

Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	<i>Havering Community Safety Partnership, Partnership Plan 2022-25</i>
Lead officer:	<i>Diane Egan Community Safety and Intelligence Manager</i>
Approved by:	<i>Chris McAvoy HOS Community Safety and Enforcement Neighbourhoods Director : Barry Francis</i>
Date completed:	<i>14: 02: 2022</i>
Scheduled date for review:	<i>March 2023</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?	No
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

1	Title of activity	<i>Havering Community Safety Partnership, Partnership Plan 2022-25</i>		
2	Type of activity	<i>Multi-agency plan to tackle crime and disorder in Havering co-ordinated by the Community Safety and Intelligence Team</i>		
3	Scope of activity	<i>- to reduce crime and disorder in Havering based on key priorities agreed by the Havering Community Safety Partnership</i> -		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	No	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:	<i>Please provide a clear and robust explanation on why your activity does not require an EqHIA. This is essential in case the activity is challenged under the Equality Act 2010.</i> <i>Please keep this checklist for your audit trail.</i>		

Completed by:	<i>Diane Egan Community Safety and Intelligence manager</i>
Date:	<i>14.02.2022</i>

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

Background/context:

Havering council Community Safety and Intelligence Team co-ordinates and leads on the development of policies and strategies (on behalf of the Havering Community Safety Partnership, from here on HCSP) which aim to improve the quality of life for all people in Havering. This is achieved by creating a safer environment, contributing to a clean, safe and proud borough. We aim to deliver efficient, high quality services that represent excellent value for money.

Organisation and staffing – we work closely with key partners, including the Metropolitan Police, National Probation Service, London Fire and Rescue Service, Clinical Commissioning Group and Mayors Office for Policing and Crime (MOPAC), to tackle crime and disorder within Havering. Each of these organisations have equality and diversity policies in place and are part of the HCSP governance. Priority areas of work are identified through rigorous needs analyses which are agreed annually and discussed with partners.

Services to the community – HCSP is comprised of five responsible authorities (LB Havering, Metropolitan Police, Probation and CRC, London Fire and Rescue Service and Clinical Commissioning Group) 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 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 the 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 introduced a duty on the aforementioned agencies. This duty (section 17A) requires the sharing of depersonalised data.

Furthermore, there is a statutory requirement that the HCSP produce and implement a strategy for the reduction of crime and disorder in the area (including anti-social behaviour and other behaviour adversely affecting the local environment in contravention of laws); and a strategy for combatting 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 where there are gaps in information of service provision which may impact adversely on specific locations or communities. The strategic assessment is the background document which assists the formulation of the strategy (partnership plan).

The strategic assessment and partnership plan are then used by HCSP to prioritise and allocate resources in respect of preventing crime and disorder. The partnership provides services which are designed to 1) prevent residents and visitors to Havering becoming victims of crime or anti-social behaviour, and protecting those at-risk of further victimisation; 2) manage offenders or those at-risk of becoming involved in crime, and to provide services designed to increase the likelihood of desistance from crime; and 3) focus on geographical areas which suffer disproportionately from higher levels of crime and disorder.

The strategic priorities of the HCSP for next three years (2022-25) are as follows:

1. Reducing Violence – Violence against the person is responsible for 32% of all total notifiable crimes in Havering and is a key demand driver across Council departments and partnership agencies.
2. Tackling Violence against Women and Girls - these thematic areas contain the highest rates of repeat victimisation and domestic abuse is responsible for 41.3% of all total notifiable crimes in Havering. Confidence among these groups with the Criminal Justice System and support networks overall is low.

3. Reducing reoffending, especially substance misuse and group related – a small proportion of offenders account for a high proportion of solved crimes. Alcohol and drugs are significant enhancers contributing to violence and serious acquisitive crimes. Small groups of offenders known to one another are disproportionately responsible for low volume but more harmful serious crimes.
4. Tackling Serious Youth Crime and criminal exploitation- young people are especially vulnerable to being drawn into gang activity, criminal exploitation and County Lines.
5. Reducing crime in our Town centres and other identified vulnerable neighbourhoods– Romford and key facilities concentrated within its boundaries account for a high proportion of all crimes and community safety problems. Similar vulnerable hotspots have been identified in Harold Hill and Hornchurch.
6. Improving feelings of safety – Fear of crime is disproportionately high in Havering and impacts on the quality of life of those who live and work in the Borough. We aim to tackle this through improved communications particularly around awareness of crime prevention and self-awareness regarding safety.

The existing Partnership Plan which expires as of the 31st March 2021. Whilst some aspects of the service may change, with regards to funding allocations and commissioned services, the individuals and group likely to be impacted on will remain largely unchanged.

**Expand box as required*

Who will be affected by the activity?

Staff individuals and groups – community safety can affect everybody, including members of staff across the wider HCSP. Approximately 70% of staff members reside within the local community, and the remaining are commuting to Havering, therefore all are likely to be affected by the proposal to a higher or lesser degree. The impact on staff has therefore been considered as part of the community sections.

Community individuals and groups (including voluntary organisations) – community safety can affect everybody including local residents, those working, educated in or visiting the borough, and businesses. The risk and potential risk for victimisation, or becoming involved in offending, can vary by crime problem (i.e. burglary, violent crime), location, socio-economic status, age, gender, ethnicity, sexual orientation and disability for example.

The rate of total recorded crime in Havering, that is crime reported to police and subsequently recorded as an official crime, is below the regional average for London. Havering was the 7th safest borough regionally of 32 at the last strategic assessment. However, it should be noted that the recorded rate of Domestic Abuse (13th best), Serious Youth Violence (13th best,) and Violence against the person (9th best) and Sexual Offences (11th best) performed less favourably in a regional context. This demonstrates that whilst overall crime is below average, when divided into specific areas we can identify variations in the level and type of need. In the case of Havering, there is greater level of identified need affecting women and children.

As previously stated, the analysis of the strategic assessment is key to identifying varying degrees of risk and need, which takes into consideration offenders' and victims' main protected characteristics, types of problems, geographical variations and local prevalence.

Community - 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. The most recent estimated population of the London Borough of Havering is 249,085. Other available data for usual residents show the following:

- Havering has the oldest population in London with a median age of approximately 40.
- From 2010 to 2015, Havering experienced the largest net inflow of children across all London boroughs. It is projected the largest increases in population will occur in children (0-17) and older people age groups (65 years and above) up to 2031.
- Children and young people currently account for 24.1% of the population.
- 7,779 per 100,000 population aged 18-64 live with moderate physical disabilities, the second highest rate in London, whilst 18% of working age people disclosed that they have a disability or long term illness.
- 0.63% of residents in Havering have serious mental health problems whilst 3.03% have long-term mental health problems. Compared to other London boroughs Havering has amongst the lowest prevalence rates.
- Havering is one of the most ethnically homogenous places in London with 83% of its residents recorded as White British. Black African (4.0%), Indian (2.8%) and Mixed (2.2%) account for the largest ethnic groups in Havering.
- Christian is the predominant religion followed in Havering (65.6%). 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. According to the Office for National Statistics in 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB). The largest percentage of any age group was those aged 16-24 with 3.3%. The London region had the highest average of total population identifying as LGB with 2.6%.
- Havering has higher levels of employment than the national and regional averages. Locally 76.5% of working age residents in Havering were in employment (2015), compared to 72.9% and 73.6% in London and England respectively. The rate of working age claiming out-of-work benefits at 7.3% was below both the regional (8.2%) and national average (9.0%).
- Havering is ranked as the 166th (2015, Indices of Multiple Deprivation) most deprived of 326 authorities in England (1st being most deprived), this has worsened marginally from 177th (2010, Indices of Multiple Deprivation). Two areas fall within the 10% most deprived (Gooshays and South Hornchurch wards).
- Child poverty affects 1 in 5 children in Havering, estimated to be 8,800, with disproportionate representation in Gooshays and South Hornchurch wards.
- Havering has high levels of owner-occupied housing (73%) and car ownership (77%) compared to regional and national averages. Levels of private sector-leasing (12%) are notably lower than the regional average. A higher proportion of

residents rent from the local authority and social landlords (14%) when compared to the national average, but lower than the regional average.

Data sources: <https://www.haveringdata.net/jsna/> (This is Havering: a demographic and socioeconomic profile; Mental Health JSNA).

We currently do not have access to in-depth crime data from the MPS via direct access to the police computer. Therefore we have relied on data from previous strategic assessments to inform this equality impact assessment

Havering shows that:

- Crime victimisation rates are above average for those aged 15-50, with the peak ages for victims being 18-30. Asian or Asian British and Black or Black British residents suffer disproportionately higher rates of all types of crime.
- 54% of all those accused of crime are between the ages of 18 and 34. Offending peaks in adolescence and remains higher than average from ages 17-24.
- Males accounted for 81% of offenders.
- Those who commit crime in Havering are likely to have a number of needs relating to, for example, education, training and employment, finances and being able to manage on the money they have, alcohol misuse or dependency, drug misuse or dependency and emotional wellbeing and mental health.
- Gender based violence is estimated to affect 9,780 women aged 16-59 annually in Havering. Women in pregnancy are at higher risk of becoming domestic violence victims.
- Violence against women and girls and domestic abuse (affecting 16-59) is estimated to impact on 13% of Havering's total population.
- Triangulation of health and ambulance data alongside police recorded crime data reveals that as much as 75% of physical assaults are not reported to and recorded by the police. This is particularly notable for offences involving 18-25 year olds which take place within the night time economy.
- Serious violence and street crime, such as robbery, disproportionately affects young people in Havering with 50% of victims being aged 11-21 despite accounting for less than 20% of the population. This age group also accounted for more than 65% of offenders who carried out such crimes.
- Burglary affects all households, however, those households which are owner-occupied and headed by adults aged 30 and over were more likely to be victimised than younger headed households and private or socially rented households in Havering.
- Vehicle owners aged 25-34 were more at-risk of becoming victims of vehicle crime than older drivers. Males in particular are disproportionately represented, accounting for 75% of reporting victims.
- Anti-social behaviour, and repeated calls for assistance for anti-social matters, occurred disproportionately in areas of social housing (26% of calls in social housing areas which account for 10% of properties in Havering).

- It was identified that a number of crime and disorder problems are chronically underreported and therefore only limited information was available, this includes:
- Domestic abuse and sexual violence – it is estimated from the Crime Survey for England and Wales that just 22% of domestic abuse victims will notify the police whilst less than a fifth of rape victims are believed to report to police.
- Hate crimes – crimes which are motivated by prejudice of race, religion, faith, sexual orientation or disability for example are rarely reported. It is estimated less than 10% of such crimes are reported to police. There were 351 crimes reported to and recorded by police in Havering in the last 12-months, the majority being racially and religiously aggravated. There were 35 reports of homophobic and 15 reports of disability hate crimes.
- Crimes affecting businesses, particularly shoplifting – it is estimated that 91% of shoplifting offences go unreported to police (British Retail Crime Survey 2015), however, those businesses which did report crimes witnessed high levels of repeat victimisation (75%).
- Female Genital Mutilation - 20 maternities identified FGM of women residing in Havering in the last year. 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 from national datasets that those most likely to be affected are from South Asian countries (Bangladesh, India and Pakistan). Just 6 incidents have been reported to and recorded by police in Havering in the previous four 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.

Data sources: Strategic Assessment of Crime and Disorder for Havering 2016 version, Violence Against Women and Girls Strategic Problem Profile 2016, MOPAC Hate Crime Dashboard, Female Genital Mutilation Datasets HSCIC

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**Expand box as required*

Protected Characteristic - Age: Consider the full range of age groups	
Please tick (✓) the relevant box:	
Positive	✓
Neutral	
Overall impact: <ul style="list-style-type: none"> • <i>Children and young people 14-24 disproportionately represented as both victims and offenders of crime. It is important that victim and offender interventions are designed with young people in mind.</i> 	

Negative		<ul style="list-style-type: none"> • The 0-17 age group is projected to increase notably in Havering, including the peak offending years (which are 14-17). There is an associated risk that reported crime levels will increase as a result if there is no plan to address key risk and protective factors of youth offending. • The Youth Justice Plan for Havering addresses risk factors associated with offending and victimization of children and young people (poor parental supervision, families with attitudes that condone anti-social behaviour and criminality, low income, poor housing, low achievement beginning in primary school, aggressive behaviour, living in disadvantaged communities for example). • By the time offenders come to the notice of community safety partnership services (typically between the ages of 13-18), the opportunity for early prevention and intervention may have been missed. • Adverse childhood experiences, including abuse by adults, time spent in public care and domestic abuse, can disproportionately impact on risk of offending and victimization in later years. • Since the last EIA the council has introduced a Safeguarding Adolescents team to identify those young people at risk of being drawn into crime, to offer appropriate support and diversionary activities • MOPAC funds have been used to commission a young people’s mentoring service for those at risk of criminal exploitation. • MOPAC funds have been used to provide a restorative justice service for young victims of crime based in the youth justice service. • Violence reduction unit funding has been used to provide additional youth workers in identified hotspot areas • Violence reduction unit funding has been used to provide workshops by Street Doctors to raise awareness of the risk of Knife crime and opportunities for first aid intervention in crisis. • Priority areas of the HCSP are focused on crime and disorder problems which adversely affect children and young people.
	<i>*Expand box as required</i>	
<p>Evidence:</p> <ul style="list-style-type: none"> - Early Help services - Multi-Agency Safeguarding Hub - Serious Group Violence Strategy and Serious Group Violence Panel - Troubled Families - Youth Justice Plan - Youth Justice Service and Safeguarding Adolescents team - Commissioned services for Youth Mentoring 		

**Expand box as required*

Sources used:

- Havering Community Safety Partnership Strategic Assessment
- Havering Data Intelligence Hub
- Youth Justice Board: Risk and Protective Factors Report

**Expand box as required*

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

*Please tick (✓)
the relevant box:*

Positive

Overall impact:

Information that would be useful for strategic analysis and service provision remains underdeveloped in respect of disability, with crime and incident data significantly underreported.

Neutral

✓

Qualitative research shows that those with disabilities are more likely to be targeted for hate crime, financial and sexual abuse and exploitation (i.e. labour).

Negative

Access to police crime data has not improved since the previous EIA despite. This is a pan London issue and the chair of the HCSP has written to MOPAC to seek improvements.

Met Police Hate crime data is available with a Disability flag via the Safer Neighborhood Dashboard however reported numbers are low with only 11(eleven) reported cases in Havering in 2021

**Expand box as required*

Evidence:

- Anti-Social Behaviour Community Multi-Agency Risk Assessment Conference (ASBMARAC), Cohesion Strategy.
- Safer Neighbourhoods Dashboard – London Datastore

**Expand box as required*

Sources used:

- An overview of Hate Crime in England and Wales (Home Office, ONS and Ministry of Justice)
- Havering Community Safety Partnership Strategic Assessment

Expand box as required*Protected Characteristic - Sex/gender: Consider both men and women***Please tick (✓) the relevant box:***Positive**

✓

Neutral**Negative****Overall impact:**

- Males and females experience similar proportions of crime overall, however, there are notable differences by type of crime.
- Gender based violence (significant proportions of domestic abuse) and sexual violence disproportionately affect women (predominantly within the broad age range 16-59). Domestic abuse services for women include refuge provision, support group and Independent domestic violence advocates.
- Stranger and alcohol-related violence occurring within public spaces (night time economy) and serious group/gang violence disproportionately affects men (predominantly under the age of 24). Night Marshalls have been introduced to act as additional visible guardians in Romford Town centre to deter violent crime.
- Males account for over 80% of all offenders, therefore services to address and support offenders should bear this in mind.
- A dedicated men's service for male victims of domestic abuse has been introduced as it was identified that men were not accessing the traditional support services which were seen as women only.

Expand box as required*Evidence:**

- Violence against Women & Girls Strategy, Strategic Group and Multi-Agency Risk Assessment Conference – established to identify, support and protect people at-risk of domestic abuse, sexual violence, FGM, honour based violence and forced marriage, sexual exploitation and prostitution.
- Equality Impact Assessment for Violence Against Women & Girls Strategy and Commissioned Services
- Commissioned services for victims of domestic abuse
- Commissioned services to address violence within the night time economy (Street Triage), and Safe and Sound Night Time Economy group

- Reducing Reoffending Strategy, Equality Impact Assessment and Action Plan
 Violence reduction action plan and commissioned services

**Expand box as required*

Sources used:

- Havering Community Safety Partnership Strategic Assessment
- Metropolitan Police Crime Recording Information System (CRIS)
- Violence against women and girls strategic problem profile

**Expand box as required*

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

<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive		
Neutral	✓	
Negative		

- BME groups are disproportionately represented as victims of crime generally, and in particular crime motivated by racial and religious prejudice, and targeting of Asian households for Asian gold.
- There is no specific service which serves to protect BME groups in Havering, however, there is a BME forum which is represented at the Safer Neighbourhood Board.
- There is BME specific provision in respect of Domestic Abuse in Havering.
- A growing BME community in Havering, particularly within the Black African group, may require in the future specialist services should it be mirrored by disproportionate growth in incidence and prevalence of crime.
- Met Police Hate crime data is available with a Racist and Religious flag via the Safer Neighborhood Dashboard reported with only 379 reported cases in Havering in 2021

**Expand box as required*

Evidence:

- Anti-Social Behaviour Panel and Community Multi-Agency Risk Assessment Conference
- 1x Independent Domestic Violence Advisor (IDVA) case load reserved in prioritising domestic abuse affecting BME victims in Havering bases in Havering women’s aid
- Cohesion Strategy for Havering

**Expand box as required*

Sources used:

- Havering Community Safety Partnership Strategic Assessment
- Metropolitan Police Crime Recording Information System (CRIS)
- Violence against women and girls strategic problem profile
- Safer Neighbourhoods Dashboard – London Datastore

**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 underdeveloped and underreported in Havering. Qualitative research identifies that individuals with particular religious beliefs are more likely to be victims of hate incidents and hate crime.
- 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.
- Met Police Hate crime data is available with 379 reported cases in Havering in 2021 with a Racist and Religious flag and 22 with a Faith flag .

**Expand box as required*

Evidence:

- Anti-Social Behaviour Panel and Community Multi-Agency Risk Assessment Conference (ASBMARAC),
- Cohesion Strategy in development for Havering

**Expand box as required*

Sources used:

- An overview of Hate Crime in England and Wales (Home Office, ONS and Ministry of Justice)
- Havering Community Safety Partnership Strategic Assessment
- Safer Neighbourhoods Dashboard – London Datastore

**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:

- Information that could be useful for strategic analysis and service provision is currently underdeveloped in Havering. Nationally LGBT groups are much less likely to report hate incidents or hate crimes. Qualitative research found that this protected characteristic was more likely to be targeted as victims of hate crime, violence and domestic abuse.
- Whilst underreporting is significant and volume of reported cases are low, there are specialist services available to LGBT residents of Havering, including a liaison police officer and same-sex domestic abuse services.
- *Met Police Hate crime data is available with a Homophobic flag however reported numbers are low with 47 reported cases in Havering in 2021.*

**Expand box as required*

Evidence:

- Anti-Social Behaviour Panel and Community Multi-Agency Risk Assessment Conference (ASBMARAC).
- Cohesion Strategy for Havering
- LGBT Police Officer within Havering
- LGBT support services available for victims of domestic abuse in same-sex relationships

**Expand box as required*

Sources used:

- An overview of Hate Crime in England and Wales (Home Office, ONS and Ministry of Justice)
- Havering Community Safety Partnership Strategic Assessment
- Safer Neighbourhoods Dashboard – London Datastore

**Expand box as required*

Protected Characteristic - Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth	
<i>Please tick (✓) the relevant box:</i>	<p>Overall impact:</p> <ul style="list-style-type: none"> • Information that could be useful for strategic analysis and service provision is currently underdeveloped in Havering. Nationally this protected characteristic is less likely to report victimisation, including hate incidents or hate crimes. • Met Police Hate crime data is available with a transgender flag however reported numbers are low with 4 reported cases in Havering in 2021. <p style="text-align: right;"><i>*Expand box as required</i></p>
Positive	
Neutral	
Negative	

Evidence:

- Anti-Social Behaviour Panel and Community Multi-Agency Risk Assessment Conference (ASBMARAC),
- Cohesion Strategy for Havering

**Expand box as required*

Sources used:

- An overview of Hate Crime in England and Wales (Home Office, ONS and Ministry of Justice)
- Havering Community Safety Partnership Strategic Assessment
- Safer Neighbourhoods Dashboard – London Datastore

**Expand box as required*

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

Positive		Services provided by Havering Community Safety Partnership are inclusive to all marital status'. In terms of community safety partnership issues, married/civil partners (or separated) are most notably overrepresented within domestic abuse crimes, given their nature. Domestic abuse services are available to everyone regardless of marital status.
Neutral	✓	
Negative		

**Expand box as required*

Evidence:

- Violence against Women & Girls Strategy, Strategic Group and Multi-Agency Risk Assessment Conference – established to identify, support and protect people at-risk of domestic abuse, sexual violence, FGM, honour based violence and forced marriage, sexual exploitation and prostitution.
- Equality Impact Assessment for Violence Against Women & Girls Strategy and Commissioned Services

**Expand box as required*

Sources used:

- Havering Community Safety Partnership Strategic Assessment
- Violence against women and girls strategic 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>		Overall impact: This protected characteristic has been identified as at higher risk of domestic abuse. Previous research has identified that as much as 30% of domestic abuse begins during pregnancy, therefore, requiring capacity within maternity and pre-natal services to identify risks and refer appropriately to relevant support services.
Positive	✓	
Neutral		
Negative		

**Expand box as required*

Evidence:

- Violence against Women & Girls Strategy, Strategic Group and Multi-Agency Risk Assessment Conference – established to identify, support and protect people at-risk of domestic abuse, sexual violence, FGM, honour based violence and forced marriage, sexual exploitation and prostitution.
- Equality Impact Assessment for Violence Against Women & Girls Strategy and Commissioned Services
- Domestic Abuse Policy for BHRUT and Havering CCG
- Independent Domestic Abuse Advisor within Queens hospital
- Domestic Abuse training and DV Champions within pre-post natal staff, health visitors etc

**Expand box as required*

Sources used:

- Havering Community Safety Partnership Strategic Assessment
- Metropolitan Police Crime Recording Information System (CRIS)
- Violence against women and girls strategic problem profile

**Expand box as required*

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

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

Some categories of crime may be disproportionately impact on people of different socio-economic status. For example:

- *Households with higher disposable income and means to purchase desirable items targeted by offenders, are more likely to become victims of household burglary – they may subsequently improve their home security. Households in lower income thresholds are less likely to afford more sophisticated home security measures to protect themselves.*
- *Whilst all people can be affected by domestic abuse, reporting rates are disproportionately higher for low income thresholds, as are disclosure rates from victimisation surveys (Crime Survey for England and Wales).*
- *Robbery victims are more likely to be from middle and higher income backgrounds, whereas robbery offenders are disproportionately from lower income backgrounds, specifically targeting those they perceived to be better off.*
- *Rates of violence generally disproportionately impact on those residing in the most multiply deprived areas.*

The rate of reported and recorded crime affecting those from low income households may be heightened due to the inability to protect themselves (i.e. do not have finances available for appropriate

	<p><i>insurance; investing in security; covering the loss of stolen items and repairs; and the subsequent burden this may place on already stretched incomes.</i></p> <p style="text-align: right;"><i>*Expand box as required</i></p>
<p>Evidence: Services provided by Havering Community Safety Partnership are inclusive to all socio-economic groups.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Sources used: Crime Survey for England and Wales - Youth Justice Board: Young People and Street Crime - Strategic Assessment -</p>	

<p>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.</p>	
<p><i>Please tick (✓) all the relevant boxes that apply:</i></p>	<p>Overall impact: <i>Being a victim of crime can be detrimental to both physical and mental health</i></p>
<p>Positive</p>	<p><input checked="" type="checkbox"/></p>
<p>Neutral</p>	<p><input type="checkbox"/></p>
<p>Negative</p>	<p><i>Health partners are members both of the overarching HCSP Board but also the strategic groups and associated risk panels to ensure that health and wellbeing is considered in the development of strategies, policies and associated commissioned services.</i></p> <p><i>Risk panels are in place for domestic abuse, Anti-social behaviour and serious group violence and include risk assessment tool for identifying those at high risk.</i></p> <p><i>Consideration is given to the health needs of both identified victims and perpetrators to ensure that appropriate safeguarding procedures and referral pathways are in place</i></p> <p style="text-align: right;"><i>*Expand box as required</i></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;">No <input checked="" type="checkbox"/></p>

Evidence:

- Minutes of HCSP , associated strategic groups and risk panels
- Terms of reference and referral pathways for DVMARAC, Community MARAC and SGV panel
- Terms of reference for Integrated offender Management panel

**Expand box as required*

Sources used:




- Havering Data Intelligence Hub
- London Datastore
- 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	Identified negative impact	Action taken to mitigate impact*	Outcomes and monitoring**	Timescale	Lead officer
Disability	Information that would be useful for strategic analysis and service provision remains underdeveloped in respect of disability. Qualitative research shows that those with disabilities are more likely to be targeted for hate crime, financial and sexual abuse and exploitation (i.e. labour).	Identify and engage with disability groups within Havering. Gauge collective experiences of victimisation, access to services and satisfaction with services. Gauge opinions and insight that can be used to improve access and services for this protected group.	Increased reporting of victimisation. Improved access to available services.	March 2023	Community Safety Manager
Religion / Faith	Information that could be useful for strategic analysis and service provision is currently underdeveloped and underreported in Havering. Qualitative research identifies that	Identify and engage with disability groups within Havering. Gauge collective experiences of victimisation, access to services and satisfaction with services.	Increased reporting of victimisation. Improved access to available services.	March 2023	Community Safety Manager

	<p>individuals with particular religious beliefs are more likely to be victims of hate incidents and hate crime.</p> <p>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.</p>	<p>Gauge opinions and insight that can be used to improve access and services for this protected group.</p>			
Gender Reassignment	<p>Information that could be useful for strategic analysis and service provision is currently underdeveloped in Havering. Nationally this protected characteristic is less likely to report victimisation, including hate incidents or hate crimes.</p>	<p>Identify and engage with disability groups within Havering. Gauge collective experiences of victimisation, access to services and satisfaction with services. Gauge opinions and insight that can be used to improve access and</p>	<p>Increased reporting of victimisation. Improved access to available services.</p>	<p>March 2023</p>	<p>Community Safety Manager</p>

		services for this protected group.			
All protected characteristics	This EIA is an overview level assessment for the HCSP Partnership Plan. Specific areas of work and funding of commissioned projects will require bespoke EIA's to be completed.	Violence Against Women & Girls and Domestic Abuse services to have overarching EIA. Serious Group Violence Strategy and commissioned services / risk panels to have overarching EIA. Reducing Reoffending Board and associated operational groups to have overarching EIA. MOPAC funded projects to have EIAs.	Equality needs are identified and addressed for each respective specialist area.	December 2022	Community Safety officer IDVAs ASB officers

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:

The EqHIA will be reviewed annually as part of the statutory annual strategic assessment of crime and disorder

Scheduled date of review: March 2023

Lead Officer conducting the review: Community Safety and Intelligence Manager

**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