

Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	Children's Centre Redesign Proposal
Lead officer:	Sophie Ambler <i>Project Manager</i> Children's Services
Approved by:	Helen Harding; <i>Head of Early Help Service</i> Robert South; <i>Director of Children's Services</i>
Date completed:	01/11/2019
Scheduled date for review:	TBC

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

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.

1	Title of activity	Children's Centre Redesign Proposal		
2	Type of activity	A report is being presented to Cabinet in January 2020 outlining recommendations for the redesign of the service delivery from children's centres. This is following a public consultation on the proposal from June-September 2019.		
3	Scope of activity	<p>The recommendations in the Cabinet report are to redesign the way that children's centre services are delivered. This is by primarily delivering from different locations to enable us to reach a greater number of residents and to deliver a more cost effective service. The recommendations that Cabinet are being asked to agree are;</p> <ul style="list-style-type: none"> i. Agree the retention and the continuation of service delivery from St Kilda's Children's Centre, Elm Park Children's Centre, and Collier Row Children's Centre, Ingrebourne Children's Centre and Rainham Village Children's Centre ii. Agree the redesign and relocation of services from, Chippenham Road Children's Centre and Hilldene Children's Centre. iii. Agree the approach of services being delivered from community venues within the borough, in line with the principles of community hubs and local area co-ordination. <p>The recommendations have been carefully considered, following the response to the public consultation, to ensure that the level of service is not reduced and that key areas of the borough retain access to services.</p>		
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:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO:	N/A		

Completed by:	Sophie Ambler, Project Manager, Children's Services
Date:	01/11/2019

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

Background/context:

In June 2019 a public consultation commenced entitled 'front doors to sustainable services: a consultation on proposals to change how children's centres and libraries are operated in Havering'. Proposed changes to children's centres were to reduce the number of centres from seven to three (retaining the largest centres with highest footfall) and deliver activities from community venues. Following the consultation and analysis of responses our recommendations are to retain service delivery in four centres, with the remaining three to either be closed or repurposed, as below;

<i>Name of Centre</i>	<i>Proposal</i>
Collier Row Children's Centre	Keep ; current service delivery to continue
Elm Park Children's Centre	Keep ; current service delivery to continue
St Kilda's Children's Centre	Keep ; current service delivery to continue
Hilldene Children's Centre	Cease ; move all services to Ingrebourne Children's Centre
Chippenham Road Children's Centre	Cease ; move all services to Ingrebourne Children's Centre
Rainham Village Children's Centre	Keep ; we will retain services at this centre and explore options of other partners (alongside health) delivering from the centre.

The reasoning behind the consultation was built on an understanding that we need to deliver services differently in order for to reach the residents most in need of services. For example, we know from our data that in 2018, 60% of children aged 0-5 residing in the most deprived areas of the borough did not access children's centre services. There is also a need for the service area to contribute towards the Council's medium term financial strategy and, like all areas of the Council, we need to consider how we can ensure the service is delivered in the most cost effective way.

Who will be affected by the activity?

Residents using and accessing children's centres will be affected by the activity, and it is likely that it will be necessary to access services from different locations in the future. The intention of this activity is not to reduce the service delivery but to make it more accessible and wide reaching. Due to the nature of the service delivery offered from the children's centres, there is likely to be a greater effect on residents who are parents/guardians or carers for children under 5, expectant parents and children aged 0-5.

Small businesses, such as nurseries and early year's providers could be affected as it is likely that we will need to utilise their premises for service delivery. The successful pilot of the integrated two year check is an example of this. The cohesion of services between community health services, children's centres and education provisions is has been positively received by providers so far.

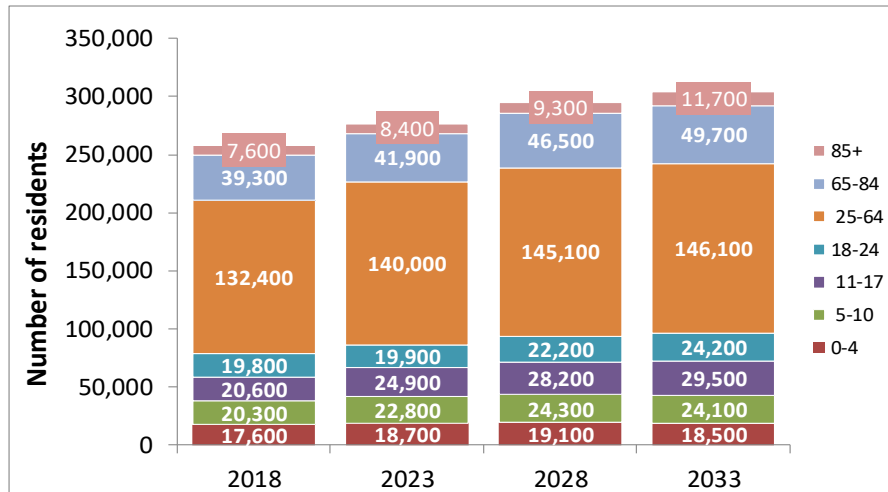
Staff will be required to work in a different way should the proposed changes be made. Services will be delivered from more locations so more travelling will be required and greater partnership working will be developed for co-delivery of some services. These requirements are already built in to the job description of the staff affected and it is not believed that will be asked to undertake any work beyond their role.

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

<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive		It is assessed that the impact on the age characteristic will be neutral. The purpose of a children's centre is to deliver early childhood services, by this definition the majority of services are aimed at 0-5 year olds. Children's centres also provide assistance and advice to parents, prospective parents, carers or guardians. There is no age specification on parents accessing these services and this will not differ if the recommendations are agreed.
Neutral	✓	
Negative		

Evidence:

The estimated population of the London Borough of Havering is 256,039 with 17,224 of the population being children aged 0-4 (6.7%). We know that the number of children in the borough has grown, and is projected to continue to do so. From 2011 to 2016, Havering experienced the largest net inflow of children across all London boroughs. 4,580 children settled in the borough from another part of the United Kingdom during this six year period. As demonstrated in the table below, it is projected that the largest increases in population will occur in children (0-17 years) rising from 58,500 in 2018 to 72,100 in 2033 and older people age groups (65 years and above). The 0-4 population is predicted to increase by 5% by 2033.



As well as increases in the number of births in Havering, there has been an increase in the general fertility rate from 58 (per 1,000 women aged 15-44) in 2004 to 68 in 2017. This equates to an additional 10 births per 1,000 women aged 15-44 within the period.

This increase in our population of 0-4 year olds has meant an increase in demand for services, and an increased likelihood that there are families who would benefit from services we have not reached. In order to maximise the impact of services we need to adapt and develop our service delivery to make it more widely accessible.

The number, type and frequency of the services we offer will not change if the recommendations are agreed so therefore the impact is assessed to be neutral.

Sources used:

- This is Havering 2018 version 4.1 (August 2018) *produced by public health intelligence*
- Mid-year population estimates 2017; Office for National Statistics (ONS)
- GLA 2016 based Demographic Projections – Local Authority population projections Housing Led Model

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

Please tick (✓) the relevant box:

Positive	
Neutral	✓
Negative	

Overall impact:

It is assessed that the impact on those with physical disabilities, mental ill health, Special Educational Needs or Disabilities (SEND) or learning difficulties will be neutrally affected, should the proposed changes be implemented. The services for children with SEND and their families are delivered from centers that will be retained as part of the proposal. It is intended that where we are stretching our offer to community venues that there is a chance a greater number of children with SEND and their parents/carers will be able to access services.

Evidence:

In 2017, the estimated rate of serious physical disabilities in Havering was 2323 per 100,000 population aged 18-24. This is similar to England but significantly higher than the London average. The estimated rate of moderate to severe learning disabilities in Havering is 556 per 100,000 population aged 18-24. This is similar to England but 2nd lowest among London local authorities.

There is evidence to suggest that when children act as young carers there is potential to jeopardize their educational development as well as social and emotional health and wellbeing. There are currently services delivered as part of the universal offer, which has recently expanded to include siblings of young carers. We have commissioned a provider (Imago) to deliver this service.

At least one in four people will experience a mental ill health at some point in their life and one in six adults will have a mental health issue at any one time. The potential impact upon children living with parents who have mental ill health are widely documented. One in ten new mothers will experience postnatal depression and it is vital the right support is available and accessible. By widening our offer to community venues and offering services where new mothers are likely to be, increase our opportunity to reach those who may be in need of support. For example, a parenting group for young mothers is delivered from The Cocoon specifically for care experienced young women.

All of our centres have adaptations made to them to ensure that they can be access by those with physical disabilities, and further adaptations are planned for St Kilda's. The community venues considered for service delivery going forward will be accessible, and will provide options for accessing services for those unable to travel far.

Sources used:

- This is Havering 2018 version 4.1 (August 2018) *produced by public health intelligence*
- Projecting Adult Needs and Service Information System (PANSI, 2017); calculations uses Mid-year population estimates 2017; Office for National Statistics (ONS); *produced by public health intelligence*
- Mental Health JSNA January 2015
- Children as carers: the impact of parental illness and disability on children's caring roles – Jo Aldridge and Samuel Becker, The Association for Family Therapy 1999.

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

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

Currently, the majority of attendee's at children's centers are female. This is characterized by 76% of the respondents to the online consultation survey identifying themselves as female. As the recommendations do not result in any changes to the level of service delivery, if agreed, it is anticipated that the impact will be neutral. We are hopeful that by changing the way the service is delivered we may see a reduction in the gap between female users of the Centre's and other genders.

Evidence:

76% of the respondents to the online consultation survey identified as female, alongside this the respondents to the 2017 Children's Centre analysis survey were 95% female. This suggests that it is mostly females accessing services at children's centres. This is significantly disproportionate to the population of the borough (below) where 52% are female and 48% are male.

MALE		FEMALE		TOTAL
122,907	48.0%	133,132	52.0%	256,039

Recently published statistics (Feb 2018) show that take up of shared paternity leave is as low as 2%. This means it is more likely to be women that are able to attend activities, groups and workshops at the children's centres as the majority are held on week days. The expansion of the service delivery to community venues increases the possibility of a varied timetable of activities and groups. This is also supported by the increase of trained a volunteer cohort to support with service delivery.

There are services delivered from children's centres where the gender of attendees is predetermined, for example Women's Aid sessions for women experiencing domestic violence, however this is a lawful exception. A Dad's Club is also offered at St Kilda's on alternate Saturday mornings for fathers and male carers to attend with their child/ren and partake in activities. There are similar activities available for mothers at alternative times.

Sources used:

- This is Havering 2018 version 4.1 (August 2018) *produced by public health intelligence*

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

Please tick (✓) the relevant box:

Positive

Overall impact:

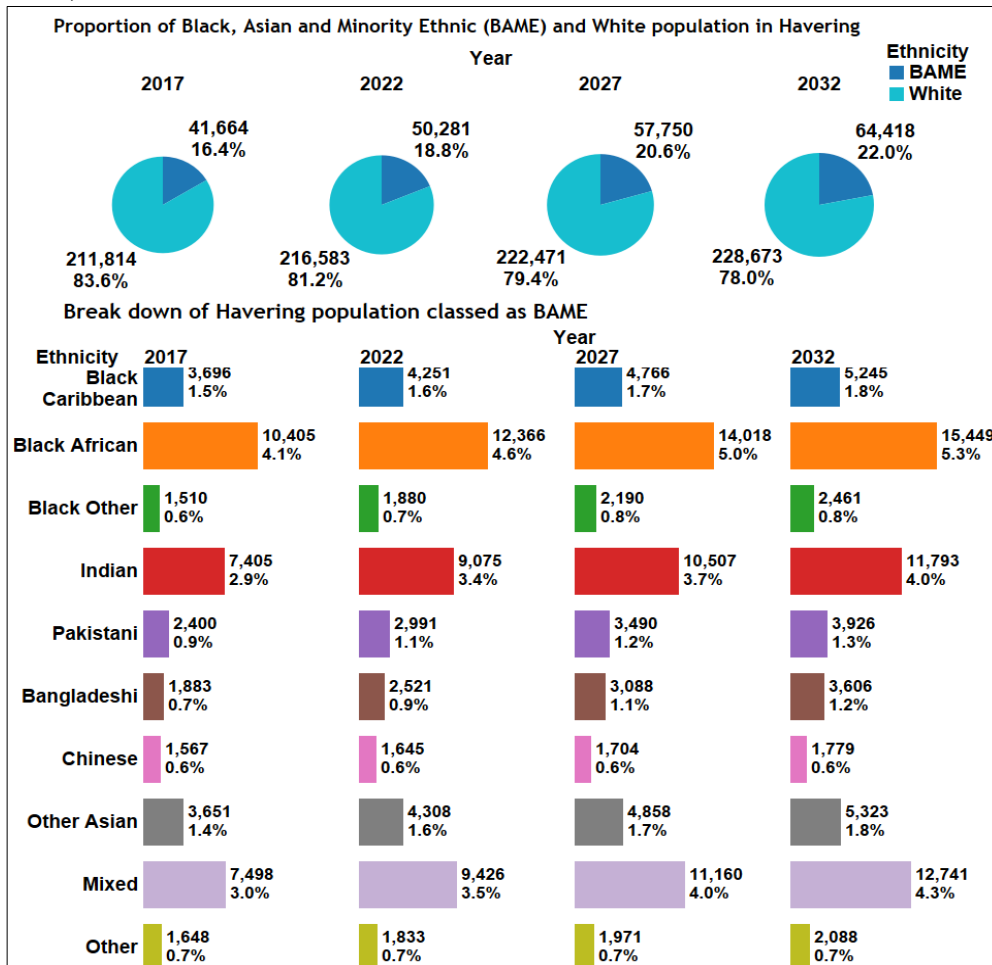
It is assessed that the impact on this protected characteristic will be neutral. There

Neutral	✓	are no services provided through our children's centre offer where access is pre-determined by ethnicity.
Negative		

Evidence:

Havering is one of the most ethnically homogenous places in London, with 83% of its residents recorded as White British in the 2011 census, higher than both London and England. 76% of those who responded to the consultation identified themselves as White or White British, which is indicative of the ethnic make-up of the borough. However, the ethnically homogenous characteristic of Havering is gradually changing due to its growing cultural diversity.

The Borough's white population is projected to decrease from the current 84% to 78% in 2032. The BME population, notably those from Black African heritage (though many of whom are likely to be British born) is projected to increase from 4.1% in 2017 to 5.3% of the Havering population in 2032. Please see below for a full overview of ethnicity population projections;



Our services have adapted to respond to the change in demand brought about by shift in demographics and growing cultural diversity. English as a second language classes are offered from the centres, a change implemented following the 2017 Children's Centre Analysis. The 2011 census data shows that 2% of households in Havering have no people in the household with English as a first language.

There are no services offered out of a children's centre where attendance is specified based on ethnicity, race or culture. Services are offered at varying days/times and this will increase with a wider community based offer.

Sources used:

- This is Havering 2018 version 4.1 (August 2018)
- 2011 Census

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:
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Positive		It is assessed that the impact upon this protected characteristic is neutral.
Neutral	✓	
Negative		

Evidence:

As at the 2011 census, 88.2% of the population of the borough identified themselves as Christian or No Religion (see table below for full breakdown). 80% of the respondents who completed the consultation survey also identified as Christian or No Religion, which is indicative of the findings in the 2011 census.

Religion and Belief 2011 Census

Faith	Number	%
Christian	155,597	65.6%
Buddhist	760	0.3%
Hindu	2,963	1.2%
Jewish	1,159	0.5%
Muslim	4,829	2.0%
Sikh	1,928	0.8%
Other Religion	648	0.3%
No Religion	53,549	22.6%
No Response	15,799	6.7%
Totals	237,232	100.0%

No activities delivered as part of our children's centre offer are aligned to any faith or religion and there are no services offered out of a children's centre where attendance is specified based on religion. Services are offered at varying days/times and this will increase with a wider community based offer.

Sources used:

- 2011 Census

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

Please tick (✓) the relevant box:

Positive	
Neutral	✓
Negative	

Overall impact:

Overall the impact on gender reassignment is neutral. Access to services at children's centres is not determined based on sexual orientation and this information is not collated about service users.

Evidence: There are no services offered out of a children's centre where attendance is specified based on sexual orientation, and this information is not collated about those accessing the services. All residents will be provided with the same information and afforded with the same opportunities to express their views and opinions.

Sources used: N/A

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:

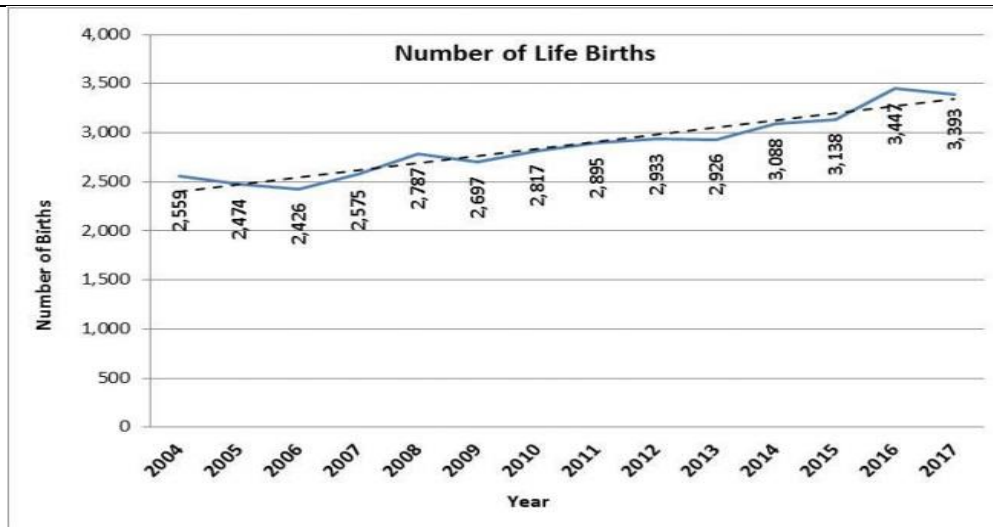
Positive	
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Overall impact: Overall the impact on gender reassignment is neutral. The proposal impacts residents in the same way despite their gender or whether they have had or are in the process of gender reassignment.

Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Evidence: There are no services offered out of a children's centre where attendance is specified based on current or previous undertaking of gender reassignment. This information is not collated about those accessing the services.		
Sources used: N/A		

Protected Characteristic - Marriage/civil partnership: Consider people in a marriage or civil partnership		
<i>Please tick (✓) the relevant box:</i>		Overall impact: Overall the impact on marriage and civil partnership is neutral.
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Evidence: There are no services offered out of a children's centre where attendance is specified based on marital or civil partnership status. This information is not collated about those accessing the services as an accessibility criteria. All children's centre users are granted the same access to services regardless of marital status.		
Sources used: N/A		

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>		Overall impact: It is assessed that the impact on pregnancy, maternity and paternity will be neutral. Health provisions such as midwifery, child health clinic and development checks will continue to be delivered from the remaining centres and further sites will be explored going forward.
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Evidence: From our analysis we know that the midwifery and health visiting services are the greatest driver of footfall into our centres. It is therefore vital that we maintain this connectivity and build upon our partnership with our providers in order to co-ordinate and strengthen the universal and targeted support offer alongside this. The below graph shows the fertility rate in Havering between 2004 and 2017; We can see that there has been a 27% increase in the number of live births between 2004 and 2017, with a slight drop in 2017.		



The health services offered at the children’s centres are open to all, and this will continue regardless of where the services are offered from. All health visiting services are available to fathers and male carers as well as mothers. The only services offered specifically are those around perinatal mental health, as a need has been identified for expectant and new mothers in this area.

Sources used:

- Office for National Statistics (ONS)

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

Please tick (✓) the relevant box:

Positive

Neutral

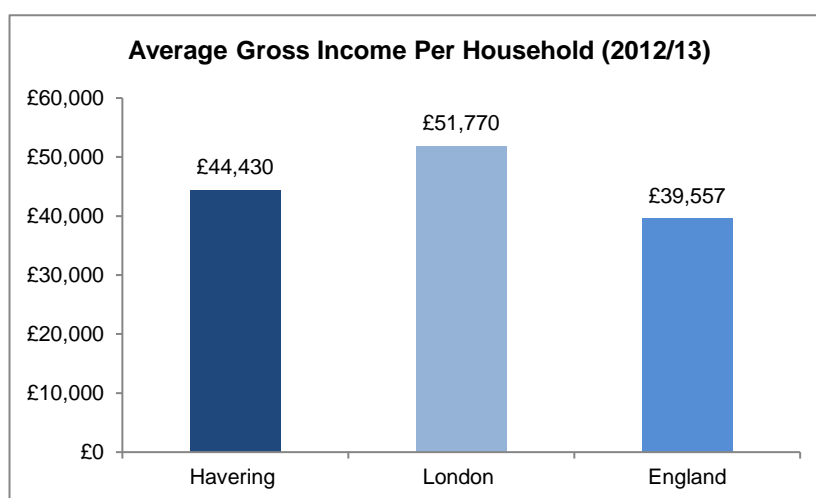
Negative

Overall impact:

It is assessed that the impact for this protected characteristic will be neutral as the level of service available will stay the same, if the recommendations are agreed.

Evidence:

Whilst Havering is a relatively affluent borough (shown in graph below), there are pockets of deprivation in the borough as well. Havering ranks 24th out of 33 London boroughs when looking at average income (one being the highest average income).



There is a well-researched and documented link between deprivation and vulnerability, thus meaning there are some families in this category that would benefit from our support. The 2018 Children’s Centre Analysis identified that 60% of children resident in the most deprived IDACI decile in the country (based on the Income Deprivation Affecting Children Index 2015) were not seen at children’s centres in 2017/18. This suggests we need to be doing something differently in order to reach families who may need support.

By extending the provision of services to community venues we are increasing the opportunity to access services, therefore increasing the likelihood that those who need services can get them. By creating greater cohesion between partner agencies such as health and education there will be greater co-ordination in identifying children and families who have not been seen by any services.

Overall, the proportion of working age adults in employment in Havering between April and June 2018 was 77.9%. This is greater than London (74.6%) and England (75.9%). However where families are experiencing problems with employment and/or benefits services are available to support. Currently Havering Works are co-located in three of the centres and going forward this is likely to spread to community venues to improve outreach.

Currently there are no services offered from the children's centres which are means tested, and information on family income is not collated by the service. The services to support those experiencing issues with employment and benefits are available to anyone and no predetermination is made as to who can access these services.

Sources used:

- This is Havering 2018 version 4.1 (August 2018) *produced by public health intelligence*

Health & Wellbeing Impact: Consider both short & 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 (✓) the relevant boxes:</i>		<p>Overall impact: It is assessed that overall the proposal will have a positive impact on health and wellbeing as greater opportunity for accessing services is being provided. The proposal will help to address inequalities in health, wellbeing and development by helping to ensure that all families who require support receive it at the earliest opportunity.</p> <p>Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
Positive		
Neutral	✓	
Negative		

Evidence:

It is considered that if the recommendations are agreed then resident's opportunity to access services would stay the same. Groups, activities and services being delivered from community venues will provide more options for access and participation. Residents will not be expected to travel a greater distance to access services and the variety of locations will be accessible via public transport (see table below). Where the locations of services are changed it will be publicized to ensure residents are aware of where they can now access services.

Current Location of Service Delivery	Possible Location of Future Service Delivery	Distance	Walking Time (Maximum)	Public Transport
Chippenham Road Children's Centre	Ingrebourne Children's Centre	0.9 miles	20 Minutes	499 Bus Route 256 Bus Route
Hilldene Children's Centre	Ingrebourne Children's Centre	1 Mile	22 Minutes	499 Bus Route 256 Bus Route
Rainham Village Children's Centre	Rainham Library	0.3 Miles	10 Minutes	103 Bus Route
Rainham Village Children's Centre	Orchard Village Community Centre	1.6 Miles	35 Minutes	287 Bus Route
Ingrebourne Children's Centre	My Place Youth and Community Centre	0.6 Miles	15 Minutes	256 Bus Route 294 Bus Route 499 Bus Route

Greater promotion and awareness of the offer within community services, for example GP surgeries, will also ensure that information is available and advertised.

There is evidence which shows us that the integration of children's centre services within the community and with other agencies result in the strongest support for families. The proposed changes provide opportunities for greater integration with partner agencies, in particular early year's settings and health services. It is also important to build on the services that families are accessing and utilizing and use these as a stepping stone for other services families may find beneficial. Alongside this, the promotion of school readiness in children aged 4 and under can be coordinated to greater effect if partners are working alongside each other.

If the recommendations are agreed, there could be an unintended consequence of creating undue stress or anxiety for families using the centres which will no longer be in operation. With this in mind, we will not relocate services until we can be sure that the alternative is suitable and the appropriate agreements are in place. We will also ensure any alternative venues are accessible, within a reasonable distance of the current venue and on public transport routes. The activities that take place at the affected centres will continue at alternative venues, the locations of which will be publicized.

It will not be appropriate to deliver all of the children's centre services from community venues, in particular some of the health services, and this is being taken into account when looking at what the redesigned service will look like. There are some services already being delivered from community venues in order to increase outreach, which has been positively received. Other avenues have been scoped and explored with a number of feasible options becoming apparent.




All of the community venues that are being used, or being considered for use, will be assessed for suitability, compliance and safety. It will be ensured that all venues are accessible and that any services offered from these community venues will be done so safely. It is likely, for example, that targeted services will still be delivered from the centres or 'neutral' community venues rather than school or education sites.

Sources used: 21st Century Children's Centres – The Innovation Unit and Pen Green Research Base

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 <u>to be 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	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: It is recommended that a review of this assessment should take place following the implementation of any changes to service delivery, to ensure that there is no unintended impact on protected characteristics.

Scheduled date of review: March 2021

Lead Officer conducting the review: Head of Early Help Service (or officer with delegated authority)

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