

## Equality & Health Impact Assessment (EqHIA)

### Document control

<b>Title of activity:</b>	<i>Development of Adopt London East: Regional Adoption service.</i>
<b>Lead officer:</b>	<i>Sue May: Regionalisation Practice Lead</i>
<b>Approved by:</b>	<i>Robert Smith</i>
<b>Date completed:</b>	<i>22/10/18</i>
<b>Scheduled date for review:</b>	<i>If applicable. Please provide a reason if it does not need to be reviewed.</i>

Please note that the Corporate Policy & Diversity and Public Health teams require at least **5 working days** to provide advice on EqHIAs.

<b>Did you seek advice from the Corporate Policy &amp; Diversity team?</b>	Yes
<b>Did you seek advice from the Public Health team?</b>	Yes
<b>Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?</b>	Yes

Please note that EqHIAs are **public** documents and must be made available on the Council's [EqHIA webpage](#).

**Please submit the completed form via e-mail to [EqHIA@havering.gov.uk](mailto:EqHIA@havering.gov.uk) thank you.**

# 1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact [EqHIA@havering.gov.uk](mailto:EqHIA@havering.gov.uk) for advice from either the Corporate Diversity or Public Health teams. Please refer to the Guidance in Appendix 1 on how to complete this form.

## About your activity

1	Title of activity	<i>Development of Adopt London East: Regional Adoption Service</i>		
2	Type of activity	<i>Development of a new service resulting in a change in change in the current adoption service</i>  <i>Note: This EqHIA relates only to impact on adoptive families. A separate EqHIA will be undertaken for affected staff</i>		
3	Scope of activity	<i>Development of an integrated adoption service; hosted by Havering on behalf of Tower Hamlets, Newham, London Borough of Barking and Dagenham and Waltham Forest.</i>		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	If the answer to <u>any</u> of these questions is 'YES', please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is 'NO', please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes		
5	If you answered YES:	<b>Please complete the EqHIA in Section 2 of this document.</b> Please see Appendix 1 for Guidance.		
6	If you answered NO:	<i>Please provide a clear and robust explanation on why your activity does not require an EqHIA. This is essential in case the activity is challenged under the Equality Act 2010.</i>  <i>Please keep this checklist for your audit trail.</i>		

Completed by:	<i>Sue May: Practice Lead</i>
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Date:

22/10/18

## 2. The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

### Background/context:

In March 2016, the government announced changes to the delivery of adoption services setting a clear direction that all local authorities' adoption services must be delivered on a regionalised basis by 2020. This followed a range of national policy changes since 2012, including the 2015 'Regionalising Adoption' paper by the DfE that sought improvements in adoption performance. Following the general election in June 2017, the Minister of State for Children and Families reaffirmed commitment to this policy. In March 2018, the DfE commenced the legislation that allows them to direct a local authority into a RAA if no progress is made.

The purpose of regionalisation is to achieve the following outcomes:

- Increase the number of children adopted
- Reduce the length of time children wait to be adopted
- Improve post-adoption support services to families who have adopted children from care
- Reduce the number of agencies that provide adoption services thereby improving efficiency & effectiveness.

Currently adoption services in East London are delivered in small teams, often integrated with other permanence options. The rate of children leaving care for adoption and the number of adopters recruited are both lower than national comparators and expected standards. Adoption support services are underdeveloped and often delivered by one worker operating in isolation. Combining services into one larger agency allows for greater focus on adoption activities, gives more scope for adopter recruitment and placement of children across a larger geographical area and development of a shared adoption support service with a clear core offer.

A new East London Regional Adoption Agency (RAA) will be created. Havering will host a combined adoption service for the five East London Boroughs of Havering, Tower Hamlets, Newham, Barking and Dagenham and Waltham Forest. These agencies wish to build on the success of their existing services to improve performance in meeting the needs of children who require permanence through adoption, by bringing together the best practice from each authority within the RAA. This forms part of an overarching project to develop four RAAs across London.

The development project is overseen by a board comprising of ADCS from all five Boroughs and chaired by the Havering Director of Children's Services. The service will be developed using the combined adoption budgets of all five Boroughs.

Detail of the service design and delivery will be developed with our staff and adopters through thematic practice development sessions and with reference to best practice guidance.

*\*Expand box as required*

### Who will be affected by the activity?

Employees: who will transfer into Havering from other East London Boroughs  
Adopters and adopted children and adults

**Note this EqHIA only relates to adopters and adopted children. A further separate Eq HIA will be completed in respect of employees as part of the HR processes**

### Protected Characteristic - Age: Consider the full range of age groups

*Please tick (✓)  
the relevant box:*

**Positive**

x

**Neutral**

**Negative**

#### Overall impact:

Research evidences that children adopted over the age of 4, who have suffered trauma are more likely to face an adoption breakdown in their teenage years (see below). The service aims to improve timeliness of adoption, develop an early permanence program where children may be placed directly with adoptive parents (avoiding the trauma of additional separation from foster carers) and provide an improved adoption support service. The service will provide direct support to adopted teens who are identified to be the most vulnerable group.

*\*Expand box as required*

#### Evidence:

Researchers from the University of Bristol undertook a large scale survey on adoptive families over a 12 year period. They identified that in 3.2% of adoptions the children leave the family home prematurely (known as disruption). Most adoptions disrupt when the child reaches teenage years. Disruptions are 10 times more likely for a teenager than a child under 4. Although the majority of placements disrupt in teenage years children placed over the age of 4 were significantly more likely to form part of this group

CORAM have undertaken a review of early permanence use in newly forms regional agencies. All agencies report improved use of early permanence and positive engagement with adoptive families

*\*Expand box as required*

**Sources used:**

Beyond the Adoption Order; challenges, intervention, disruption - Hadley Centre at the University of Bristol (April 2014)

Early Permanence in the Regional Adoption Agencies  
May 2018 - CORAM

*\*Expand box as required*

**Protected Characteristic - Disability:** Consider the full range of disabilities; including physical mental, sensory and progressive conditions

Please tick (✓)  
the relevant box:

**Positive**

x

**Overall impact:**

Adopters and adopted children: Performance in the last year across all ALE London boroughs in terms of recruitment of adopters and placement of children with a disability was low (see evidence)

**Neutral**

The BAAF Briefing paper: *Adoption of disabled children begins with the premise that ‘ all children, including those with impairments, have a right to be seen as unique individuals. They also have a right to a family – and to make that more likely, potential families must be shown through every means possible that each child is more than a label or diagnosis (Cousins 2009)*

**Negative**

Regionalisation of the service will provide opportunities to effectively target communication, to ensure prospective adopters with a disability understand the service positively recognizes the contribution adopters with a disability have to offer.

Similarly the service will use the larger pool of available adopters and targeted matching to ensure children with a disability are adopted where this is the care plan.

*\*Expand box as required*

**Evidence:**

All Local Authorities are required to submit a return to the Adoption Leadership Board detailing performance. The returns made by each ALE Local Authority have been analysed.

- No ALE Local Authority recruited an adopter with a recorded disability
- Only 3 children with a disability were placed across ALE Local Authorities (2 in one Local Authority)

National statistics from the ALB return indicate that disabled children are identified as hard to place and placement matches take longer. Data on placement of children with a disability is not collated through the adoption scorecard but the ALB return indicates that across all England 4.5% of children waiting for an adoptive placement have an identified disability. ALE Local Authorities report 5.8% children with a disability waiting.

Research (BAAF as below) identifies that children with a learning disability are less likely to become adopted. Children with a physical ability are more likely to become adopted at an older age by their foster carers

*\*Expand box as required*

**Sources used:**

ALB returns and performance analysis

The Adoption of disabled children – BAAF Briefing paper

*\*Expand box as required*

**Protected Characteristic - Sex/gender: Consider both men and women**

*Please tick (✓)  
the relevant box:*

**Positive**

x

**Overall impact:**

The service will ensure all members of the community are aware they can apply for an assessment as to their suitability to adopt a child

**Neutral**

The service will also ensure family finding and matching is streamlined and benefits from a wider adopter pool

**Negative**

*\*Expand box as required*

**Evidence:**

Adopters: In 2017/18 ALE Local Authorities made placements of children with 36 in-house approved adopters. Of these, 26 were heterosexual couples, one lesbian couple and one gay male couple. 8 were single female adopters no single male adopter had a child placed.

Children: Nationally boys over the age of 4 are considered to be harder to place than girls. This is also evidenced as a marginal factor in ALE Local Authorities

Adoption register Statistics evidence that although a similar number of boys and girls are referred to the adoption register boys wait longer for a match: At year end 2017; 56% of children waiting to be matched were boys and 44% of children waiting were girls

*\*Expand box as required*

**Sources used:**

ALE Local Authorities ALB data returns and analysis

Adoption Register Statistics

*\*Expand box as required*

**Protected Characteristic - Ethnicity/race:** Consider the impact on different ethnic groups and nationalities

Please tick (✓) the relevant box:

**Positive**      x

**Neutral**

**Negative**

**Overall impact:**

ALE Local Authorities have a high rate of looked after children from local BME communities. Children from BME Communities are identified to be harder to place for adoption.

The larger regional agency will use the combined resources from all agencies to provide focused recruitment of adopters from local BME communities to meet the identified needs of children waiting for adoption

*\*Expand box as required*

**Evidence:**

2017/18 data from the unpublished ALB data returns indicates that the percentage of children placed for adoption from BME populations varies from 75% in Newham and Waltham Forest with LBBD and Tower Hamlets both reporting approximately 50% to 17% (one child) in Havering. Children from BME populations are typically seen to be harder to place.

Analysis of the above information shows in East London this is not the case. All authorities except Tower Hamlets show shorter timescales for PO to Match. In the case of Tower Hamlets a single lengthy search for a BME child has had a disproportionate effect.

The latest published Adoption scorecard indicates that although overall performance in numbers of children placed from BME populations is good in this region, the percentage of children from BME populations who leave care for adoption remains low due to the high numbers of children from BME populations who are looked after. The England average of 8% is only achieved by Waltham Forest with all other ALE Local Authorities achieving 5 or 6%

The number of adopters from BME populations has been collated from all family types. For the purposes of this exercise, if either adopter in a couple is identified as BME the adoptive family has been recorded as BME. The Percentage of adopters from BME populations varies from 75% in Tower Hamlets and 66% in Waltham Forest to 25% in Havering and 17% in LBBD. No adopters were identified as having a disability. This variability is not in line with BME populations in ALE Local Authorities and although further analysis is required, the BME adopters recruited do not match with predominant groups in the local community It is likely that improved targeted recruitment could improve the

adopter base

Statistics suggest it is more difficult to place children from ethnic minority groups. Figures from the National Adoption Register show that, in 2008, 243 children from ethnic minorities were referred but there were only nine adopters. – Community Care

A number of agencies have developed best practice guidance in working with local communities.

*\*Expand box as required*

**Sources used:**

ALB Data returns – performance information and analysis

Community Care – Building success in transracial placements

Best practice examples: PACT UK; Adopt4children

*\*Expand box as required*

**Protected Characteristic - Religion/faith:** Consider people from different religions or beliefs including those with no religion or belief

*Please tick (✓)  
the relevant box:*

**Overall impact:**

**Positive**

x

As Above people of all religion and faiths and none are welcome to apply to adopt. Heterosexual couples from Christian faith are over represented in the adoption community, however people from other local faith communities are under-represented.

**Neutral**

**Negative**

The service will aim to engage with local faith communities in order to ensure adoption is fully understood

*\*Expand box as required*

**Evidence:**

Parents have a right to request their child is brought up in their chosen faith and all agencies must take this into account when family finding. This can lead to delay

As above best practice exemplars evidence the value of working with local communities and faith groups

*\*Expand box as required*



**Sources used:**

The Adoption and Children Act 2005

Adoption: giving due weight to birth parents' religious preferences: The Guardian

ALB Statistical returns

*\*Expand box as required*

**Protected Characteristic - Sexual orientation:** Consider people who are heterosexual, lesbian, gay or bisexual

Please tick (✓) the relevant box:

**Positive**

x

**Neutral**

**Negative**

**Overall impact:**

Analysis of adopters recruited shows LGBT adopters are currently under-represented and the service will aim to promote adoption within the LGBT community.

Children who are LGBT will benefit from a wider pool of adopter skill and knowledge and from improved adoption support

*\*Expand box as required*

**Evidence:**

Analysis of the 2017/18 unpublished ALB returns from all ALE Local Authorities identified that all Local Authorities primarily recruited adopters who were a heterosexual couple. The next most common adopter type was single female heterosexual. Only two same sex couples were recruited, one gay and one lesbian. No single males, single gay men or single lesbian women were recruited. Gay and Lesbian people have been identified as a potential target market for adoption and recruitment in this area appears to be underdeveloped across ALE authorities.

In total 36 ALE Local Authority recruited adopters had a child placed in 2017/18. This included 2 same sex couples (5.5%)

Adoptions by same-sex couples in England, Scotland and Wales – 2016/2017 (New Family Social – Research 2018)

- **England** – In this period there were 420 adoptions to same-sex couples, out of 4,350 adoptions in total. This represents 9.7 per cent of all adoptions that year, or **1 in 10**.

Several studies of LGBT adopters have been undertaken as cited below. All conclude that LGBT adopters are under-represented and are an un-tapped resource. Currently only one Local Authority referenced any work with New Family Social an LGBT specialist resource.

Studies of LGBT adoptive families have evidenced no significant difference in outcomes for children other than some evidence of a higher level of understanding of the impact of difference in LGBT adopters

*\*Expand box as required*

**Sources used:**

ALB Data returns and analysis

Gay Lesbian and Heterosexual Adoptive Families (BAAF with Cambridge University) 2013

The recruitment, assessment, support and supervision of lesbian, gay, bisexual and transgender foster carers An international literature review Helen Cosis Brown, Judy Sebba and Nikki Luke – Rees Centre 2015

New Family Social Research 2018

*\*Expand box as required*

**Protected Characteristic - Gender reassignment:** Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

*Please tick (✓)  
the relevant box:*

**Positive**     

**Neutral**       

**Negative**     

**Overall impact:**

There is little current research into transgendered children but they are known to face challenge in our communities. They require knowledgeable and empathic support from adopters willing to accept their chosen identity

The new service aims to improve adoption support to adoptive families

Currently there are no collated statistics on transgendered people or adopters but no adopter in ALE Local Authorities has been identified as transgender

*\*Expand box as required*

**Evidence:**

At present, there is no official estimate of the trans population. The England/Wales Census and Scottish Census have not asked if people identify as trans and do not plan to include such a question in 2011. No major Government or administrative surveys collect data on trans people. Existing studies estimate the number of trans people in the UK to be between around 65,000 (Johnson, 2001, p. 7) and around 300,000<sup>1</sup> (GIREs, 2008b). The absence of an official estimate makes it impossible to establish the level of inequality, discrimination or exclusion that trans people have experienced in many areas.

There is currently little longitudinal research into Transgender children and this is an emerging field. It is however widely understood that Transgender children often recognize their difference from a very early age. Living in a society in which all people are described as either male or female brings profound challenge. Adoptive children who are challenging gender norms need support from adopters capable of understanding their world and responding to their needs.

*\*Expand box as required*

**Sources used:**

Equalities Commission – Trans Research Review 2009  
 CPS Gender Equality Guidance – February 2015  
 New Family Social

*\*Expand box as required*

**Protected Characteristic - Marriage/civil partnership: Consider people in a marriage or civil partnership**

*Please tick (✓) the relevant box:*

<b>Positive</b>	
<b>Neutral</b>	<b>x</b>
<b>Negative</b>	

**Overall impact:**

All adoption services currently operate a policy of promotion of all family types including people living within a marriage or civil partnership and this policy will continue.

*\*Expand box as required*

**Evidence:**

*\*Expand box as required*

**Sources used:**

*\*Expand box as required*

**Protected Characteristic - Pregnancy, maternity and paternity:** Consider those who are pregnant and those who are undertaking maternity or paternity leave

<i>Please tick (✓) the relevant box:</i>		<b>Overall impact:</b>  Adopters have statutory rights to adoption leave. These are protected within regulation and adopters are advised of their rights by their adoption social worker. This practice will continue  Improved adoption support will allow the service to be more pro-active in working with key employers on adoption friendly practice and on assisting individual adopters to discuss family friendly working practice with their employer
<b>Positive</b>	x	
<b>Neutral</b>		
<b>Negative</b>		

*\*Expand box as required*

**Evidence:**

Policies and procedures in all Local Authorities reflect Government Guidance

Statutory maternity, paternity and adoption rights in the UK apply to parents both before and after birth or adoption. The rights provide parents with the time needed to maintain family responsibilities while keeping their right to return to work. Fathers, adoptive parents and same-sex partners are entitled to paternity or maternity leave, adoption and shared parental leave. (CIPD Guidance)

Where family and adoptive family friendly practices have been instituted companies have reported higher employee satisfaction, greater retention and no loss of productivity (JRT)

*\*Expand box as required*

**Sources used:**

Statutory Pay and Leave: AND Employer Guide: Gov.UK

CIPD guidance

Putting family-friendly working policies into practice  
Sue Bond, Jeff Hyman, Juliette Summers and Sarah Wise - JRT Feb 2002

*\*Expand box as required*

**Socio-economic status:** Consider those who are from low income or financially excluded backgrounds

<i>Please tick (✓) the relevant box:</i>		<b>Overall impact:</b>  Adopters on a low income are able to claim the same benefits as any other parent. Some may also be able to claim additional adoption allowances. Decision making regarding adoption allowances will initially remain with each Local Authority
<b>Positive</b>		
<b>Neutral</b>	X	
<b>Negative</b>		

*\*Expand box as required*

**Evidence:**  
  
ALE Business case – states Adoption allowances will remain within each Local Authority

*\*Expand box as required*

**Sources used:**

ALE Business case

*\*Expand box as required*

**Health & Wellbeing Impact:** Consider both short and long-term impacts of the activity on a person’s physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity? Please use the Health and Wellbeing Impact Tool in Appendix 2 to help you answer this question.

<i>Please tick (✓) all the relevant boxes that apply:</i>		<b>Overall impact:</b>  Regionalisation of adoption will bring together a single integrated workforce which will provide opportunities to develop a consistent core offer and use the skills of the existing workforce for the benefit of all. A coordinated response will allow the service to work with partners including those in the health sector to improve services for adoptive families
<b>Positive</b>	x	
<b>Neutral</b>		
<b>Negative</b>		

*\*Expand box as required*

**Do you consider that a more in-depth HIA is required as a result of this brief assessment?** Please tick (✓) the relevant box

**No** •

**Evidence:**  
  
Consultation with adoptive parents in the ALE area has been undertaken by ‘We are Family’ This evidenced a high degree of dissatisfaction with adoption support services. This finding has been replicated nationally and is reflected in the BAAF research overview (below)

There are currently no formal evaluations of support provided by the newly formed regional adoption agencies. Individual agencies, however report higher levels of adopter satisfaction

The Health and Well-being impact tool has been completed to ensure all potential impacts are fully understood and assessed.

Adoption is a positive choice made by potential adoptive parents after careful consideration of all factors involved. All potential adoptive parents undertake preparation training and have a full assessment undertaken by a specialist social worker. This assessment supports them to explore all potential impacts on their life.

The positive impact on family life and social circumstances through adoption of a much wanted child is the prime motivator for prospective adopters. The potential challenges of supporting a child who may have suffered trauma into a new 'forever family' are fully explored in assessment. Training, guidance and adoption support is provided from the point of assessment to placement and until the child reaches 18 or beyond.

There is a potential negative effect on education or employment opportunities. The assessment includes consideration of the adoptive families financial stability. This includes potential impacts on employment opportunities through parental leave and choices to reduce or cease work. Adoptive children may need more support in the early years and this is also fully explored. Some financial support is available for adoptive families who adopt children with more complex needs.

*\*Expand box as required*

**Sources used:**




Adoption for looked after children: messages from research: BAAF 2012

*\*Expand box as required*

### 3. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

	1. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u>		<b>Proceed with implementation</b> of your activity
	2. The EqHIA identified some <u>negative impact</u> which still needs to be <u>addressed</u>		<b>COMPLETE SECTION 4:</b> <b>Complete action plan</b> and finalise the EqHIA
	3. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level		<b>Stop and remove</b> the activity or <b>revise</b> the activity <b>thoroughly</b> . <b>Complete an EqHIA on the revised proposal.</b>

## 4. Action Plan

The real value of completing an EqHIA comes from the identifying the actions that can be taken to eliminate/minimise negative impacts and enhance/optimize positive impacts. In this section you should list the specific actions that set out how you will address any negative equality and health & wellbeing impacts you have identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer

**Add further rows as necessary**

\* You should include details of any future consultations and any actions to be undertaken to mitigate negative impacts

\*\* Monitoring: You should state how the impact (positive or negative) will be monitored; what outcome measures will be used; the known (or likely) data source for outcome measurements; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).



## 5. Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

**Review:**

**Scheduled date of review:**

**Lead Officer conducting the review:**

*\*Expand box as required*

**Please submit the completed form via e-mail to [EqHIA@havering.gov.uk](mailto:EqHIA@havering.gov.uk) thank you.**

# Appendix 1. Guidance on Undertaking an EqHIA

**This Guidance can be deleted prior to publication.**

## What is it?

The Equality & Health Impact Assessment (EqHIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service, whilst at the same time ensuring a person's chance of leading a healthy life is the same wherever they live and whoever they are. We want to ensure that the activities of the Council are 'fit for purpose' and meet the needs of Havering's increasingly diverse communities and employees. This robust and systematic EqHIA process ensures that any potential detrimental effects or discrimination is identified, removed, or mitigated and positive impacts are enhanced.

## When to Assess:

An EqHIA should be carried out when you are changing, removing or introducing a new service, policy, strategy or function; for simplicity, these are referred to as an "activity" throughout this document. It is best to conduct the assessment as early as possible in the decision-making process.

## Guidance: Equality & Health Impact Assessment Checklist

The Checklist in Section 1 asks the key questions,

**4a) Are you changing, introducing a new, or removing a service, policy, strategy or function?**

**4b) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?**

**4c) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?**

- If the answer to ANY of the questions 4a, 4b or 4c of the Checklist is 'YES' then you must carry out an assessment. e.g. Proposed changes to Contact Centre Opening Hours  
'YES' = you need to carry out an EqHIA
- If the answer to ALL of the questions, 4a or 4b of the Checklist is NO, then you do not need to carry out an EqHIA assessment. e.g. Quarterly Performance Report  
'NO' = you DO NOT need to carry out an EqHIA. Please provide a clear explanation as to why you consider an EqHIA is not required for your activity.

## Using the Checklist

The assessment should take into account all the potential impacts of the proposed activity, be it a major financial decision, or a seemingly simple policy change. Considering and completing this EqHIA will ensure that all Council plans, strategies, policies, procedures, services or other activity comply with relevant statutory obligations and responsibilities. In particular it helps the Council to meet its legal obligation under the [Equality Act 2010 and the Public Sector Equality Duty](#) and its public health duties under the [Health and Social Care Act 2012](#).

## Having Due Regard

To have due regard means that in making decisions and in its other day-to-day activities, the Council must consciously consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups
- Reduce inequalities in health outcomes

## Combining Equality and Health Impact Assessment:

[Equality Impact Assessments \(EIAs\)](#) provide a systematic way of ensuring that legal obligations are met. They assess whether a proposed policy, procedure, service change or plan will affect people different on the basis of their 'protected characteristics' and if it will affect their human rights. Currently there are **nine protected characteristics** (previously known as 'equality groups' or 'equality strands'): age, disability, sex/gender, ethnicity/race, religion/faith, sexual orientation, gender reassignment, marriage/civil partnership, and pregnancy/ maternity/paternity.

An activity does not need to impact on all 9 protected characteristics – impacting on just one is sufficient justification to complete an EqHIA.

[Health Impact Assessments \(HIAs\)](#) consider the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health and wellbeing of the population. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity by assessing the distribution of potential effects within the population, particularly within vulnerable groups. 'Health' is not restricted to medical conditions, or the provision of health services, but rather encompasses the wide range of influences on people's health and wellbeing. This includes, but is not limited to, experience of discrimination, access to transport, housing, education, employment - known as the 'wider determinants of health'.

This [Equality and Health Impact Assessment \(EqHIA\)](#) brings together both impact assessments into a single tool which will result in a set of recommendations to eliminate discrimination and inequality; enhance potential positive impacts and mitigate where possible for negative impacts. In conducting this EqHIA you will need to assess the impact (positive, neutral or negative) of your activity on individuals and groups with **protected characteristics** (this includes staff delivering your activity), **socio-economic status** and **health & wellbeing**. Guidance on what to include in each section is given on the next pages.

### Guidance: What to include in background/context

In this section you will need to add the background/context of your activity, i.e. what is the activity intending to do, and why?

Make sure you include the scope and intended outcomes of the activity being assessed; and highlight any proposed changes. Please include a brief rationale for your activity and any supporting evidence for the proposal. Some questions to consider:

- What is the aim, objectives and intended outcomes?
- How does this activity meet the needs of the local population?
- Has this activity been implemented in another area? What were the outcomes?
- Is this activity being implemented as per best practice guidelines?
- Who were the key stakeholders in this activity?

\*Note that the boxes will expand as required

## Guidance: Who will be affected by the activity?

The people who will be affected may be

**Residents:** pay particular attention to vulnerable groups in the population who may be affected by this activity

**Businesses/ manufacturing / developers / small, medium or large enterprises**

**Employees:** e.g. Council staff for an internal activity, other statutory or voluntary sector employees, local businesses and services

\*Note that the boxes will expand as required

## Guidance: What to include in assessing a Protected Characteristic e.g. AGE

Please tick (✓) the relevant box:

**Positive**

**Neutral**

**Negative**

**Overall impact:** In this section you will need to consider and note what impact your activity will have on individuals and groups (including staff) with protected characteristics based on the data and information you have. You should note whether this is a positive, neutral or negative impact.

**It is essential that you note all negative impacts. This will demonstrate that you have paid 'due regard' to the Public Sector Equality Duty if your activity is challenged under the Equality Act.**

\*Note that the boxes will expand as required

**Evidence:** In this section you will need to document the evidence that you have used to assess the impact of your activity.

When assessing the impact, please consider and note how your activity contributes to the three aims of the Public Sector Equality Duty (PSED) as stated in the section above.

It is essential that you note the full impact of your activity, so you can demonstrate that you have fully considered the equality implications and have paid 'due regard' to the PSED should the Council be challenged.

- If you have identified a **positive impact**, please note this.
- If you think there is a **neutral impact** or the impact is not known, please provide a full reason why this is the case.
- If you have identified a **negative impact**, please note what steps you will take to mitigate this impact. If you are unable to take any mitigating steps, please provide a full reason why. All negative impacts that have mitigating actions must be recorded in the **Action Plan**.
- **Please ensure that appropriate consultation with affected parties has been undertaken and evidenced**

**Sources used:** In this section you should list all sources of the evidence you used to assess the impact of your activity. This can include:

- Service specific data
- Population, demographic and socio-economic data. Suggested sources include:
  - o Service user monitoring data that your service collects
  - o [Havering Data Intelligence Hub](#)
  - o [Office for National Statistics \(ONS\)](#)

If you do not have any relevant data, please provide the reason why.

\*Note that the boxes will expand as required

## Guidance: What to include in assessing Health & Wellbeing Impact:

Please tick (✓) all the relevant boxes that apply:

**Positive**

**Neutral**

**Negative**

**Overall impact:** In this section you will need to consider and note whether the proposal could have an overall impact on, or implications for, people's health and wellbeing or any factors which determine people's health.

How will the activity help address inequalities in health?

Include here a brief outline of what could be done to enhance the positive impacts and, where possible, mitigate for the negative impacts.

\*Note that the boxes will expand as required

**Do you consider that a more in-depth HIA is required as a result of this brief assessment?** Please tick (✓) the relevant box

Yes  No

**Evidence:** In this section you will need to outline in more detail how you came to your conclusions above:

- What is the nature of the impact?
- Is the impact **positive** or **negative**? It is possible for an activity to have **both positive and negative impacts**. Consider here whether people will be able to access the service being offered; improve or maintain healthy lifestyles; improve their opportunities for employment/income; whether and how it will affect the environment in which they live (housing, access to parks & green space); what the impact on the family, social support and community networks might be
- What can be done to mitigate the negative impacts and/or enhance the positive impacts?
- If you think there is a **neutral impact**, or the impact is not known, please provide a brief reason why this is the case.
- What is the likelihood of the impact? Will the impact(s) be in weeks, months or years? In some cases the short-term risks to health may be worth the longer term benefits.
- Will the proposal affect different groups of people in different ways? A proposal that is likely to benefit one section of the community may not benefit others and could lead to inequalities in health.

**Please use the Health & Wellbeing Impact Tool in Appendix 2 as a guide/checklist to assess the potential wider determinants of health impacts.**

This tool will help guide your thinking as to what factors affect people's health and wellbeing, such as social support, their housing conditions, access to transport, employment, education, crime and disorder and environmental factors. It is not an exhaustive list, merely a tool to guide your assessment; there may be other factors specific to your activity.

Some questions you may wish to ask include:

- Will the activity impact on people's ability to socialise, potentially leading to social isolation?
- Will the activity affect a person's income and/or have an effect on their housing status?
- Is the activity likely to cause the recipient of a service more or less stress?
- Will any change in the service take into account different needs, such as those with learning difficulties?
- Will the activity affect the health and wellbeing of persons not directly related to the service/activity, such as carers, family members, other residents living nearby?
- If there is a short-term negative effect, what will be done to minimise the impact as much as possible?

- Are the longer-term impacts positive or negative? What will be done to either promote the positive effects or minimise the negative effects?
- Do the longer term positive outcomes outweigh the short term impacts?

\*Note that the boxes will expand as required

**Sources used:** In this section you should list all sources of the evidence you used to assess the impact of your activity. This could include, e.g.:

Information on the population affected

- Routinely collected local statistics (e.g. quality of life, health status, unemployment, crime, air quality, educational attainment, transport etc.)
- Local research/ Surveys of local conditions
- Community profiles

Wider Evidence

- Published Research, including evidence about similar proposals implemented elsewhere (e.g. Case Studies).
- Predictions from local or national models
- Locally commissioned research by statutory/voluntary/private organisations

Expert Opinion

- Views of residents and professionals with local knowledge and insight

\*Note that the boxes will expand as required

## Guidance: Outcome of the Assessment

On reflection, what is your overall assessment of the activity?

The purpose of conducting this assessment is to offer an opportunity to think, reflect and **improve** the proposed activity. It will make sure that the Council can evidence that it has considered its due regard to equality and health & wellbeing to its best ability.

It is not expected that all proposals will be immediately without negative impacts! However, where these arise, what actions can be taken to mitigate against potential negative effects, or further promote the positive impacts?

Please tick one of the 3 boxes in this section to indicate whether you think:

1. all equality and health impacts are adequately addressed in the activity – proceed with your activity pending all other relevant approval processes
2. the assessment identified some negative impacts which could be addressed – please complete the Action Plan in Section 4.
3. If the assessment reveals some significant concerns, this is the time to stop and re-think, making sure that we spend our Council resources wisely and fairly. There is no shame in stopping a proposal.

\*Note that the boxes will expand as required

## Guidance: Action Plan

For each protected characteristic/health & wellbeing impact where an impact on people or their lives has been identified, complete one row of the action plan. You can add as many further rows as required.

State whether the impact is Positive or Negative

Briefly outline the actions that can be taken to mitigate against the negative impact or further enhance a positive impact. These actions could be to make changes to the activity itself (service, proposal, strategy etc.) or to make contingencies/alterations in the setting/environment where the activity will take place.

For example, might staff need additional training in communicating effectively with people with learning difficulties, if a new service is opened specifically targeting those people? Is access to the service fair and equitable? What will the impact on other service users be? How can we ensure equity of access to the service by all users? Will any signage need changing? Does the building where the service being delivered comply with disability regulations?

## Guidance: Review

Changes happen all the time! A service/strategy/policy/activity that is appropriate at one time, may no longer be appropriate as the environment around us changes. This may be changes in our population, growth and makeup, legislative changes, environmental changes or socio-political changes.

Although we can't predict what's going to happen in the future, a review is recommended to ensure that what we are delivering as a Council is still the best use of our limited resources. The timescale for review will be dependent on the scale of the activity.

A major financial investment may require a review every 2-3 years for a large scale regeneration project over 10-15 years.

A small policy change may require a review in 6 months to assess whether there are any unintended outcomes of such a change.

Please indicate here how frequently it is expected to review your activity and a brief justification as to why this timescale is recommended.



## Appendix 2. Health & Wellbeing Impact Tool

Will the activity/service/policy/procedure affect any of the following characteristics? Please tick/check the boxes below

The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Personal circumstances YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Access to services/facilities/amenities YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Diet <input type="checkbox"/> Exercise and physical activity <input type="checkbox"/> Smoking <input type="checkbox"/> Exposure to passive smoking <input type="checkbox"/> Alcohol intake <input type="checkbox"/> Dependency on prescription drugs <input type="checkbox"/> Illicit drug and substance use <input type="checkbox"/> Risky Sexual behaviour <input type="checkbox"/> Other health-related behaviours, such as tooth-brushing, bathing, and wound care	<input checked="" type="checkbox"/> Structure and cohesion of family unit <input checked="" type="checkbox"/> Parenting <input checked="" type="checkbox"/> Childhood development <input checked="" type="checkbox"/> Life skills <input type="checkbox"/> Personal safety <input checked="" type="checkbox"/> Employment status <input type="checkbox"/> Working conditions <input checked="" type="checkbox"/> Level of income, including benefits <input checked="" type="checkbox"/> Level of disposable income <input type="checkbox"/> Housing tenure <input type="checkbox"/> Housing conditions <input type="checkbox"/> Educational attainment <input type="checkbox"/> Skills levels including literacy and numeracy	<input checked="" type="checkbox"/> to Employment opportunities <input type="checkbox"/> to Workplaces <input type="checkbox"/> to Housing <input type="checkbox"/> to Shops (to supply basic needs) <input type="checkbox"/> to Community facilities <input type="checkbox"/> to Public transport <input type="checkbox"/> to Education <input type="checkbox"/> to Training and skills development <input type="checkbox"/> to Healthcare <input type="checkbox"/> to Social services <input checked="" type="checkbox"/> to Childcare <input type="checkbox"/> to Respite care <input type="checkbox"/> to Leisure and recreation services and facilities
Social Factors YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Economic Factors YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Environmental Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Social contact <input type="checkbox"/> Social support <input type="checkbox"/> Neighbourliness <input type="checkbox"/> Participation in the community <input checked="" type="checkbox"/> Membership of community groups <input type="checkbox"/> Reputation of community/area <input type="checkbox"/> Participation in public affairs <input type="checkbox"/> Level of crime and disorder <input type="checkbox"/> Fear of crime and disorder <input type="checkbox"/> Level of antisocial behaviour <input type="checkbox"/> Fear of antisocial behaviour <input type="checkbox"/> Discrimination <input type="checkbox"/> Fear of discrimination <input type="checkbox"/> Public safety measures <input type="checkbox"/> Road safety measures	<input type="checkbox"/> Creation of wealth <input type="checkbox"/> Distribution of wealth <input type="checkbox"/> Retention of wealth in local area/economy <input type="checkbox"/> Distribution of income <input type="checkbox"/> Business activity <input type="checkbox"/> Job creation <input type="checkbox"/> Availability of employment opportunities <input checked="" type="checkbox"/> Quality of employment opportunities <input type="checkbox"/> Availability of education opportunities <input type="checkbox"/> Quality of education opportunities <input checked="" type="checkbox"/> Availability of training and skills development opportunities <input type="checkbox"/> Quality of training and skills development opportunities <input type="checkbox"/> Technological development <input type="checkbox"/> Amount of traffic congestion	<input type="checkbox"/> Air quality <input type="checkbox"/> Water quality <input type="checkbox"/> Soil quality/Level of contamination/Odour <input type="checkbox"/> Noise levels <input type="checkbox"/> Vibration <input type="checkbox"/> Hazards <input type="checkbox"/> Land use <input type="checkbox"/> Natural habitats <input type="checkbox"/> Biodiversity <input type="checkbox"/> Landscape, including green and open spaces <input type="checkbox"/> Townscape, including civic areas and public realm <input type="checkbox"/> Use/consumption of natural resources <input type="checkbox"/> Energy use: CO2/other greenhouse gas emissions <input type="checkbox"/> Solid waste management <input type="checkbox"/> Public transport infrastructure



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i We are unable to comment on the methodology used to produce this figure since there is currently only a brief abstract of this study available containing a summary of findings. The full report is forthcoming.