages include Urdu 2.4%, Polish 1.2%, Bengali 0.7% and Pakistani Punjabi 0.6%. The strategy recognises language/access needs and a diverse borough.	Positive potential from clearer, consistent access and community/neighbourhood routes. Risk of unequal access where information is only available in complex English, digital routes assume high literacy, data/forms do not reflect diverse communities, or engagement under-represents minority ethnic and migrant residents.	Use plain English; provide translation/interpretation or alternative formats where needed; consider language needs in digital and written journeys; engage community/VCFSE groups; analyse feedback by ethnicity/language where appropriate; test forms for cultural/linguistic barriers.	Before/during public consultation and throughout redesign. Leads: Customer Access, Communications/Digital, service owners and community partners.
Religion or belief	Census 2021: 46.9% Christian, 18.8% Muslim and 28.8% no religion. The strategy applies	Mainly neutral/positive. Possible indirect impacts from appointment timing, communication, facilities or	Use inclusive communications; avoid assumptions; provide reasonable flexibility where service delivery allows;	Consultation and implementation. Leads: Service

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	common corporate standards regardless of faith or belief and promotes respectful, non-judgemental access.	processes that do not take reasonable account of faith practices or dietary/cultural needs where relevant.	include faith/community organisations in engagement where relevant; consider faith needs in local/face-to-face service design.	owners/Customer Access with community partners.
Sex	Census 2021: 51% women and 49% men. The strategy applies the same access principles and standards to all residents.	No direct adverse impact intended. There may be different patterns of service use and caring responsibilities, and some face-to-face/safety needs may differ by service context. Flexible channels may create positive benefits.	Monitor customer feedback and access data by sex where lawful/useful; consult diverse users; ensure sensitive services consider privacy, safety and appropriate channel choice; avoid assumptions in service design.	Ongoing. Leads: Customer Access and service owners.
Sexual orientation	Census 2021: 91% heterosexual/straight; 0.9% bisexual; 1.2% gay or lesbian; 0.1% use another term. The strategy requires respectful, non-judgemental service and privacy.	Positive potential from consistent respectful standards. Risk if forms, scripts or staff assumptions exclude same-sex relationships or require unnecessary disclosure, particularly in sensitive services.	Use inclusive language and relationship options; collect sexual-orientation information only where necessary/lawful; maintain confidentiality; reinforce respectful/trauma-informed standards; invite representative feedback where practical.	During standards and journey redesign. Leads: Customer Access, service owners, Digital/CRM and IG/EDI advice.
Serving or ex-serving members of the Armed Forces	3.3% of the population have previously served in the Armed Forces; 88% of veterans are male and 12% female (Census 2021). National Veterans Survey data in the supplied evidence reports higher levels of disability and loneliness among veterans.	Potential positive impact from no-wrong-door style access, neighbourhood support, relational conversations and better signposting. Risk that needs linked to service history are not recognised or referrals are fragmented.	Include veteran/Armed Forces community insight in consultation where possible; ensure signposting/referral information is available; use relational conversations to identify wider needs; do not require unnecessary disclosure of service history.	Consultation and implementation. Leads: Customer Access, Live Well/neighbourhood leads and relevant services.
Care experience	Supplied evidence: 206 care leavers aged 18–20 and 101 aged 21–24; 49% of Rochdale care leavers aged 18–21 are NEET.	Strong positive potential from trauma-informed, relational and joined-up access. Risk of retraumatisation through repeated	Prioritise warm handovers, clear ownership and continuity; minimise repeated information where lawful; include care-experienced young	Consultation and priority journey design. Leads: Customer Access with

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	Care-experienced people can have complex interactions with public services. The strategy commits to trauma-informed working and reducing repeated retelling of difficult information.	retelling, fragmented hand-offs, rigid processes or loss of continuity.	people/care leaver services in consultation; ensure human support remains available for complex needs; monitor complaints/feedback.	Children's/Care Leaver services and Digital/CRM.
Carers	9.2% of Rochdale residents (19,412 people) provide unpaid care (Census 2021); 3.1% provide 50+ hours weekly. Supplied evidence links caring with poorer health and stress. Carers may have limited time and may contact services on behalf of another person.	Positive potential from convenient self-service, proactive updates, fewer repeated contacts and clearer ownership. Risks include inaccessible authorisation/consent processes, inflexible appointments, or requiring carers to repeatedly explain circumstances.	Test journeys with carers; provide flexible channels and clear proxy/consent information; minimise repeat contact; recognise carers in relational conversations and signposting; include carers' organisations in consultation where possible.	Consultation and implementation. Leads: Customer Access, service owners, Live Well/neighbourhood partners.
Socio-economic	Supplied evidence: Rochdale is identified as highly deprived; 34.9% of pupils are eligible for free school meals; 6.4% of residents aged 16+ claim out-of-work benefits; workplace earnings are below North West and Great Britain figures. The strategy explicitly links access to prevention, neighbourhoods and assisted digital support.	Strong equality relevance. Digital self-service may save time/cost for many residents, but device/data affordability, digital skills, literacy and transport costs can create barriers. Poor access can compound financial hardship and increase repeat contact or crisis escalation.	Maintain free/assisted and non-digital routes; use neighbourhood/Live Well and library/community assets; test for device/data/skills barriers; use plain language; avoid digital-only processes where exclusion risk is material; monitor area-level/digital readiness data and assisted-access demand.	Throughout strategy and implementation. Leads: Customer Access, Digital Services, Live Well/neighbourhoods, libraries and service owners.

Does the proposal / policy / plan / project have the potential to negatively impact on Rochdale Council employees?

	Evidence and information	Impact	Mitigation activities and actions	Timescale and responsible service / team
Workforce	The strategy requires Council staff across services to adopt common customer standards, trauma-informed/relational behaviours, clearer ownership, improved use of data/CRM and revised customer journeys. It also identifies staff capacity, skills and confidence as a delivery dependency.	Mixed. Positive: clearer standards, better tools, fewer avoidable contacts and better hand-offs should support staff. Potential negative impacts include additional training, implementation workload, changed processes, emotional labour when supporting people in distress, and anxiety about new digital/CRM/quality-assurance requirements.	Engage staff and unions/employee networks as appropriate; provide training, supervision and practical guidance; phase implementation; assess workload/capacity; provide reasonable adjustments; ensure quality assurance is developmental and not solely compliance-focused; complete workforce change processes/EIAs where roles materially change.	Before implementation and ongoing. Responsible: Customer Access, workstream/service leads and relevant workforce/OD support.

Section 3: Human Rights

Are the human rights of individuals in Rochdale Borough potentially affected by this proposal? This includes all residents, as well as those with any protected characteristics. (Considerations about human rights are likely to be more relevant to some services and proposals than others).

Yes, potentially. The strategy affects how residents access public services and how personal information is collected, used and shared. Relevant rights may include respect for private and family life, protection from discrimination, and fair access to Council processes. The strategy is designed to support these rights through privacy by design, data minimisation, accessible and non-discriminatory customer standards, human/assisted routes, and trauma-informed practice.

Specific implementation projects may have greater human-rights implications than the high-level strategy, particularly where they involve identity verification, data sharing, automation, restrictions on contact, or changes to face-to-face access. These should be assessed separately.

If the human rights of any individuals, including those with protected characteristics, are restricted or limited, is your proposal still considered to be proportionate? [Human rights can be legitimately restricted in some circumstances if there is justification for doing so. This could be because the council has legitimate reasons]

The strategy does not propose a general restriction of human rights. Where future service-level changes could limit a route of access, process personal data differently, automate decisions, or restrict contact because of abusive behaviour, the Council will need to demonstrate a lawful and legitimate purpose, necessity and proportionality, consider less restrictive alternatives, provide reasonable adjustments and maintain appropriate safeguards/review routes. Relevant service-specific EIA, DPIA and legal/IG advice should be completed before implementation.

Section 4: Summary, monitoring and approval

Summarise the overall impact your proposal will have (please ensure this includes specific impacts on protected groups)

Overall, the strategy has substantial potential to advance equality by creating more consistent standards, accessible and assisted routes, clearer information, fewer hand-offs, trauma-informed practice, improved neighbourhood access and stronger use of insight to identify unmet need.

The most material positive opportunities are for disabled residents, carers, care-experienced people, people living in socio-economic disadvantage, people facing language/digital barriers, and residents whose circumstances make relational or face-to-face support important.

The principal risks are digital exclusion, inaccessible digital or physical journeys, unequal effects of standardised processes, language/literacy barriers, repeated disclosure of difficult information, inappropriate data collection/sharing, and implementation that reduces human contact without understanding who still needs it.

These risks are mitigated in the strategy through channel-by-need, assisted and non-digital access, reasonable adjustments, accessibility testing, privacy/data minimisation, trauma-informed standards, targeted consultation and a commitment to service/project-specific assessment where material changes are made. The EIA must remain live and be updated after consultation and during implementation.

In some cases, there may be potentially discriminatory effects on a protected group, but your proposal is still deemed necessary for another reason. If this is the situation with your proposal, please explain the rationale (for example, due to budget constraints, the council cannot deliver existing service standards for non-statutory provision, therefore reductions are being made)

No unavoidable discriminatory effect has been identified at strategy level that would justify proceeding despite known discrimination. The strategy is expressly designed to improve equitable access. However, individual implementation decisions may create differential impacts, for example removal/reduction of a contact channel, automation, changes to locations or eligibility/processes. Such decisions must not rely on this strategic EIA alone and will require proportionate service/project-level equality assessment, consultation and mitigation before approval.

Outline the governance and monitoring for this EIA

- Name the officer / board / committee:
- Provide the review date:

Proposed governance and monitoring:

- Lead officer: Head of Customer Access.
- Oversight: Customer Access & Experience Strategy governance / relevant transformation governance, with regular reporting to Leadership Team on outcomes, delivery, risks and dependencies.
- Critical-friend / approval: relevant Assistant Director or Director in line with the EIA template.

- Monitoring evidence: customer satisfaction and feedback; complaints themes; repeat contact and first-contact resolution; channel volumes; digital completion/drop-off; assisted access; adoption of corporate standards; staff confidence; neighbourhood/Live Well insight; equality/accessibility feedback.
- Review points: update the EIA after internal engagement and public consultation; before final strategy approval; when material delivery plans are agreed; and when monitoring identifies a differential impact or significant change in evidence.
- Suggested formal review date: September 2027, or earlier if a material change is proposed.

Approval details below are intentionally left for completion by the approving Assistant Director / Director after critical-friend review.

Lead officer approving the EIA assessment (this must be an Assistant Director or Director):

Name Asam Jan

Role: Head of Customer Access

Date: 14th October 2026

Disclaimer: each directorate is legally responsible for the decisions taken in relation to whether to undertake an EIA and for approving the EIAs produced by the service areas within their department. The role of the Policy Team is to provide advice and guidance.