

Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	<i>Violence against women and girls strategy (VAWG)</i>
Lead officer:	<i>Diane Egan, Community Safety and Development Manager</i>
Approved by:	<i>Vernal Scott , Diversity Advisor, COO</i>
Date completed:	<i>25/09/2018</i>
Scheduled date for review:	<i>March 2021</i>

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

Did you seek advice from the Corporate Policy & Diversity team?	Yes
Did you seek advice from the Public Health team?	Yes
Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	No

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@haverling.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 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	Violence against women and girls strategy
2	Type of activity	Strategy
3	Scope of activity	<p>- Havering Council Community Safety Team co-ordinates and leads on the development of policies, on behalf of the Havering Community Safety Partnership, that aim to improve the quality of life for all people in Havering. This is achieved by creating a safer environment, free from crime and with increased public confidence, contributing to a clean, safe and green borough. We aim to deliver efficient, high quality services that represent excellent value for money.</p> <p>Organisation and Staffing – We work closely with key partners, including the Metropolitan Police, to tackle crime and disorder within Havering. Each of these organisations have equality and diversity policies in place and are part of the Havering Community Safety Partnership governance. Priority areas of work are identified through rigorous needs analyses which are agreed annually and discussed with partners and the wider community of Havering. Recent changes in legislation, i.e. Community Trigger, and restructuring of external partner agencies, i.e. Probation services and Community Rehabilitation Companies, may require a review with regards to staffing and organisation (refer to H. Specific Needs for further information).</p> <p>Services to the Community – The Havering Community Safety Partnership is comprised of five responsible authorities who, by law, are required to work together to tackle crime, disorder, substance misuse and reoffending. As stated under Section 17 of the Crime and Disorder Act 1998 ‘without prejudice to any other obligation imposed upon it – exercise its function with due regard to the need to do all it reasonably</p>

can to prevent crime and disorder in its area'. The act reinforces that tackling crime should be a partnership matter and organisations should achieve a shared strategy, with the local authority required to establish the Community Safety Partnership.

The Community Safety Partnership must prepare a joint strategic assessment which analyses levels and patterns of crime, disorder and substance misuse; changes in levels and patterns of crime; and why these have occurred. This is a requirement of The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007, amended in 2011. Section 115 of the Crime and Disorder Act 1998 ensures partners have the power to share information relevant to the completion of a strategic assessment – power to share information for the purpose of reducing crime and disorder, strengthened by Schedule 9(5) of the Police and Justice Act which introducing a duty on the aforementioned agencies. This duty (section 17A) requires the sharing of depersonalised data.

Furthermore, there is also a statutory requirement that the Havering Community Safety Partnership produce and implement a strategy for the reduction of crime and disorder in the area (including anti-social and other behaviour adversely affecting the local environment); and a strategy for combating the misuse of drugs, alcohol and other substances in the area as required by the Police and Justice Act 2006. The annual strategic assessment guides the partnership as to the priorities, based on analysis and information available, and highlights areas where there are gaps in information or service provision which may impact adversely on specific locations or communities. The strategic assessment is the background document which helps in the formulation of the strategy (partnership plan).

The strategic assessment and partnership plan are then used by Havering Community Safety Partnership to prioritise and allocate resources in respect of preventing crime and disorder. Violence against women and girls has been identified as a priority for the HCSP . A target of the Mayor's Office for Policing and Crime (MOPAC) is to reduce repeat victimisation

		for domestic violence		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes		
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	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.
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:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO:	<p><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></p> <p><i>Please keep this checklist for your audit trail.</i></p>		

Completed by:	Diane Egan , Community Safety Manager, Neighbourhoods
Date:	25/09/2018

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

Background/context:
<p>According to the 2011 Census the total resident population for the London Borough of Havering was 237,232 whilst the Greater London Authority estimates the workday population to be 208,907. It is predicated that the population will rise by 13.5% (32,029 people) by 2021 compared to a national predicted rise of 9.0%. Other breakdowns available for usual residents show the following:</p> <ul style="list-style-type: none"> • The average age of residents is 40.4, compared to 35.6 regionally and 39.4 nationally • Females account for a marginally higher proportion of residents at 52% and 48% Male. • Children and young people account for 23.9% of the population, compared to 24.5%

regionally and 24.0% nationally. Those aged between 10-19 accounted for 12.53% which was higher than both the regional (11.36%) and national average (12.11)

- The 65 and over (expected to rise 16.0%) and 10-19 (expected to rise 25%) age groups are expected to see the fastest growth in Havering by 2021
- 14,000 adults aged 18-64 are estimated to have a moderate or severe disability whilst 1,100 residents are registered as being blind or partially sighted
- 20,000 adults are estimated to have a common mental health issue. Those receiving treatment for severe mental health problems are less likely to be in employment or stable accommodation
- The ethnic minority population in Havering is 12.4% which is notably below regional (52.9%) and national (19.2%) averages. It should be noted that Havering did however record the highest percentage increase of all London boroughs between the 2001 and 2011 Census'
- White Caucasian (85%) Black or Black British (4.8%), Asian or Asian British (3.2%) and 'Mixed' (2.1%) account for the largest ethnic minority groups in Havering
- Christian is the predominant religion followed in Havering (22.6%). Muslim (2.0%), Hindu (1.2%), Sikh (0.8%), Jewish (0.5%) and Buddhist (0.3%) are also followed. Over a fifth of residents (22.6%) stated that they had no religion
- There is no reliable information on sexual orientation in Havering

Information from the latest strategic assessment in December 2018 for crime and disorder in Havering shows that:

- There were 18,353 total crimes reported to and recorded by police in Havering at the last strategic assessment (from October 2016- September 2017).
- During this time period there were 4,333 DA incidents reported to the police and 2,284 DA crimes.
- Gender based violence is estimated to affect 5,782 women aged 16-59 annually in Havering. Women in pregnancy are at higher risk of becoming domestic violence victims
- Violence against women and girls is estimated to impact on 17% of Havering's total population. Furthermore, according to the last British Crime Survey 18.9% of women said they were worried about being attacked in their own home
- It was identified that a number of crime and disorder problems are chronically underreported and therefore only limited information was available, this includes:
 - Domestic violence and sexual violence – it is estimated that just 22% of domestic violence victims will notify the police whilst less than a fifth of rape victims are believed to report to police
 - Specific types of violence against women and girls
 - Female Genital Mutilation – The largest population groups from countries which practice FGM in the UK were from Ghana, Kenya, Nigeria, Somalia and Uganda. The 2011 Census estimated that 1.4% of Havering residents were born in the aforementioned nations
 - Honour Based Violence and Forced Marriage – it is identified nationally that those most likely to be affected are from south Asian countries (Bangladesh, India, Pakistan). Just 3 incidents have been reported to and recorded by police in Havering in the previous three years. According to the 2011 Census, 1.7% of Havering residents were born in the aforementioned countries, whilst a total of 5.3% of residents self-defined as being Asian or Asian British and Mixed Asian and White.

Who will be affected by the activity?

All residents of Havering could potentially be impacted

*Expand box as required

Protected Characteristic - Age: Consider the full range of age groups							
<p>Please tick (✓) the relevant box:</p> <table border="1"> <tr> <td style="width: 150px;">Positive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neutral</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Negative</td> <td><input type="checkbox"/></td> </tr> </table>		Positive	<input type="checkbox"/>	Neutral	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
Positive	<input type="checkbox"/>						
Neutral	<input checked="" type="checkbox"/>						
Negative	<input type="checkbox"/>						
<p>Overall impact: Neutral</p> <p><i>The 2018 annual strategic assessment the most vulnerable age for victims of domestic violence is between the ages of 19 -44. Referrals to the domestic violence multi agency risk assessment conference (DVMARAC) identified 10 (out of 299) victims aged 17-18 years, which equates to 3.3% of total high risk referrals.</i></p> <p><i>Services provided by MARAC or DV commissioned services are available for all victims from the age of 16 years and upwards in line with the Home office VAWG definition.</i></p>							
*Expand box as required							
<p>Evidence:</p> <ul style="list-style-type: none"> - Havering Community Safety Partnership Strategic Assessment - Metropolitan Police Crime Recording Information System (CRIS) - Havering MARAC data 							
*Expand box as required							
<p>Sources used:</p> <ul style="list-style-type: none"> - <i>Havering Community Safety Partnership Strategic Assessment</i> - <u>Havering Data Intelligence Hub</u> - <u>Metropolitan Police Crime Recording Information System (CRIS)</u> - <u>Havering MARAC data</u> 							
*Expand box as required							

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

<i>Please tick (✓) the relevant box:</i>		Overall impact: <i>A Violence Against Women and Girls Strategic Group is in place in Havering which monitors and reviews performance, prevention and provision of services locally.</i>								
Positive										
Neutral	✓	<i>The DV MARAC receives referrals to support high risk victims of domestic violence.</i>								
Negative		<i>The table below shows that 5.4% of referrals in 2016-17 and 6.2% of referrals in 2017-18 were for individuals who identified themselves as having a disability.</i>								
		<table border="1"> <thead> <tr> <th></th> <th>Financial year of 2016/2017</th> <th>Financial year of 2017/2018</th> </tr> </thead> <tbody> <tr> <td>Number of Cases</td> <td>257</td> <td>299</td> </tr> <tr> <td>Referrals to support disabled victims</td> <td>14</td> <td>18</td> </tr> </tbody> </table> <p>Safety planning is tailored to meet the individual needs of the victim. Independent domestic violence advocacy is available to support individuals to access support services and support victims through the criminal justice process.</p>		Financial year of 2016/2017	Financial year of 2017/2018	Number of Cases	257	299	Referrals to support disabled victims	14
	Financial year of 2016/2017	Financial year of 2017/2018								
Number of Cases	257	299								
Referrals to support disabled victims	14	18								
<i>*Expand box as required</i>										

Evidence:

- DV MARAC data

**Expand box as required*

Sources used:

DV MARAC data

**Expand box as required*

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

<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive		Gender based violence and sexual violence, disproportionately affecting women, affects an estimated 17% of Havering females aged 16-59. This does

Neutral	not include the number of children living in affected households. Furthermore, 30% of domestic violence cases begin during pregnancy.												
Negative	<p>A Violence Against Women and Girls Strategic Group is in place in Havering which monitors and reviews performance, prevention and provision of services locally.</p> <p>It is anticipated that by continuing to train staff, including DV Champions across multi-agency services and across departments, awareness of VAWG will be raised which may lead to more victims and cases being identified. The strategic group will look to improve access to services generally, and work with specific groups who are more likely to underreport and access available services.</p> <p>Data from the 2018 strategic assessment identified from police data that 23% of victims of domestic abuse are male and 77% of victims of domestic abuse are female.</p> <p>Data for perpetrators found that 78% of perpetrators are male and 22% of perpetrators are female.</p> <p>Support services from IDVAs and outreach are available to all victims regardless of gender.</p> <p>A dedicated male only reporting line, MENDAS was established in 2016 as it was identified that men are unlikely to report to the national reporting helpline.</p> <p>In 2016-17 53 men (12% of all service users accessing support from Havering Women’s Aid) accessed support from MENDAS This is compared to 398 women accessing similar specialist women’s support services.</p> <p>Through the associated Multi-Agency Risk Assessment Conference (MARAC) the work will aim to protect high risk victims from repeat victimisation and serious harm</p> <p>The table below shows data from the DV MARAC.</p> <table border="1" data-bbox="483 1285 1430 1507"> <thead> <tr> <th></th> <th>Financial year of 2016/2017</th> <th>Financial year of 2017/2018</th> </tr> </thead> <tbody> <tr> <td>Number of Cases</td> <td>257</td> <td>299</td> </tr> <tr> <td>Referrals to support female victims</td> <td>245</td> <td>279</td> </tr> <tr> <td>Referrals to support male victims</td> <td>12</td> <td>20</td> </tr> </tbody> </table> <p>Our data shows a clear disparity in the number of high risk male victims when compared to high risk female victims. However there is a wide range of research available which explores the reasons behind this. For example Jaffe et al, 2003 found that although 1 in 6 men report experiencing violence from a female partner or ex-partner each year, women are:</p> <ul style="list-style-type: none"> • 4 times as likely to experience the most serious and potentially lethal violence, such as threats, assault with a gun or knife, choking and sexual assault • 3 times more likely to report suffering a physical injury • Twice as likely to report chronic on going assaults, defined as more than 10 separate incidents • 5 times as likely to report that they feared for their lives. <p>The Scottish Executive Central Research Unit, 2002 found that men</p>		Financial year of 2016/2017	Financial year of 2017/2018	Number of Cases	257	299	Referrals to support female victims	245	279	Referrals to support male victims	12	20
	Financial year of 2016/2017	Financial year of 2017/2018											
Number of Cases	257	299											
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Referrals to support male victims	12	20											

	<p>are less likely to have been repeat victims of domestic assault, less likely to be seriously injured and less likely to report feeling fearful in their own homes. This may therefore account for the disparity identified.</p> <p>Services have been made available to support male and female victims.</p> <p>This strategy will seek to address the lack of services for perpetrators by exploring the potential to commission specialist services.</p>
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**Expand box as required*

<p>Evidence:</p> <p>Violence against Women and Girls strategic group and Multi-Agency Risk Assessment Conference is established in Havering to identify, support and protect women and girls (also men) at-risk of domestic violence (with high importance around those groups at high risk, i.e. in pregnancy), sexual violence, female genital mutilation, honour based violence, sexual exploitation and prostitution.</p> <ul style="list-style-type: none"> - Havering Community Safety Partnership Strategic Assessment - Violence Against Women & Girls Strategic Problem Profile

**Expand box as required*

<p>Sources used:</p> <ul style="list-style-type: none"> - Havering Community Safety Partnership Strategic Assessment - Violence Against Women & Girls Strategic Problem Profile - Women's Aid website

**Expand box as required*

Protected Characteristic - Ethnicity/race: Consider the impact on different ethnic groups and nationalities	
Please tick (✓) the relevant box:	<p>Overall impact:</p> <p>Communities which were overrepresented as victims of total notifiable crime in Havering included Other Black (over four times more likely to be a victim than the percentage of the population would suggest); Bangladeshi (three times more likely); Other Asian (nearly three times more likely); and Pakistani (two and a half times more likely). All Black and Minority Ethnic Communities in Havering were overrepresented as victims of hate crimes, whilst Asian or Asian British communities were overrepresented as victims of all categories</p>
Positive	
Neutral	<input checked="" type="checkbox"/>
Negative	

of crime in Havering (see Table 3.3). Asian or Asian British communities were also disproportionately at risk for all crime types in last year's assessment. This year, the risk has increased for Asian or Asian British groups for all crime types, with the risk of hate crime increasing from nine times the population index last year, to nearly fifteen times the population index this year. The table below shows data from the DV MARAC.

	Financial year of 2016/2017	Financial year of 2017/2018
Number of Cases	257	299
Number of cases from black and minority ethnic community	40 15.5 % of referrals	51 17.05 % of referrals

There are no specialist BME services based within the Borough. However we do engage with specialist services through the Pan London domestic violence service to provide additional support for BME groups .

**Expand box as required*

Evidence:

- Havering Community Safety Partnership Strategic Assessment
- Havering Data Intelligence Hub
- Office for National Statistics (ONS)

**Expand box as required*

Sources used:

- Havering Community Safety Partnership Strategic Assessment
- Metropolitan Police Crime Recording Information System (CRIS)
- Havering Data Intelligence Hub
- Office for National Statistics (ONS)

**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:

Positive	
Neutral	✓
Negative	

Overall impact:

Information that could be useful for strategic analysis and service provision is currently undeveloped and underreported in Havering. Qualitative research shows that individuals with particular religious beliefs are more likely to be victims of hate incidents and hate crime. Available data also shows that perceptions of crime are higher amongst certain religious groups such as Muslim.

The changing dimension of faith which may result from a growing BME

community in Havering may require in the future specialist services should it be mirrored by a growth in the volume and prevalence of hate crime. There are clear gaps in data and reporting that need to be addressed and the partnership will be taking steps to engage with people from all religious groups and those with no religious belief to address those gaps.

**Expand box as required*

Evidence:

- An overview of Hate Crime in England and Wales (Home Office, ONS and Ministry of Justice)
- Intelligence gaps which would allow better impact assessment (see Action Plan)
- Havering Data Intelligence Hub
- Office for National Statistics (ONS)

**Expand box as required*

Sources used:

- An overview of Hate Crime in England and Wales (Home Office, ONS and Ministry of Justice)
- Havering Data Intelligence Hub
- Office for National Statistics (ONS)

**Expand box as required*

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

Please tick (✓) the relevant box:

Positive

Neutral ✓

Negative

Overall impact:

Minimal data is available on the sexual orientation of victims or perpetrators of Domestic abuse
DV MARAC data is available as shown in the table below

	Financial year of 2016/2017	Financial year of 2017/2018
Number of Cases	257	299
Referrals to support LGBT victims	5	3

Whilst no dedicated services are available locally for LGBT victims of domestic abuse, current IDVA and support services are available regardless of sexual orientation. Service advice was provided at Havering Pride and through hate crime roadshows at LGBT venues across the night time economy.

		<i>*Expand box as required</i>
Evidence:		
<ul style="list-style-type: none"> - Havering MARAC data 		
<i>*Expand box as required</i>		
Sources used:		
<ul style="list-style-type: none"> - An overview of Hate Crime in England and Wales (Home Office, ONS and Ministry of Justice) - Metropolitan Police Crime Recording Information System (CRIS) 		
<i>*Expand box as required</i>		

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		
<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive		<i>No data currently available</i>
Neutral	✓	
Negative		
		<i>*Expand box as required</i>
Evidence:		
<i>*Expand box as required</i>		
Sources used:		
<i>*Expand box as required</i>		

Protected Characteristic - Marriage/civil partnership: Consider people in a marriage or civil partnership	
<i>Please tick (✓) the relevant box:</i>	Overall impact:

Positive		<p><i>The service provided by the Havering Community Safety Partnership remains the same regardless of marital status. It is known that individuals, particularly women, living in couples (married or co-habiting) or who have decided to separate from their partners are more likely to be a victim of domestic violence or abuse. Please refer to the above section on Gender.</i></p>
Neutral	✓	
Negative		

**Expand box as required*

Evidence:

Please refer to the above section on Gender.

**Expand box as required*

Sources used:

Please refer to the above section on Gender.

- Violence Against Women & Girls Problem Profile

**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>		<p>Overall impact:</p> <p><i>This group is at higher-risk of becoming a victim of domestic violence. Research shows that 30% of domestic violence victims begin to suffer abuse during pregnancy; therefore, there is a significant need for capacity within maternity and pre-natal services to identify risks and refer appropriately to relevant support services.</i></p> <p><i>An Independent domestic violence advocate is based in maternity services to support victims of domestic abuse during pregnancy</i></p>
Positive	✓	
Neutral		
Negative		

**Expand box as required*

Evidence:

Please refer to the above section on Gender.

**Expand box as required*

Sources used:

Please refer to the above section on Gender.

**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>		<p>Overall impact:</p> <p><i>Some categories may be more likely to affect different socio-economic groups. For example:</i></p> <ul style="list-style-type: none"> - <i>Households with higher disposable incomes and expensive electronic devices are more likely to be burgled and subsequently improve their home security, however, households in lower income areas are more likely to be victims on multiple occasions due to inability to pay for more sophisticated home security (Crime Survey for England & Wales)</i> - <i>All households can be affected by domestic violence, however, a higher proportion of low-income households experience domestic violence (Crime Survey for England & Wales).</i> - <i>Robbery victims are more likely to be from middle and higher income backgrounds, whereas robbery offenders are likely to be from lower income backgrounds and specifically target those who they perceive to be better off (Youth Justice Board)</i> <p><i>The impact of crime on those from low-income households may be greater due to the inability to protect themselves (i.e. being unable to afford home insurance; investing in security; covering the loss of stolen items and repairs to doors/windows; and the subsequent burden this may place on already stretched incomes).</i></p>
Positive		
Neutral	✓	
Negative		

**Expand box as required*

Evidence:

- Crime Survey for England & Wales
- Youth Justice Board: Young People and Street Crime

**Expand box as required*

Sources used:

- Crime Survey for England & Wales
- Youth Justice Board: Young People and Street Crime **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.

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

Positive ✓

Neutral ✓

Negative

Overall impact: Neutral

Experiencing domestic abuse can have serious detrimental impact on both physical and mental wellbeing.

The strategy recognises that of those who do report crimes to police this does not necessarily end their suffering, and in Havering 29% experience at least one further incident in the twelve months following their first report. Actions in the strategy specifically seek to support families to prevent re-offending through introduction of DV caseworker and IDVA, and thus likely to have a positive impact.

The strategy seeks to engage with health practitioners to identify those who may be impacted by domestic abuse and VAWG, and choose not to disclose. An IDVA has been made available in maternity and A&E services to support health professionals and victims.

The strategy seeks to further engage with primary health care professionals and mental health services.

From a physical health impact perspective, particularly where drug and alcohol misuse is associated with domestic violence, the strategy puts in place specific actions for a positive health outcome – Action C5. seeks to ‘Provide access to alcohol and drug intervention programmes for victims and perpetrators’.

**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

Yes No

Evidence:

An overview of Hate Crime in England and Wales (Home Office, ONS and Ministry of Justice)

- Intelligence gaps which would allow better impact assessment (see Action Plan)
- Havering Data Intelligence Hub
- Office for National Statistics (ONS)

**Expand box as required*

Sources used:

An overview of Hate Crime in England and Wales (Home Office, ONS and Ministry of Justice)

- Intelligence gaps which would allow better impact assessment (see Action Plan)
- Havering Data Intelligence Hub
- Office for National Statistics (ONS)

**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>	➔	Proceed with implementation of your activity
	2. The EqHIA identified some <u>negative impact</u> which still needs to be <u>addressed</u>	➔	COMPLETE SECTION 4: Complete action plan 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	➔	Stop and remove the activity or revise the activity thoroughly . Complete an EqHIA on the revised proposal.

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
Gender	Further information is needed to assess impact	<p>Further work is required to ascertain the prevalence and extent of child sexual exploitation within Havering, which predominantly affects girls.</p> <p>A Multi-Agency Sexual Exploitation (MASE) group has been set up in Havering to identify those at-risk and agree on safeguarding procedures. The Multi-Agency Safeguarding Hub researcher has developed an intelligence profile containing all available information on local cases identified or believed at-risk.</p>	Monitored monthly at the MASE meeting	ongoing
Ethnicity / Race	<p>There is currently no specific service which covers this protected group, however there is a Havering BME forum which is represented at the Safer Neighbourhood Board.</p> <p>The growing BME</p>	<p>Hate incidents can be referred to the Anti-Social Behaviour Panel and Community MARAC in order to protect victims and impose partnership sanctions against identified perpetrators.</p> <p>The Safer</p>	Monitored at the Safer Neighbourhood Board, and cases where relevant reviewed via the Anti-Social Behaviour Panel and Community MARAC.	ongoing

	community in Havering may require in the future specialist services should it be mirrored by a growth in the volume and prevalence of hate crime.	Neighbourhood Board has representation from the Havering BME forum and police are held to account at this forum for all areas of their activity, include response to hate crime and complaints regarding service.		
Religion / Faith	Further information is needed to assess impact	<p>Whilst there were few reports of faith hate crime reported to and recorded by police in Havering, it does not mean that it does not occur. Local faith groups may be aware of and deal with incidents for example. There is a need to establish the prevalence locally, and if occurring why are services not being accessed?</p> <p>Hate incidents can be referred to the Anti-Social Behaviour Panel and Community MARAC in order to protect victims and impose partnership sanctions against identified perpetrators.</p>	Monitored at the Safer Neighbourhood Board, and cases where relevant reviewed via the Anti-Social Behaviour Panel and Community MARAC.	ongoing
Sexual Orientation	Further information is needed to assess impact	<p>Whilst there were few reports of homophobic hate crime reported to and recorded by police in Havering, it does not mean that it does not occur. Local LGBT groups may be aware of and deal with incidents for example. There is a need to establish the prevalence locally, and if occurring why are services not being accessed?</p> <p>Hate incidents can be referred to the Anti-Social Behaviour Panel and Community MARAC in order to protect</p>	Monitored at the Safer Neighbourhood Board, and cases where relevant reviewed via the Anti-Social Behaviour Panel and Community MARAC.	ongoing

		victims and impose partnership sanctions against identified perpetrators.		
Gender re-assignment	Further information is needed to assess impact	<p>Whilst there were no reports of transphobic hate crime reported to and recorded by police in Havering, it does not mean that it does not occur. Local LGBT groups may be aware of and deal with incidents for example. There is a need to establish the prevalence locally, and if occurring why are services not being accessed?</p> <p>Hate incidents can be referred to the Anti-Social Behaviour Panel and Community MARAC in order to protect victims and impose partnership sanctions against identified perpetrators.</p>	Monitored at the Safer Neighbourhood Board, and cases where relevant reviewed via the Anti-Social Behaviour Panel and Community MARAC.	
Pregnancy and maternity	This group is at higher-risk of becoming a victim of domestic violence.	Domestic violence champions and domestic abuse advocates are in place at pre-natal/maternity locations to identify and advise/refer those who may be at-risk of domestic abuse.	Monitored via the Violence Against Women and Girls Strategic Group, Multi-Agency Risk Assessment Conference and Domestic Violence forums.	ongoing

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: annually.

Scheduled date of review: March 2010

Lead Officer conducting the review: VAWG officer

**Expand box as required*

Please submit the completed form via e-mail to 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 type="checkbox"/>	Personal circumstances YES <input type="checkbox"/> NO <input type="checkbox"/>	Access to services/facilities/amenities YES <input 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 type="checkbox"/> Structure and cohesion of family unit <input type="checkbox"/> Parenting <input type="checkbox"/> Childhood development <input type="checkbox"/> Life skills <input type="checkbox"/> Personal safety <input type="checkbox"/> Employment status <input type="checkbox"/> Working conditions <input type="checkbox"/> Level of income, including benefits <input 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 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 type="checkbox"/> to Childcare <input type="checkbox"/> to Respite care <input type="checkbox"/> to Leisure and recreation services and facilities
Social Factors YES <input type="checkbox"/> NO <input type="checkbox"/>	Economic Factors YES <input type="checkbox"/> NO <input type="checkbox"/>	Environmental Factors YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Social contact <input type="checkbox"/> Social support <input type="checkbox"/> Neighbourliness <input type="checkbox"/> Participation in the community <input 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 type="checkbox"/> Quality of employment opportunities <input type="checkbox"/> Availability of education opportunities <input type="checkbox"/> Quality of education opportunities <input 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