

Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	Household Support Fund 2022
Lead officer:	Chris Henry
Approved by:	Sarah Bryant, Director of Exchequer & Transactional Services
Date completed:	19 July 2022
Scheduled date for review:	July 2024

Please note that the Corporate Policy & Diversity and Public Health teams require at least <u>5</u> <u>working days</u> 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?	No
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@havering.gov.uk thank you.

1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact EqHIA@havering.gov.uk 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

ADC	out your activity				
1	Title of activity	Household Support Fund 2022			
2	Type of activity	Allocation of	Allocation of Household Support funding		
3	Scope of activity	Government has provided £1,648,150.98 to support low income households through the cost of living crisis.			
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 any of these questions is 'YES', If the answer to all of the questions (4b & 4c) is		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes	please continue to question 5 .	please go to question 6.	
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:	document. I	товое вее дрреник	1 101 Guidance.	

Completed by:	Chris Henry
Date:	19 July 2022

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

Background/context:

On 23 March 2022, the government announced that the Household Support Fund (HSF) would be extended from 1 April 2022 to 30 September 2022 to help those most in need. Appendix A Draft Launch Letter – Household Support Fund April-Sept 2022 contains details of the launch of the HSF extension.

Unlike previous Covid 19 and HSF funding for low income households, government has now added that at least one third of the total funding must be used to support households that include a person who has reached state pension age. This is in addition to one third (previously 80%) also being spent on support for families with children. Details of the guidance can be found at Appendix B Draft Guidance - Household Support Fund April-Sept 2022.

Government has allocated the same amount of £1,648,150 HSF grant to Havering to spend on the most vulnerable households to help with essentials such energy, food and water bills between 1 April 2022 and 30 September 2022. Appendix C Draft Final Grant Determination - Household Support Fund April-Sept 2022 provides the detail of the funding allocation.

When administering funding, councils are encouraged to adopt the following principles:

- Use discretion on how to identify and support those most in need.
- Use the funding to meet immediate needs and help those who are struggling to afford energy, food and water bills, and other related essentials. Funding can also be used to support households who are struggling to afford wider essentials.
- In exceptional cases of genuine emergency, the funding can additionally be used to support housing costs where existing housing support schemes do not meet this exceptional need.

Who will be affected by the activity?

Low income households including those on welfare benefits
Havering Care leavers
Pension age Council Tax payers in receipt of Council Tax Support
Homeless families with children
Vulnerable people from the Ukraine

Protected Characteristic - Age:				
Please tick (✓) the relevant box:		Overall impact:		
Positive		The proposals to allocate funding in this report reflect government guidance.		
Neutral	~	This report will not disproportionately affect this characteristic.		
Negative				

(Please add in any additional evidence and use the evidence below that is relevant for your particular impact assessment, please delete unnecessary data)

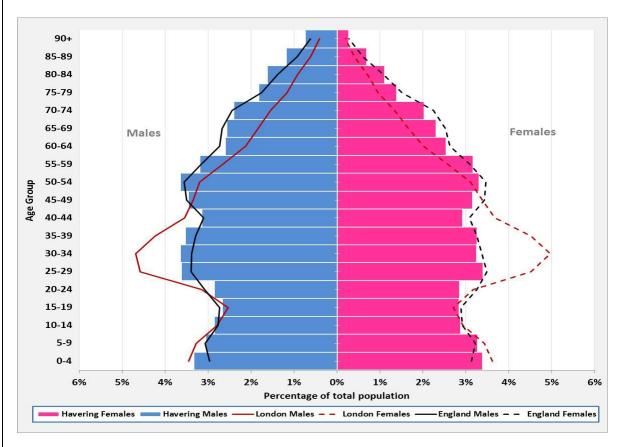
The estimated population of the London Borough of Havering is 256,039.

- It has the oldest population in London with a median age of approximately 40 years old, as recorded in the 2011 census.
- The Borough experienced a net population loss of 6.3% from 1983 to 2002 but the population has increased year on year from 2002, with a 13.7% increase from 2002 to 2017.
- 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.
- 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.
- 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) from 46,900 in 2018 to 61,400 in 2033.
- The life expectancy at birth for people living in Havering is 80.1 years for males and 84.2 years for females.
- The life expectancy at age 65 years in Havering is 18.9 years for males and 21.6 years for females.

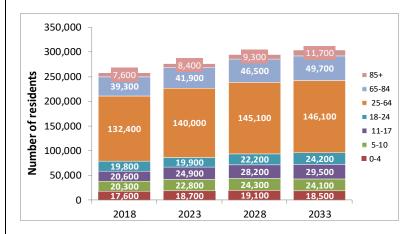
The table below shows the breakdown of current (mid-2017) population by gender and fiveyear age bands.

AGE BAND (YEARS)	MALE	FEMALE	PERSONS
00-04	8,671	8,553	17,224
05-09	8,371	7,820	16,191
10-14	7,359	7,306	14,665
15-19	7,277	6,833	14,110
20-24	7,316	7,308	14,624
25-29	8,688	9,295	17,983
30-34	8,325	9,355	17,680
35-39	8,344	9,038	17,382
40-44	7,491	8,078	15,569
45-49	8,064	8,879	16,943
50-54	8,463	9,333	17,796
55-59	8,103	8,183	16,286
60-64	6,504	6,664	13,168
65-69	5,903	6,577	12,480
70-74	5,191	6,158	11,349
75-79	3,539	4,672	8,211
80-84	2,836	4,157	6,993
85-89	1,756	3,032	4,788
90+	706	1,891	2,597
All Ages	122,907	133,132	256,039

The population pyramid compares the population figures for Havering with London and England by five-year age bands. The pyramid shows a much older age structure for the population of Havering compared to London but similar to England.



Projected Population Increases by Age group



_	Percentage change from 2018 to			
Age Group	2023	2028	2033	
0-4	6%	9%	5%	
5-10	12%	20%	19%	
11-17	21%	37%	43%	
18-24	1%	12%	22%	
25-64	6%	10%	10%	
65-84	7%	18%	26%	
85+	11%	22%	54%	

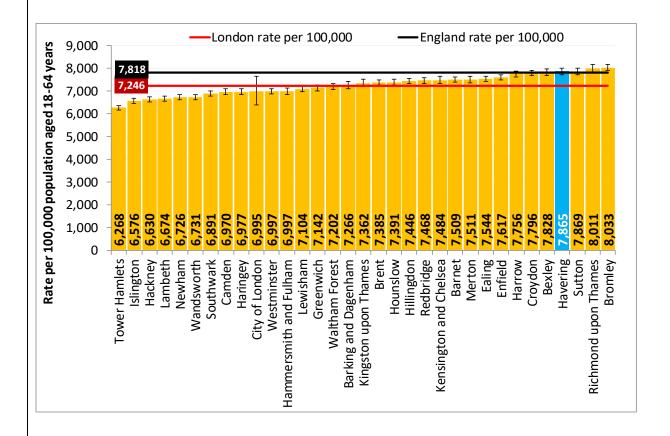
Sources used:

- 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

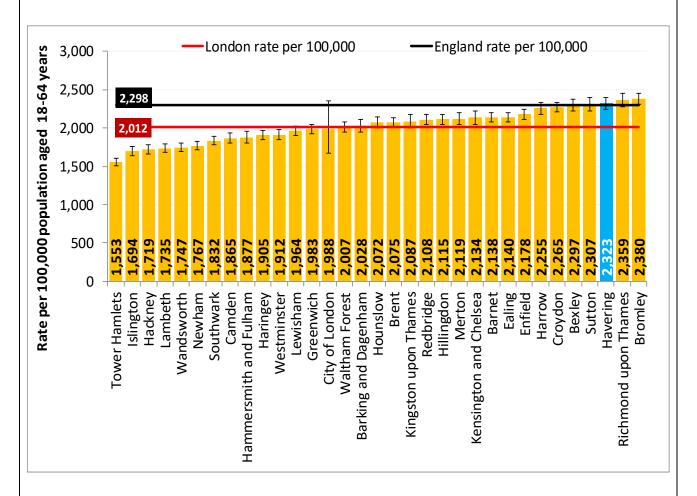
Protected Characteristic - Disability:				
Please tick (✓) the relevant box:)	Overall impact:		
Positive		The proposals to allocate funding in this report reflect government guidance.		
Neutral	✓	This report will not disproportionately affect this characteristic.		
Negative				

(Please add in any additional evidence and use the evidence below that is relevant for your particular impact assessment, please delete unnecessary data)

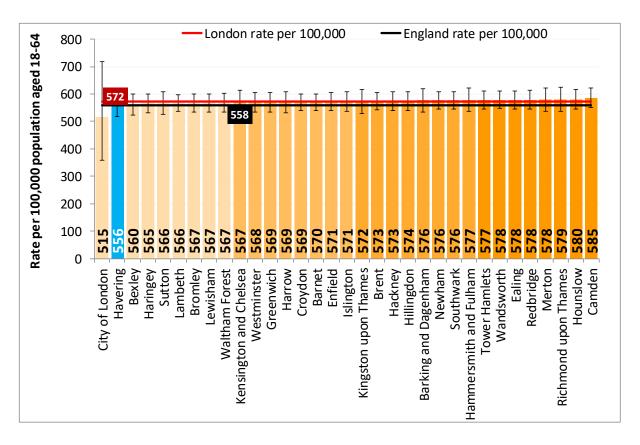
- According to the latest ONS Annual Population Survey (Jan 2015-Dec 2015), 19% of working age people living in Havering have disclosed that they have a disability or long term illness. This is a similar proportion to England (20%).
- The estimated number of people in Havering aged 18-64 living with moderate physical disabilities was 11,870 in 2017 a rate of 7,865 per 100,000 population aged 18-64 years. This rate is one of the highest among London local authorities. It is statistically similar to England but significantly higher than the London average.



 In 2017, 3,506 adults (aged 18-64 years) were estimated to be living with serious physical disabilities in Havering. The estimated rate of serious physical disabilities in Havering (2,323 per 100,000 population aged 18-64 years) is similar to England but significantly higher than London average and one of the highest rates of London local authorities. The rationale for this is likely due to the relatively older population in Havering compared to other London boroughs.



 About 817 adults (aged 18-64 years) are estimated to be living with moderate or severe learning disabilities in Havering in 2015 and hence likely to be in receipt of health and social care services. The 2017 estimated rate of moderate or severe learning disabilities in Havering (556 per 100,000 persons aged 18-64 years) is similar to England. Havering is estimated to have the 2nd lowest rate of moderate or severe learning disabilities among London local authorities.



Mental Health Statistics

- At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time
- One in ten children between 5 and 16 years has a mental health problem, and many continue to have mental health problems in adulthood.
- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three quarters before their mid-20's.
- Self-harming in young people is not un-common (10-13% of 15-16 year olds have self-harmed).
- Almost half of all adults will experience at least one episode of depression during their life-time.
- One in ten new mothers experience postnatal depression.
- About one in 100 people has a severe mental health problem.
- Some 60% of adults living in hostels have a personality disorder.
- Some 90% of all prisoners are estimated to have diagnosable mental health problem (including personality disorder) and / or substance misuse problem.

Sensory Impairment

Sight

- The estimated number of people living with sight loss in England is 1.7 million.
- Only 17 per cent of people experiencing sight loss are offered emotional support in response to their deteriorating vision.
- Only 27 per cent of blind and partially sighted people of working age are in employment a fall from 33 per cent in employment in 2006.
- 39 per cent of blind and partially sighted people of working age say they have some or great difficulty in making ends meet.
- 35 per cent of blind and partially sighted people say that they sometimes, frequently or always experience negative attitudes from the public in relation to their sight loss.
- 31 per cent of people are rarely or never optimistic about the future.

Hearing

- There are 11 million people with hearing loss across the UK, that's around one in six of us.
- By 2035, we estimate there'll be around 15.6 million people with hearing loss across the UK that's one in five.
- There are 50,000 children with hearing loss in the UK. Around half are born with hearing loss while the other half lose their hearing during childhood.
- An estimated 900,000 people in the UK have severe or profound hearing loss.
- We estimate that there are at least 24,000 people across the UK who use British Sign Language (BSL) as their main language (although there are likely to be more that we don't know about).
- More than 40% of people over 50 years old have hearing loss, rising to 71% of people over the age of 70.
- Around one in 10 UK adults has tinnitus.

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
- Royal National Institute for the Blind
- Action on Hearing Loss

Protected Characteristic - Sex/gender:				
Please tick (• the relevant l		Overall impact:		
Positive		The proposals to allocate funding in this report reflect government guidance.		
Neutral	✓	This report will not disproportionately affect this characteristic.		
Negative				

(Please add in any additional evidence and use the evidence below that is relevant for your particular impact assessment, please delete unnecessary data)

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

The table below shows the breakdown of current (mid-2017) population by gender and five-year age bands.

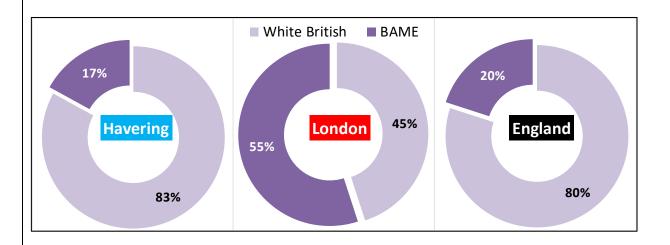
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Sources used:

• 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	groups and nationalities				
Please tick (/)	Overall impact:			
the relevant b	box:				
Positive		The proposals to allocate funding in this report reflect government guidance.			
Neutral	✓	This report will not disproportionately affect this characteristic.			
Negative					

- 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.
- However, the ethnically homogenous characteristic of Havering is gradually changing due to its growing cultural diversity.
- About 90% of the borough population were born in the United Kingdom.
- 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.



Ethnicity - GLA Datastore - cis ethnicity dashboard 2011 census

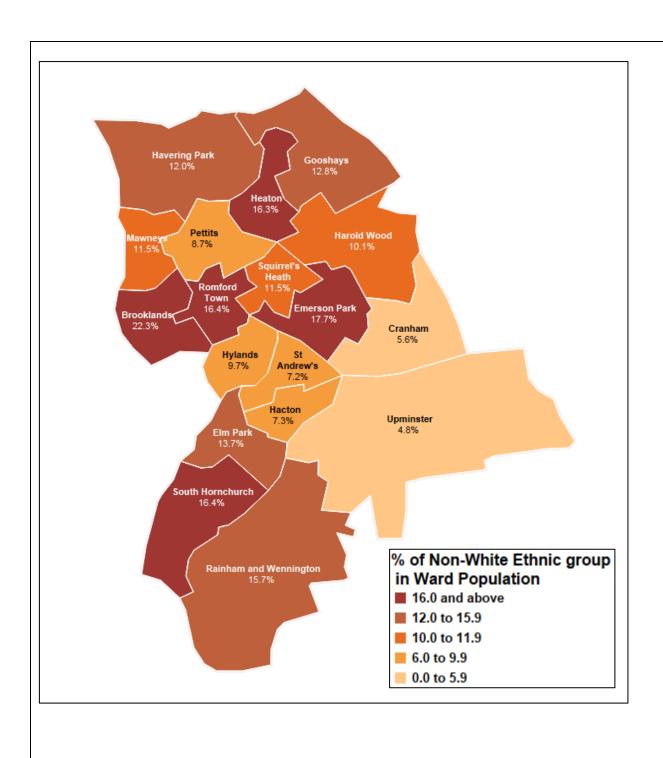
	Data	%
White British	197,615	83.3%
White Irish	2,989	1.3%
Gypsy	160	0.1%
Other White	7,185	3.0%
White and Black Caribbean	1,970	0.8%
White and Black African	712	0.3%
White and Asian	1,154	0.5%
Other Mixed	1,097	0.5%
Indian	5,017	2.1%
Pakistani	1,492	0.6%
Bangladeshi	975	0.4%
Chinese	1,459	0.6%
Other Asian	2,602	1.1%
Black African	7,581	3.2%
Black Caribbean	2,885	1.2%
Other Black	1,015	0.4%
Arab	311	0.1%
Any other ethnic group	1,013	0.4%
Totals	237,232	

Country of Birth - GLA - 2011 Census

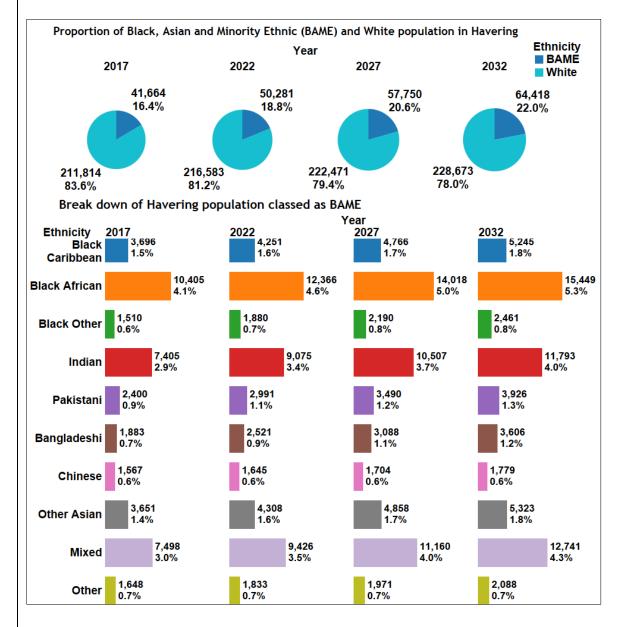
Country of Birth	Number	%
UK Born	212,840	89.7%
Non UK Born	24,392	10.3%
Havering	237,232	100.0%

Country of Birth	Number	%
UK Born	212,840	89.7%
Ireland	2,503	1.1%
India	2,301	1.0%
Nigeria	2,241	0.9%
Lithuania	1,065	0.4%
Poland	925	0.4%
Philippines	759	0.3%
Ghana	678	0.3%
Pakistan	653	0.3%
Zimbabwe	647	0.3%
South Africa	621	0.3%
Other	11,999	5.1%
Total	237,232	100.0%

Percentage of Non-white ethnic group by ward from 2011 census



Ethnicity population projections 2017 - 2032



English as First Language (2011 Census)

- Havering number of Households 97,199
- Number of people aged 16 and over in household that have English as main Language 91,739
- At least one person aged 16 and over in household that have English as main Language 2,504
- No people aged 16 and over in household but at least one person aged 3-15 that have English as main Language 684
- No people in household have English as main Language 2,272
- From 2011 census 10,461 people in Havering main language is not English

Sources used:

• This is Havering 2018 version 4.1 (August 2018)

2011 Census

Protected Characteristic - Religion/faith

Please tick (✓) the relevant box:		Overall impact:
Positive		The proposals to allocate funding in this report reflect government guidance.
Neutral	✓	This report will not disproportionately affect this characteristic.
Negative		

Evidence:

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%

Sources used:

• 2011 Census

Protected 0	Protected Characteristic - Sexual orientation			
Please tick (,	Overall impact:		
Positive		The proposals to allocate funding in this report reflect government guidance.		
Neutral	V	This report will not disproportionately affect this characteristic.		
Negative				
Evidence:				
Sources us	ed:			

undergoing	or ha	cteristic - Gender reassignment: Consider people who are seeking, ve received gender reassignment surgery, as well as people whose different from their gender at birth
		different from their gender at birth
Please tick (the relevant b	,	Overall impact:
Positive		The proposals to allocate funding in this report reflect government guidance.
Neutral	✓	This report will not disproportionately affect this characteristic.
Negative		
Evidence:		
Sources us	ed:	

Protected (civil partner		cteristic - Marriage/civil partnership: Consider people in a marriage or
Please tick (the relevant	,	Overall impact:
Positive		The proposals to allocate funding in this report reflect government guidance.
Neutral	~	This report will not disproportionately affect this characteristic.
Negative		
Evidence:		
Sources us	sed:	

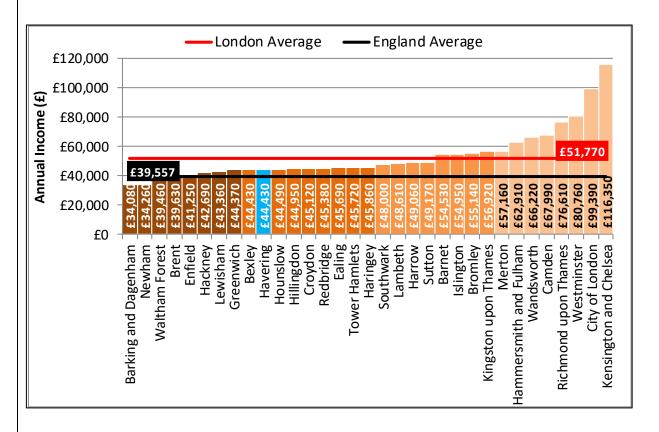
Protected C	Protected Characteristic - Pregnancy, maternity and paternity			
Please tick (1 the relevant b	,	Overall impact:		
Positive		The proposals to allocate funding in this report reflect government guidance.		
Neutral	√	This report will not disproportionately affect this characteristic.		
Negative				
Evidence:				
Sources us	ed:			

Health & W	أمطالم	ing Impact: Consider both short and long-term impacts of the activity on	
		al and mental health, particularly for disadvantaged, vulnerable or at-risk	
	-		
		th and wellbeing be positively promoted through this activity? Please use	
		ellbeing Impact Tool in Appendix 2 to help you answer this question.	
Please tick (∕) all	Overall impact:	
the relevant			
boxes that ap	pply:	Research has shown there is a clear correlation between poverty and	
Positive	~	health. Poverty can affect the health of people at all ages. In infancy, it is associated with a low birth weight, shorter life expectancy and a	
Neutral		higher risk of death in the first year of life. Children living in poverty are more likely to suffer from chronic diseases and diet-related problems.	
		This decision is to provide financial support to low income families with children and vulnerable residents to ensure they are adequately fed and warm during the winter months of the Coronavirus pandemic.	
Negative		The financial support provided to vulnerable households in the borough will have a positive impact on residents' health and wellbeing.	
Evidence:			
health-at-a-r	orice-	2017.pdf (bma.org.uk)	
Sources use	ed:		
health-at-a-price-2017.pdf (bma.org.uk)			

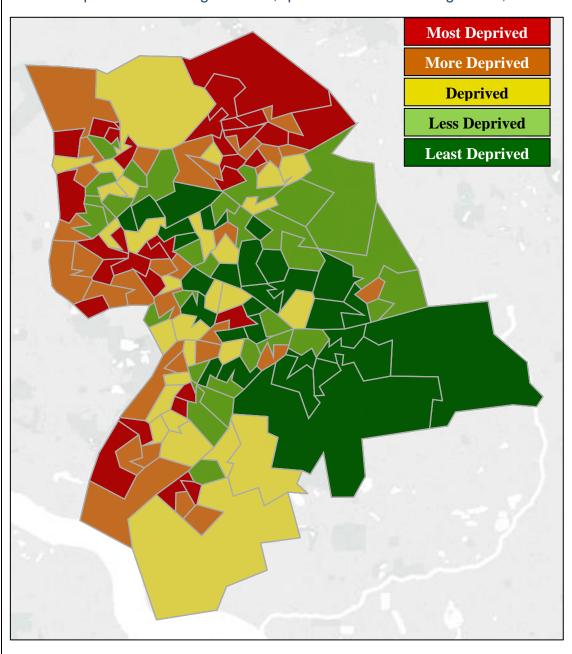
Socio – Eco	onom	ic impact:
Please tick (Overall impact:
Positive	~	
Neutral		
Negative		
Evidence:		

- The average gross income per household in Havering (£44,430, as measured in 2012/13) is low in comparison to the London average (£51,770) and slightly higher than the England average (£39,557).
- 77% of households in Havering have at least one car and compared to other local authorities in London, Havering has the second highest proportion of households (32.8%) with 2 or more cars.
- Majority of children in Havering are not poor, but around 8,800 live in incomedeprived households. Gooshays and Heaton wards have the highest proportion of children living in poverty.
- About 77.9% of working age residents in Havering were in employment between April and June 2018. Overall employment rate in Havering is higher than London (74.6%) and England (75.9%)
- The proportion of working age residents in Havering claiming out-of-work benefits (6.8%) is significantly lower than England (8.4%).

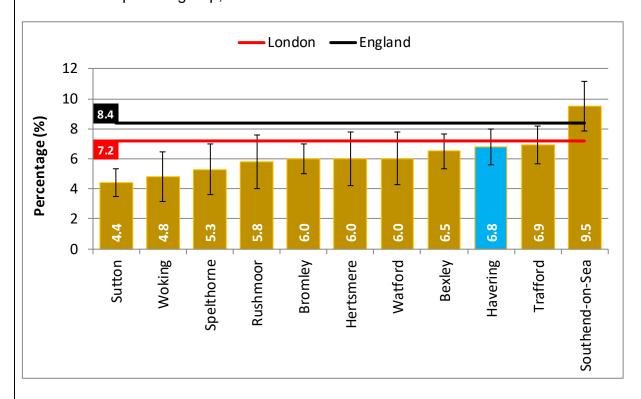
Income 2012/13



Income deprivation affecting Children, quintiles within Havering LSOA, 2015



Proportion of working age residents claiming out-of-work benefits in Havering and ONS statistical comparator group, November 2016



Sources used:

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

2. Review

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

Review: Scheduled date of review: Lead Officer conducting the review:	

Please submit the completed form via e-mail to EqHIA@havering.gov.uk

Thank you.