

# Equality & Health Impact Assessment (EqHIA)

## Document control

<b>Title of activity:</b>	Proposed De-Designation and Closure of Chippenham Road Children's Centre
<b>Lead officer:</b>	Helen Harding; <i>Strategic Head of Service for Early Help, Targeted Support, MASH and Youth Justice</i>
<b>Approved by:</b>	Tara Geere; <i>Director of Starting Well</i>
<b>Date completed:</b>	November 2023
<b>Scheduled date for review:</b>	TBC

<b>Did you seek advice from the Corporate Policy &amp; Diversity team?</b>	Yes
<b>Did you seek advice from the Public Health team?</b>	No
<b>Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?</b>	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](mailto:EqHIA@havering.gov.uk) for advice from either the Corporate Diversity or Public Health teams. Please refer to the Guidance in Appendix 1 on how to complete this form.

1	<b>Title of activity</b>	Proposed De-Designation and Closure of Chippenham Road Children's Centre		
2	<b>Type of activity</b>	A report is scheduled for presentation to Cabinet in December 2023 outlining a recommendation for the proposed de-designation and closure of Chippenham Road Children's Centre. This was outlined as part of the savings proposals in the Havering Council Budget 2023/24 report. This also follows public consultations on the proposal from October-December 2022 as well as June-September 2019.		
3	<b>Scope of activity</b>	<p>The recommendation in the Cabinet report is to de-designate and close Chippenham Road Children's Centre</p> <p>The recommendation has been carefully considered, following the response to two previous public consultations.</p> <p>The site has been closed since March 2020 and all services previously delivered from this location are now being delivered nearby at Ingrebourne Children's Centre.</p>		
4a	<b>Are you changing, introducing a new, or removing a service, policy, strategy or function?</b>	Yes	<p>If the answer to <u>any</u> of these questions is 'YES', please continue to question 5.</p>	<p>If the answer to <u>all</u> of the questions (4a, 4b &amp; 4c) is 'NO', please go to question 6.</p>
4b	<b>Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?</b>	Yes		
4c	<b>Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?</b>	Yes		
5	<b>If you answered YES:</b>	<b>Please complete the EqHIA in Section 2 of this document.</b> Please see Appendix 1 for Guidance.		
6	<b>If you answered NO:</b>	N/A		

<b>Completed by:</b>	Helen Harding; <i>Strategic Head of Service for Early Help, Targeted Support, MASH and Youth Justice</i>
<b>Date:</b>	November 2023

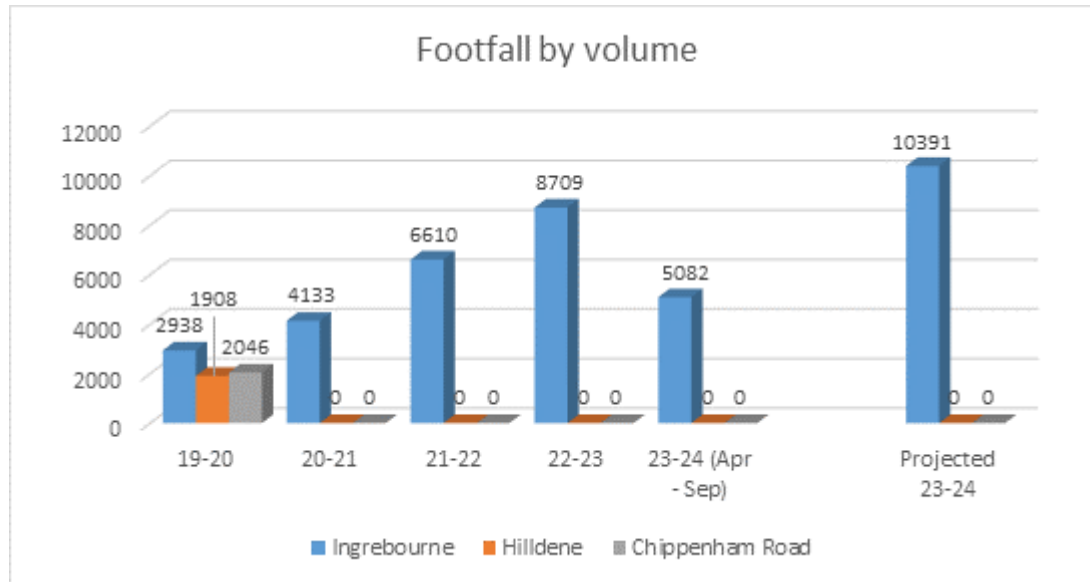
## 2. The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

**Background/context:**

From 14<sup>th</sup> October 2022-30<sup>th</sup> December 2022, a formal public consultation commenced entitled 'Havering Council Budget Consultation 2023/24'. Part of this consultation was recommending the rationalisation of early help and youth services. Plans included permanently closing Chippenham Road Children's Centre and delivering services from other locations. A public consultation which also including this proposal was previously undertaken in June-September 2019.

In response to Government guidance during the Covid-19 pandemic, Chippenham Road Children's Centre was closed due to it being a smaller site where social distancing measures could not be implemented. As expected, there was a drop in footfall across all of the Children's Centres in Havering during this period, however, since the government has moved to 'living with Covid', our footfall has returned to pre-pandemic levels in the Harold Hill area, despite Chippenham Road Children's Centre remaining closed.

Below data shows year on year data from 2019/20 with projected footfall for the Harold Hill area.



Ingrebourne Children's Centre which is also located in the Harold Hill area a short distance from Chippenham Road Children's Centre, enhanced its offer and has seen a steady year on year increase in footfall. Services previously delivered at Chippenham Road Children's Centre have been relocated to Ingrebourne Children's Centre, please see the tables below.

Services delivered from Chippenham Road Children's Centre 2020	
0-5 offer	Partners delivering services
Stay & Play	Child Development Reviews (Health)
Musical Jelly Beans	
Baby Stay & Play	

Services delivered from Ingrebourne Children's Centre 2023	
0-5 offer	Partners delivering services
Stay & Play	Child Development Reviews (Health)
Musical Jelly Beans	Community Midwives
Baby Stay & Play	Birth Registration Service
Baby Massage	CAD 0-5 (Children & Adults with Disabilities)

Ingrebourne Children’s Centre also has community midwives located on site for expectant and new parents alongside services delivered as part of the 0-5yr old Healthy Child Programme. The Birth Registration Service now also has a presence in the Centre increasing opportunities to alert parents to the support services available and the benefits of accessing these services at the earliest opportunity through both the children’s centres and community settings. These initial contacts with families enable the practitioners to make decisions about prioritising a follow up contact from the centre around issues such as English not as a first language, SEN/disability and young parents.

**Who will be affected by the activity?**

Residents have not accessed services at Chippenham Road Children’s Centre since March 2020, the services previously available can now be accessed at a nearby site, however it is possible that some residents previously accessing services are now not doing so. Due to co-location of midwifery and health visiting services at Ingrebourne Children’s Centre we are confident that families who would have previously accessed services will continue to do at the current location.

There are no staff currently located at the centre so none will be affected by this activity.

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

*Please tick (✓) the relevant box:*

<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	

**Overall impact:** 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 / carers accessing these services and this will not differ if the recommendations are agreed.

**Evidence:**

The recorded population in Havering as per the 2021 Census is 262,052 with 16,488 of the population being children 0-4 years.

Havering's population has altered significantly, with almost all age groups either declining or growing. As well as (and likely linked to) significant growth in the population aged 25 to 39, the proportion of young children in Havering has increased at one of the fastest rates nationwide. Havering saw the second highest growth of all local authorities of those aged 0-4. Havering also saw the 12th highest growth nationally and the 2nd highest growth within London for children aged 5-9. At the time of the 2021 Census, 24.3%, or roughly one in four people living in Havering, were aged 0 to 19.

The 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.

Over the last 5 years, we have seen an increased in referrals being made to the Multi Agency Safeguarding Hub (MASH) and subsequently families who require intervention across universal, early help and statutory services. In response to this, we will be making changes to the early help offer to respond to this demand to ensure families get the right support at the right time. Under the new model, early help would have a greater focus upon the delivery of proven targeted early intervention and “edge of care” provision within a range of community settings. Like all areas of the Council, we need to consider how we can ensure the service is delivered in the most cost effective way.

**Sources used:**

- Census 2021- [Havering – Population Intelligence Briefings \(haveringdata.net\)](https://www.haveringdata.net/)
- Information and Data obtained via the Children’s Services Recording System (Liquid Logic).

<b>Protected Characteristic - Disability:</b> Consider the full range of disabilities; including physical, mental, sensory and progressive conditions	
<i>Please tick (✓) the relevant box:</i>	
<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	
<p><b>Overall impact:</b> 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. Ingrebourne Children's Centre has an offer in place from the Children and Adults with Disabilities 0-5 Team and this will not change should the recommendations in the report be agreed.</p>	
<p><b>Evidence:</b></p> <p>In 2021, 6.6% of Havering residents were identified as being disabled which impacted and limited on their lives. At least one in four people will experience 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, we can increase our opportunity to reach those who may be in need of support.</p> <p>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.</p> <p>For example, two Walk &amp; Talk buggy sessions have been launched to encourage being physical active and reduce social isolation which has shown to promote overall health and wellbeing.</p> <p>By working in collaboration with partners and exploring joint funding bids, our perinatal service Butterflies and Havering Mind Mums Matter programme are planning to increase capacity for services that support perinatal mental health to reach a greater proportion of those most in need of targeted support.</p>	
<p><b>Sources used:</b></p> <ul style="list-style-type: none"> <li>• This is Havering 2018 version 4.1 (August 2018) <i>produced by public health intelligence</i></li> <li>• Projecting Adult Needs and Service Information System (PANSI, 2017); calculations uses Mid-year population estimates 2017; Office for National Statistics (ONS); <i>produced by public health intelligence</i></li> <li>• How life has changed in Havering: Census 2021 (ons.gov.uk)</li> <li>• Mental Health JSNA January 2015</li> <li>• 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.</li> </ul>	

<b>Protected Characteristic - Sex/gender:</b> Consider both men and women	
<i>Please tick (✓) the relevant box:</i>	
<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	
<p><b>Overall impact:</b> Currently, the majority of attendee's at children's centres are 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 going forward we may see a reduction in the gap between female users of the Centre's and other genders.</p>	
<p><b>Evidence:</b></p> <p>The 2021 Census shows that out of the 262,052 residents in Havering, 135,668 (52%) are female and 126,384 (48%). With 5.9% of the population being female 0-4 years and 6.7% male.</p> <p>In 2022, Fatherhood Institute reported that less than 4% of eligible families' use shared parental leave. 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.</p>	

There are services delivered from children’s centres where the gender of attendees is predetermined, for example a Dad’s Club takes place 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.

Recognising the important role fathers play in caring for their child/ren and to increase their confidence and skills in providing responsive parenting, a virtual Becoming Dad course is also now in place. The perinatal period during pregnancy provides an opportunity to engage fathers and research demonstrates that close involvement of fathers from birth onwards, can support positive infant and child development laying the foundations for improved social, emotional and cognitive development with lifelong benefits.

We will ensure that younger fathers will also be included in further engagement and in service development which encourages their participation, building on our engagement work already undertaken with ‘Becoming Dad’.

**Sources used:**

- Census 2021- [Havering – Population Intelligence Briefings \(haveringdata.net\)](https://www.haveringdata.net)
- <http://www.fatherhoodinstitute.org>

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

Please tick (✓) the relevant box:

**Positive**

**Neutral**

**Negative**

✓

**Overall impact:** It is assessed that the impact on this protected characteristic will be neutral. There are no services provided through our children’s centre offer where access is pre-determined by ethnicity.

**Evidence:**

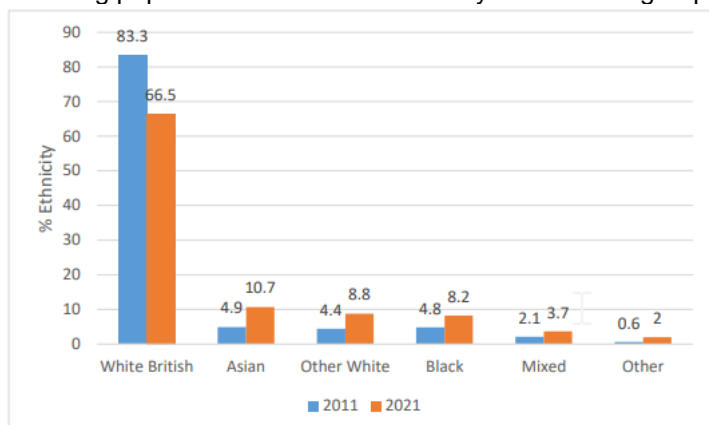
Ethnic make-up of Households

The 2021 Census shows that 33.5% of people in Havering identify as non-White British. 66.49% of people identify as White British, which is the second highest figure in London. 87.8% of Havering residents identified with at least one UK national identity (English, Welsh, Scottish, Northern Irish, British and Cornish);

In 2021, White British remains the most common ethnic group in Havering, with 66.5% (174,232) of the population identifying in this group.

The next most common ethnic group is Asian, accounting for 10.7% (28,150) of the population.

Havering population in 2011 and 2021 by main ethnic group



Source: Office for National Statistics (ONS), Census 2011 & 2021; Produced by: Havering PHI

Language

In 2021, 90.1% (227,346) of Havering residents, aged 3 years and over, identified as having English as their main language, down from 95.4% (218,645) in 2011. The top 10 other languages identified in 2021 are shown in Figure 7, below. 4.8% of households have no members that have English as their main language.

Top 10 main languages in Havering (excluding English)

Language	Observation	%
Romanian	5742	2.28%
Lithuanian	2203	0.87%
Punjabi	1393	0.55%
Polish	1320	0.52%
Bengali	1131	0.45%
Urdu	1081	0.43%
Bulgarian	900	0.36%
Portuguese	730	0.29%
Russian	719	0.28%
Tamil	669	0.27%

Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering PHI

Our services have adapted to respond to the change in demand brought about by a shift in demographics and growing cultural diversity. There is an increased focus on raising awareness of the children's centres offer through linking in with faith groups in the community via Havering's Inter Faith Forum. Promotional materials in a range of spoken languages are also being used as part of marketing campaigns including for the National Healthy Start Scheme.

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 going forward.

**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

<i>Please tick (✓) the relevant box:</i>		<b>Overall impact:</b> It is assessed that the impact upon this protected characteristic is neutral.
<b>Positive</b>		
<b>Neutral</b>	✓	
<b>Negative</b>		

**Evidence:**

The most commonly reported religion in Havering is Christian, with 52.2% of the total population in 2021 describing themselves as Christian. This is a reduction from 65.6% in 2011. No religion was the second most common response, with 30.6% identifying in this category, up from 22.6% in 2011. Other religions accounted for 11.7% of the total Havering population, which is an increase from 5.1% in 2011.

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 going forward.

**Sources used:**

- Census 2021- [Havering – Population Intelligence Briefings \(haveringdata.net\)](https://www.haveringdata.net/)

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

<i>Please tick (✓) the relevant box:</i>		<b>Overall impact:</b> Overall the impact on sexual orientation 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.
<b>Positive</b>		
<b>Neutral</b>	✓	
<b>Negative</b>		



<b>Evidence:</b> 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.	
<b>Sources used:</b> N/A	

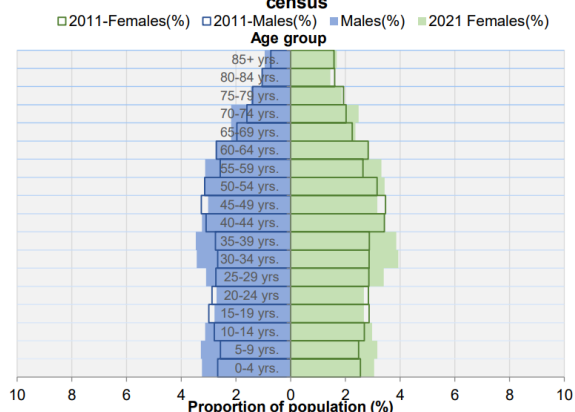
<b>Protected Characteristic - Gender reassignment:</b> Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth	
<i>Please tick (✓) the relevant box:</i>	
<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	
<b>Overall impact:</b> 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.	
<b>Evidence:</b> 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.	
<b>Sources used:</b> N/A	

<b>Protected Characteristic - Marriage/civil partnership:</b> Consider people in a marriage or civil partnership	
<i>Please tick (✓) the relevant box:</i>	
<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	
<b>Overall impact:</b> Overall the impact on marriage and civil partnership is neutral.	
<b>Evidence:</b> 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.	
<b>Sources used:</b> N/A	

<b>Protected Characteristic - Pregnancy, maternity and paternity:</b> Consider those who are pregnant and those who are undertaking maternity or paternity leave	
<i>Please tick (✓) the relevant box:</i>	
<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	
<b>Overall impact:</b> It is assessed that the impact on pregnancy, maternity and paternity will be neutral.  Health provisions such as midwifery, child development checks will continue to be delivered from the remaining centres and further sites will be explored going forward.	
<b>Evidence:</b>  The recorded population in Havering as per the 2021 Census was 262,052 with 16,488 of the population being children aged 0-4 years. Havering saw the second highest growth of all local authorities of those aged 0-4.  The 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.	



**Havering population change from 2011 to 2021 census**



Over the last 5 years, we have seen an increased in referrals being made to the Multi Agency Safeguarding Hub (MASH) and subsequently families who require intervention across universal, early help and statutory services. In response to this, we will be making changes to the early help offer to respond to this demand to ensure families get the right support at the right time. Under the new model, early help would have a greater focus upon the delivery of proven targeted early intervention and “edge of care” provision within a range of community settings. Like all areas of the Council, we need to consider how we can ensure the service is delivered in the most cost effective way.

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 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.

The service will continue to work inclusively before, during and after pregnancy with parents, teenage mothers and fathers and pregnant young women, including those in care. Working more closely with midwives will support engagement from all parents and expectant parents.

Currently, Midwifery Service are located at Ingrebourne Children’s Centre, and this will not be impacted if the recommendations in the report are agreed. In addition to this, there are professional links established with BHRUT with the leads from Infant Feeding, Midwifery and Perinatal Mental Health to support referral pathways into the children’s centres and community offer in place.

**Sources used:**

- Office for National Statistics (ONS)
- <https://democracy.havering.gov.uk/>
- 2021 Census

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

Please tick (✓) the relevant box:

<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	

**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.

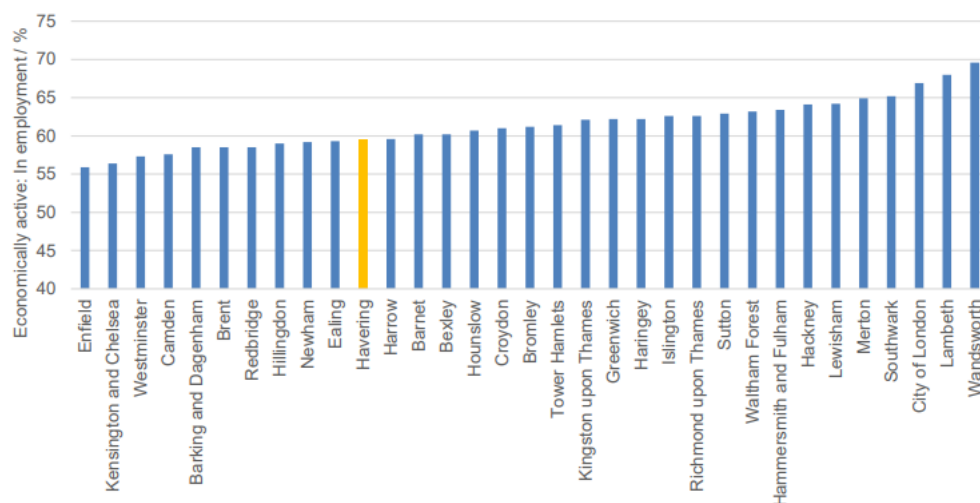
**Evidence:**

Data provided by the 2021 Census shows that 59.5% of residents in Havering have a job, an increase from 58.9% in 2011. 3.6% of residents are unemployed, which is the fourth lowest rate in London and an improvement from the rate of 5.0% in 2011. 13.4% of economically active residents are employed in construction and civil engineering, which is the biggest industry in Havering. 21.0% of residents are retired - the highest rate in London. 33.4% of economically active residents were working from home at the time of the census and 39.5% of economically active residents travel to work by car, the second highest rate in London

Economically active – in employment (an employee or self-employed)

In Havering, 59.5% (124,781) of residents aged 16 and over were in employment at the time of the Census 2021. This includes people who were put on furlough. This is a higher rate of economic activity than the England average of 57.4%, but lower than the London average of 61.4%. Havering has the eleventh lowest rate of residents who are economically active and in employment in London.

## Percentage of residents who are economically active and in employment, by London Borough 2021

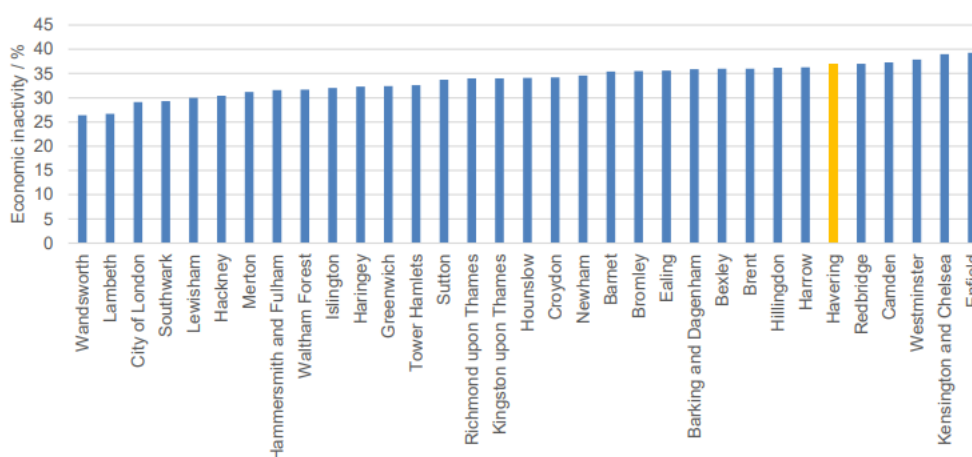


Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering Insight Team

In Havering, 36.9% (77,298) of residents aged 16 years and over were economically inactive at the time of the Census. This is lower than the England average (39.1%) but higher than the London average (33.8%). Havering has the sixth highest rate of economic inactivity in London.

## Percentage of residents who are economically inactive by London Borough, 2021

Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering Insight Team



## Data of Deprivation

Children's Centre	Index of Multiple Deprivation (IMD) Score	IoD 2019 Income Deprivation Affecting Children Index (IDACI) Score (rate)
	<p><b>Description</b> The Index of Multiple Deprivation score, <b>where a higher score indicates a higher level of deprivation</b>. The Index of Multiple Deprivation (IMD) is the official measure of deprivation in England. It is comprised of seven distinct domains of deprivation - Income, Employment, Health Deprivation and Disability, Education and Skills Training, Crime, Barriers to Housing and Services, and Living Environment - which are combined to provide an overall relative measure of deprivation. The IMD is calculated for every LSOA in England, with each LSOA being ranked according to their level of deprivation relative to that of other areas. A rank of 1 indicates the most deprived area, and a rank of 32,844 indicates the least deprived area. Note that the IMD is a relative index - it can be used to compare the relative level of deprivation between areas, but does not quantify how deprived a particular area is.</p> <p><b>Source</b> Havering Data Hub <a href="https://www.gov.uk/government/publications/english-indices-of-deprivation-2019-technical-report">https://www.gov.uk/government/publications/english-indices-of-deprivation-2019-technical-report</a></p>	<p><b>Description</b> The Indices of Deprivation (IoD) 2019 Income Deprivation Affecting Children Index comprises children aged 0 to 15 living in income deprived families, here defined as families that either receive Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee) or Universal Credit (in the 'Searching for work', 'No work requirements', 'Planning for work', 'Working with requirements' and 'Preparing for work' conditionality groups) or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs. Child asylum seekers are not included in the Income Deprivation Affecting Children Index. <b>A higher score indicates that an area is experiencing high levels of deprivation.</b></p> <p><b>Source</b> : Ministry of Housing Communities and Local Government (MHCLG) (<a href="https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019">https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019</a>)</p>
Rainham	19.839	18.8%
Elm Park	11.057	15.7%
Romford	18.737	15.5%
Collier Row	26.639	Not available
Harold Hill	29.634	24.3%

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 receive 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.

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.

Collaborative, coordinated and close partnership working is recognized as strength in the delivery of early help service for families and will continue to be a key focus to promote good practice. Using shared data analysis will support working within communities identified as having higher / specific needs to ensure that the service clearly identifies priority groups with particular needs.

**Sources used:**

- This is Havering 2018 version 4.1 (August 2018) *produced by public health intelligence*
- Census 2021
- Haveringdatahub

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

Please tick (✓) the relevant boxes:

<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	

**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.

**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:**

It is considered that if the recommendations are agreed then resident’s opportunity to access services would stay the same. Residents are not expected to travel a greater distance to access services and the variety of locations will be accessible via public transport (see table below).

Previous Location of Service Delivery	Current Location of Service Delivery	Distance	Public Transport
Chippenham Road Children’s Centre	Ingrebourne Children’s Centre	0.9 miles	499 Bus Route 256 Bus Route

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 current service delivery model provides 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.

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 are 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>	➔	<b>Proceed with implementation</b> of your activity
	2. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u>	➔	<b>COMPLETE SECTION 4:</b> <b>Complete action plan</b> and finalise the EqHIA
	3. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level	➔	<b>Stop and remove</b> the activity or <b>revise</b> the activity <b>thoroughly.</b> <b>Complete an EqHIA on the revised proposal.</b>

## 4. Action Plan

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

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

**Add further rows as necessary**

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

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

## 5. Review

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

**Review:** 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"/> Structure and cohesion of family unit		<input type="checkbox"/> to Employment opportunities	
<input type="checkbox"/> Exercise and physical activity		<input type="checkbox"/> Parenting		<input type="checkbox"/> to Workplaces	
<input type="checkbox"/> Smoking		<input type="checkbox"/> Childhood development		<input type="checkbox"/> to Housing	
<input type="checkbox"/> Exposure to passive smoking		<input type="checkbox"/> Life skills		<input type="checkbox"/> to Shops (to supply basic needs)	
<input type="checkbox"/> Alcohol intake		<input type="checkbox"/> Personal safety		<input type="checkbox"/> to Community facilities	
<input type="checkbox"/> Dependency on prescription drugs		<input type="checkbox"/> Employment status		<input type="checkbox"/> to Public transport	
<input type="checkbox"/> Illicit drug and substance use		<input type="checkbox"/> Working conditions		<input type="checkbox"/> to Education	
<input type="checkbox"/> Risky Sexual behaviour		<input type="checkbox"/> Level of income, including benefits		<input type="checkbox"/> to Training and skills development	
<input type="checkbox"/> Other health-related behaviours, such as tooth-brushing, bathing, and wound care		<input type="checkbox"/> Level of disposable income		<input type="checkbox"/> to Healthcare	
		<input type="checkbox"/> Housing tenure		<input type="checkbox"/> to Social services	
		<input type="checkbox"/> Housing conditions		<input type="checkbox"/> to Childcare	
		<input type="checkbox"/> Educational attainment		<input type="checkbox"/> to Respite care	
		<input type="checkbox"/> Skills levels including literacy and numeracy		<input type="checkbox"/> to Leisure and recreation services and facilities	
<b>Social Factors</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Economic Factors</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Environmental Factors</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>

<input type="checkbox"/> Social contact	<input type="checkbox"/> Creation of wealth	<input type="checkbox"/> Air quality
<input type="checkbox"/> Social support	<input type="checkbox"/> Distribution of wealth	<input type="checkbox"/> Water quality
<input type="checkbox"/> Neighbourliness	<input type="checkbox"/> Retention of wealth in local area/economy	<input type="checkbox"/> Soil quality/Level of contamination/Odour
<input type="checkbox"/> Participation in the community	<input type="checkbox"/> Distribution of income	<input type="checkbox"/> Noise levels
<input type="checkbox"/> Membership of community groups	<input type="checkbox"/> Business activity	<input type="checkbox"/> Vibration
<input type="checkbox"/> Reputation of community/area	<input type="checkbox"/> Job creation	<input type="checkbox"/> Hazards
<input type="checkbox"/> Participation in public affairs	<input type="checkbox"/> Availability of employment opportunities	<input type="checkbox"/> Land use
<input type="checkbox"/> Level of crime and disorder	<input type="checkbox"/> Quality of employment opportunities	<input type="checkbox"/> Natural habitats
<input type="checkbox"/> Fear of crime and disorder	<input type="checkbox"/> Availability of education opportunities	<input type="checkbox"/> Biodiversity
<input type="checkbox"/> Level of antisocial behaviour	<input type="checkbox"/> Quality of education opportunities	<input type="checkbox"/> Landscape, including green and open spaces
<input type="checkbox"/> Fear of antisocial behaviour	<input type="checkbox"/> Availability of training and skills development opportunities	<input type="checkbox"/> Townscape, including civic areas and public realm
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Quality of training and skills development opportunities	<input type="checkbox"/> Use/consumption of natural resources
<input type="checkbox"/> Fear of discrimination	<input type="checkbox"/> Technological development	<input type="checkbox"/> Energy use: CO2/other greenhouse gas emissions
<input type="checkbox"/> Public safety measures	<input type="checkbox"/> Amount of traffic congestion	<input type="checkbox"/> Solid waste management
<input type="checkbox"/> Road safety measures		<input type="checkbox"/> Public transport infrastructure