

## Equality & Health Impact Assessment (EqHIA)

### Document control

<b>Title of activity:</b>	Consultation Policy
<b>Lead officer:</b>	Sue Verner
<b>Approved by:</b>	Jerry Haley, Deputy Head of Engagement and Participation
<b>Date completed:</b>	13 June 2024
<b>Scheduled date for review:</b>	13 June 2027

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

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

Please note that EqHIAs are **public** documents and must be made available on the Council's [EqHIA webpage](#).

**Please submit the completed form via e-mail to [EqHIA@haverling.gov.uk](mailto:EqHIA@haverling.gov.uk) thank you.**

# 1. Equality & Health Impact Assessment Checklist

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

## About your activity

1	Title of activity	Consultation Policy		
2	Type of activity	Policy		
3	Scope of activity	<p>The Consultation Policy sets out the guiding principles on which the Council will consult with stakeholders such as local people and groups about its policies and services, and provides quality standards thereby promoting best practice to those officers engaged in consultation. It ensures there is a consistent approach to these activities across the Council.</p> <p>Data driven and supported by the Corporate Plan, it sets out how an online offering should lead to a digital by choice service delivery model, though still ensuring we are able to support consultees who have no means to access consultation activities online, and where there are more appropriate methods of consultation.</p>		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes / 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 / No		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes / No		
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:	Not applicable
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Completed by:	Sue Verner
Date:	13 June 2024

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

Background/context:
<p>Havering has an increasing diverse population. Historically and still one of the oldest populations in London, it now has the second largest growing youngest population in the UK and the highest in London, with an increase of 19.7% in those aged 0–14 years. We have also seen a 26.5% growth in 25–39 years. This mix of customers and communities creates both challenges and opportunities for all those needing or wanting to engage with us.</p> <p>Havering Council has a ‘duty to consult’ and this policy aims to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of public consultation undertaken by or on behalf of the Council. Consultation activities are an important way of identifying the impacts of proposals on individuals.</p> <p>The main form of delivering consultation is supported by our <a href="#">Digital Strategy</a>, primarily through activities via online tools. 87% of households living in Havering are “internet savvy” and therefore we want to ensure we provide a digital by-choice model for consultees who wish to voice their opinion at a time that is convenient to them.</p> <p>However for those consultees who have limited or no means to access consultation activities online, we will continue to support them by appropriate methods of consultation.</p> <p>Dependent on the type of consultation or in order to reach a wide range of stakeholders, we may consider the use of other forms of consultation, this may include, but is not limited to, telephone, door knocking, on-the street, focus groups, forums, workshops, Citizen Panels, open days, drop-in events, exhibitions, roadshows and public meetings. For example, if we require the views and opinions of the children and young people in the borough, we may look to use schools as a way to consult.</p> <p>The policy sets out how we intend to do this, ensuring it does not have a negative effect on any of our stakeholders.</p>

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

Anybody wishing to engage with Council consultations will be affected by this policy. This includes, and is not limited to, members of the public and wider community, our residents, businesses, partners, voluntary and community sector, service users, other service providers, Politicians, Elected Members, Local Representatives and staff. For the purpose of this document, these groups will be referred to collectively as ‘stakeholders’.

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

<i>Please tick (✓) the relevant box:</i>		<b>Overall impact:</b>  The number of people that live in Havering has increased over the last decade from 237,232 in 2011 to 262,052 in 2021. This is a 10.5% increase compared to a 7.7% increase across London and a 6.6% increase across England.
<b>Positive</b>	✓	
<b>Neutral</b>		
<b>Negative</b>		<p>The number of children aged under 18 has seen an increase of 15.2% (from 50,827 to 58,550), greatly outpacing the 4.8% and 3.9% increases in London and England, respectively. Havering now has a higher proportion of children aged 0-17 (22.3%) than 80% of local authorities in England. This increase is slightly lower than the latest ONS projections (2018). The ONS predicts that the 0-17 population will grow to 61,350 by 2031. Furthermore, Havering still has one of the highest proportions of older people aged 65+ in London (second after Bromley). The combined impact of having both a large older population and now a large (and growing) young population is that Havering now has the lowest proportion of working-age adults in London.</p> <p>Despite the changing demographics and the increasingly diverse population in Havering, the Policy will have a positive effect on all age ranges that have various expectations of the Council, as we support those consultees who can and want to engage with us online and those who can't. The Council will use age appropriate methods to capture the opinions of young people such as delivering consultation activities through schools.</p> <p>The Mosaic customer segmentation tool is owned and licenced by Experian UK. Using the latest consumer data and advanced analytical techniques, Mosaic divides the UK population into 15 “Groups” and 66 more detailed “Types”. Mosaic groups consumers together based on their likely demographics, lifestyle, behaviours and preferences to create a powerful consumer classification system.</p> <p>The Mosaic data relating to Internet “savviness” has been used to support this EQHIA. It gives an indication of the groups of residents (based on household level data) who are most likely to be adversely impacted by the preference of the Council to consult online.</p> <p>As can be seen in the tables below, the majority of households in each Mosaic Group are classified as “Fairly” or “Very Internet Savvy”, with over 85% of households in Havering considered fairly or very internet savvy.</p>

This supports our strategy of a digital by choice approach for those high proportion of consultees familiar with digital and therefore being able to engage with us by this efficient and convenient channel.

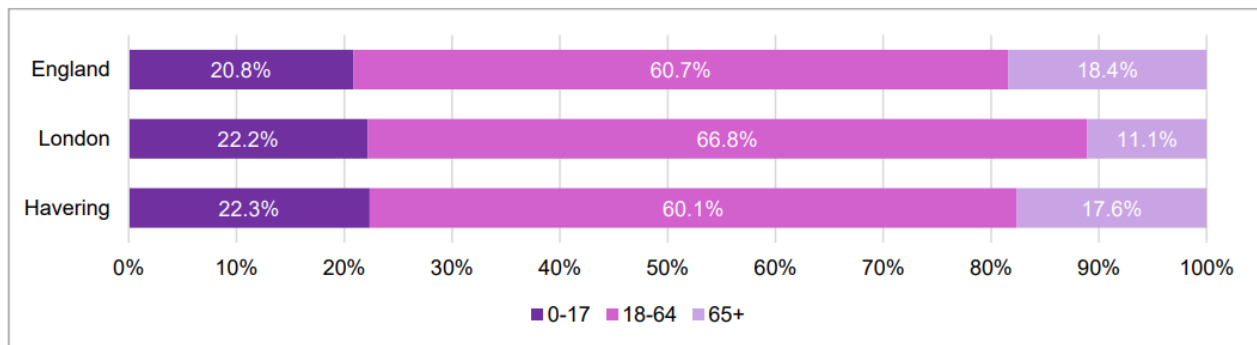
The lowest proportions of internet savviness are in Groups L “Vintage Value” and E “Senior Security”, who tend to be older in age. Whilst this does suggest that internet savviness decreases with age, the percentage of residents in these mosaic groups who are internet savvy is still nearly 80%.

This data demonstrates that there will not be a disproportionate impact on residents of any age through the use of online consultation practices. We will however, ensure we offer an alternative to meet our stakeholders’ needs where appropriate.

Furthermore, consultation activities are an important way of identifying the impacts of proposals on these individuals.

**Evidence:**

**Figure 3:** Comparing Havering aged 0-17, 18-64 & 65+ populations to London and England



Source: Office for National Statistics (ONS), Census 2021

Mosaic UK 7 Group	Name of Mosaic Group	Number of households in Havering assigned to each Mosaic Group	% households which are "Not" or "Not Very Internet Savvy"	% households which are "Fairly" or "Very Internet Savvy"	Rough estimate of household numbers - "Not" or "Not Very Internet Savvy"	Rough estimate of household numbers - "Fairly" or "Very Internet Savvy"	Average age of household
A	City Prosperity	382	9%	91%	34	348	44
B	Prestige Positions	9104	11%	89%	1001	8103	53
C	Country Living	437	14%	86%	61	376	56
D	Rural Reality	88	13%	87%	11	77	50
E	Senior Security	16101	21%	79%	3381	12720	74
F	Suburban Stability	11882	12%	88%	1426	10456	50
G	Domestic Success	15470	7%	93%	1083	14387	43
H	Aspiring Homemakers	15500	5%	95%	775	14725	37
I	Family Basics	7075	10%	90%	708	6368	38
J	Transient Renters	1277	10%	90%	128	1149	36
K	Municipal Tenants	3991	15%	85%	599	3392	47
L	Vintage Value	4444	21%	79%	933	3511	71
M	Modest Traditions	2108	16%	84%	337	1771	53
N	Urban Cohesion	9841	15%	85%	1476	8365	48
O	Rental Hubs	9796	7%	93%	686	9110	37
<b>TOTALS</b>		<b>107496</b>			<b>12640</b>	<b>94856</b>	

Mosaic UK 7 Group	Name of Mosaic Group	Number of households in Havering assigned to each Mosaic Group	% residents who are "Not" or "Not Very Internet Savvy"	% residents who are "Fairly" or "Very Internet Savvy"	Average age of household
J	Transient Renters	1277	10%	90%	36
H	Aspiring Homemakers	15500	5%	95%	37
O	Rental Hubs	9796	7%	93%	37
I	Family Basics	7075	10%	90%	38
G	Domestic Success	15470	7%	93%	43
A	City Prosperity	382	9%	91%	44
K	Municipal Tenants	3991	15%	85%	47
N	Urban Cohesion	9841	15%	85%	48
D	Rural Reality	88	13%	87%	50
F	Suburban Stability	11882	12%	88%	50
B	Prestige Positions	9104	11%	89%	53
M	Modest Traditions	2108	16%	84%	53
C	Country Living	437	14%	86%	56
L	Vintage Value	4444	21%	79%	71
E	Senior Security	16101	21%	79%	74

Source: Mosaic

### Sources used:

Census 2021

Mosaic Augmentation Tool

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

Please tick (✓) the relevant box:

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

**Overall impact:**  
 In Havering an estimated 38,449 residents reported having a disability in 2021. This is an age-standardised proportion (ASP) of 15.3%, which is slightly lower than London (15.6%) and lower than England (17.7%). In Havering, an ASP of 6.6% reported that their day-to-day activities were limited a lot and 8.7% reported their day-to-day activities were limited a little, due to a disability (see figure 4 below).

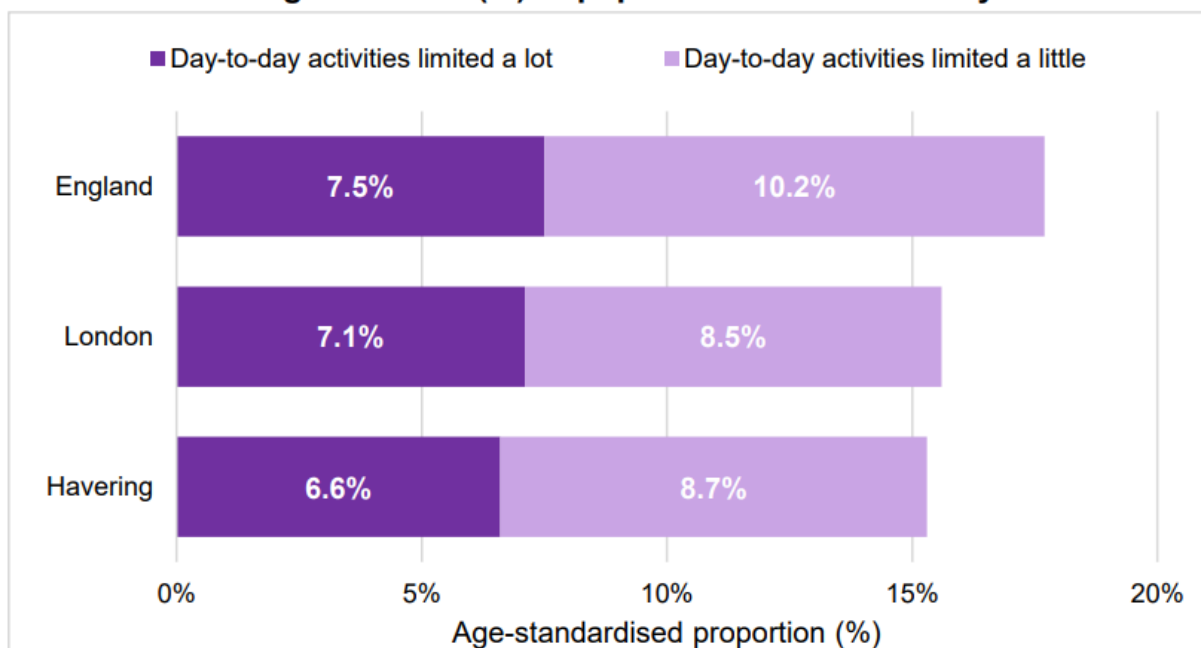
29,742 households in Havering had at least one person with a disability. Of these households, 6,181 had two or more members with a disability.

Having a disability doesn't necessarily mean a consultee cannot access online, however the policy sets out to ensure access to consultation activities is available to all. The consultation software is easy to use, supports assistive technology and where appropriate, we will offer an alternative to meet our stakeholders' needs.

Furthermore, consultation activities are an important way of identifying the impacts of proposals on these individuals.

**Evidence:**

**Figure 4: ASP (%) of population with a disability**



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

**Sources used:**

Census 2021

[Census 2021 Briefing #9: Health Disability and Unpaid Care](#)

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

Please tick (✓) the relevant box:

**Positive**

✓

**Neutral**

**Negative**

**Overall impact:**

Havering has 135,668 females (52%) and 126,384 males (48%) in the borough. 93.67% of Havering residents identify as the same gender as when they were born.

The policy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of public consultation undertaken by or on behalf of the Council and it is not anticipated that a person's sex / gender will affect how a consultee engages with council consultations. It is therefore not considered likely that there will be a disproportionate impact of these proposals on this protected characteristic group. Furthermore, consultation activities are an important way of identifying the impacts of proposals on these individuals.

## Evidence:

### All persons

Havering (2021)

262,052



### Females

Havering (2021)

135,668



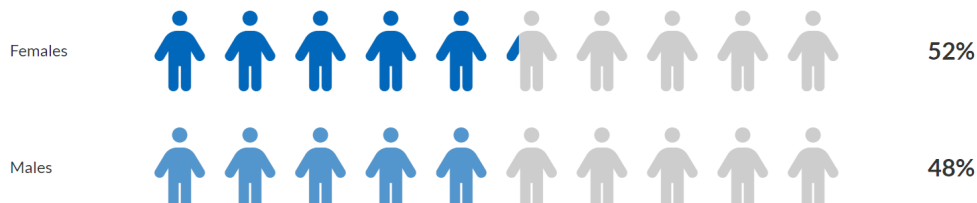
### Males

Havering (2021)

126,384



Population by sex for Havering (2021)



Gender Identity	Number	Percentage
Gender identity the same as sex registered at birth	196,462	93.67%
Gender identity different from sex registered at birth but no specific identity given	528	0.25%
Trans woman	228	0.11%
Trans man	212	0.10%
Non-binary	60	0.03%
All other gender identities	39	0.02%
Not answered	12,201	5.82%
Total	209,730	100.00%

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

## Sources used:

[Census 2021 Briefing #6: Sexual Orientation and Gender Identity](#)

[Havering Data Intelligence Hub](#)

Census 2021

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

Please tick (✓) the relevant box:

**Positive**

**Neutral**

**Negative**

### Overall impact:

Havering is becoming more diverse. In 2021, White British remains the most common ethnic group in Havering, with 66.5% (174,232) of the population, down from 83.3% (197,615) in 2011. The next most common ethnic group is Asian, accounting for 10.7% (28,150) of the population, up from 4.9% (11,545) in 2011.

In 2021, 87.8% (230,091) of usual Havering residents identified with at least one UK national identity (English, Welsh, Scottish, Northern Irish, British and Cornish). This is a decrease from 93.6% (222,066) in 2011. The figure for London in 2021 is 73.1% and England 90.3%. People who identified with at least one UK and one non-UK identity accounted for 1.8% (4,843) of the Havering population in 2021; this is an increase from 0.7% (1,680) in 2011. Those selecting a non-UK identity only accounted for 10.3% (27,118) of the Havering population in 2021, which is an increase from 5.7% (13,486) in



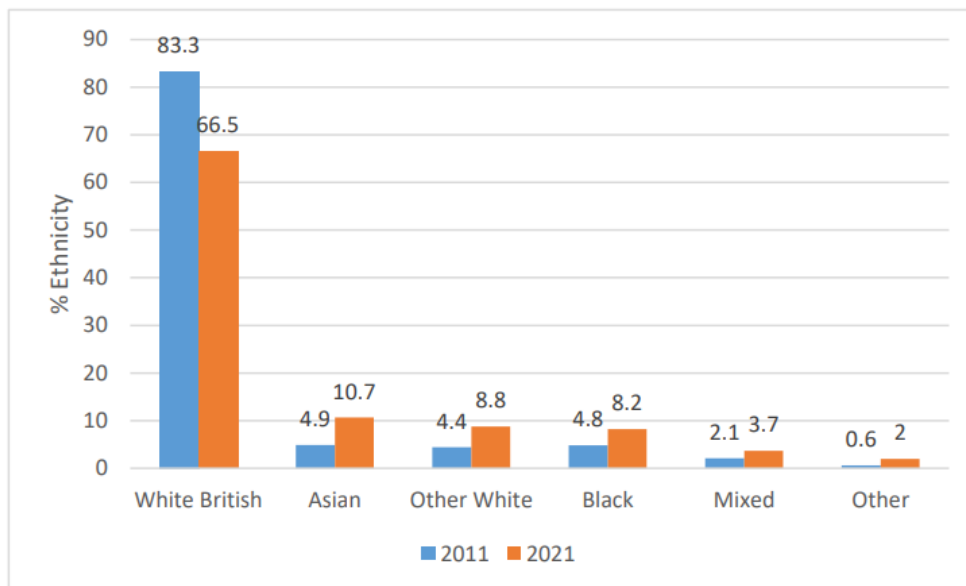
2011. Among those who described a non-UK national identity, the most common response was those describing “Romanian” as their national identity 2.0% (5,346) up from 0.2% (434) in 2011. The most common responses in 2011 were Irish 0.9% (2,037) and Lithuanian 0.5% (1,147).

90.1% of residents aged 3 and over describe their main language as English, next main languages Romanian 2.3% and Lithuanian 0.9%. 4.8% of households have no members where their main language is English.

Although there are a number of residents who identify as non-UK, it is not considered likely that introducing this policy will have a disproportionate impact on this protected characteristic group, as the policy seeks to ensure there is equal access to these activities for all, including an accessible website and consultation platform. Furthermore, consultation activities are an important way of identifying the impacts of proposals on these individuals.

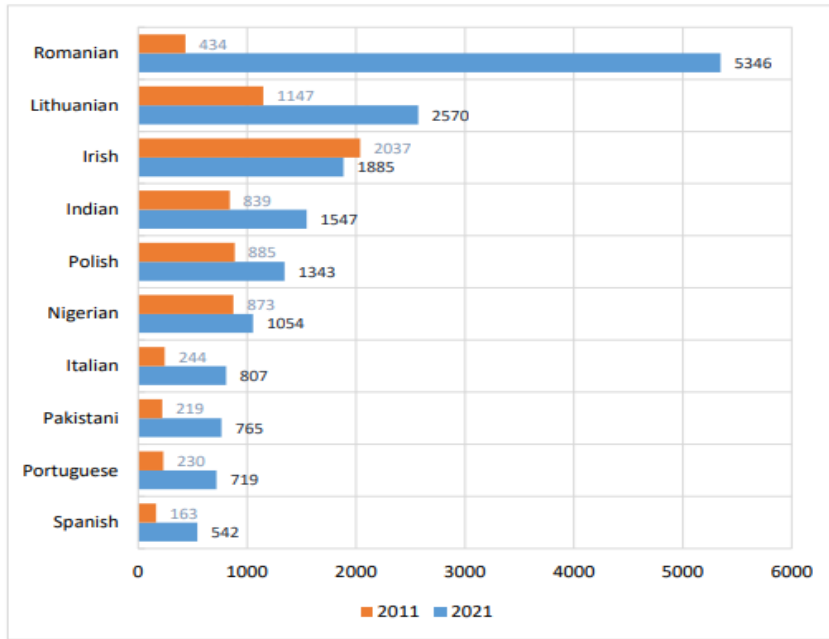
**Evidence:**

**Figure 1 – Havering population in 2011 and 2021 by main ethnic group**



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

**Figure 6 – Top 10 national identity excluding British**



**Sources used:**

Census 2021

**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:**

The religion question is voluntary in the Census, but 94.5% of usual residents answered the question in 2021. 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.

The policy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of public consultation undertaken by or on behalf of the Council and it is not considered likely that there will be a disproportionate impact on this protected characteristic group. Furthermore, consultation activities are an important way of identifying the impacts of proposals on these individuals.

**Evidence:**

Not available

**Sources used:**

Census 2021

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

Please tick (✓) the relevant box:

**Positive**

✓

**Neutral**

**Negative**

**Overall impact:**

The Census question on sexual orientation was a voluntary question asked of those aged 16 years and over. The number of people responding was very high with 93% (195,099) of Havering residents answering the question. In total, 91.07% (191,007) of Havering residents identified as straight or heterosexual. In total, 1.95% (4,092) Havering residents identified as one of the LGB+ orientations (“Gay or Lesbian”, “Bisexual” or “Other sexual orientation”). In total, 6.98% (14,631) Havering residents did not answer the question.

The policy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of public consultation undertaken by or on behalf of the Council and it is not considered likely that there will be a disproportionate impact on this protected characteristic group. Furthermore, consultation activities are an important way of identifying the impacts of proposals on these individuals.

**Evidence:**

**Figure 1: Detailed breakdown of sexual orientation in Havering for residents aged 16 and over**

Sexual Orientation	Number	Percentage
Straight or Heterosexual	191,007	91.07%
Gay or Lesbian	1,993	0.95%
Bisexual	1,540	0.73%
Pansexual	436	0.21%
Asexual	56	0.03%
Queer	21	0.01%
All other sexual orientations	46	0.02%
Not answered	14,631	6.98%
<b>Total</b>	<b>209,730</b>	<b>100.00%</b>

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

**Sources used:**

Census 2021

[Census 2021 Briefing #6: Sexual Orientation and Gender Identity](#)

**Protected Characteristic - Gender reassignment:** Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓) the relevant box:

**Positive**

✓

**Neutral**

**Negative**

**Overall impact:**

The Census question on gender identity was also a voluntary question, asked of those aged 16 years and over. It was added to provide the first official data on the size of the transgender population in England and Wales. The question asked was “Is the gender you identify with the same as your sex registered at birth?” The number of people responding was very high with 94.2% (197,529) Havering residents answering the question. In total, 93.67% (196,462) Havering residents answered “Yes” and 0.51% (1,067) answered “No”. 5.82% (12,201) Havering residents did not answer the question.

The policy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of public consultation undertaken by or on behalf of the Council and it is not considered likely that there will be a disproportionate impact on this protected characteristic group. Furthermore, consultation activities are an important way of identifying the impacts of proposals on these individuals.

**Evidence:**

**Figure 3: Detailed breakdown of gender identity in Havering for residents aged 16 and over**

Gender Identity	Number	Percentage
Gender identity the same as sex registered at birth	196,462	93.67%
Gender identity different from sex registered at birth but no specific identity given	528	0.25%
Trans woman	228	0.11%
Trans man	212	0.10%
Non-binary	60	0.03%
All other gender identities	39	0.02%
Not answered	12,201	5.82%
Total	209,730	100.00%

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

**Sources used:**

Census 2021

[Census 2021 Briefing #6: Sexual Orientation and Gender Identity](#)

<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>	<input checked="" type="checkbox"/>
<b>Neutral</b>	<input type="checkbox"/>
<b>Negative</b>	<input type="checkbox"/>
<b>Overall impact:</b> The policy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of public consultation undertaken by or on behalf of the Council and it is not considered likely that there will be a disproportionate impact on this protected characteristic group. Furthermore, consultation activities are an important way of identifying the impacts of proposals on these individuals.	
<b>Evidence:</b>	
<b>Sources used:</b>	

<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>	<input checked="" type="checkbox"/>
<b>Neutral</b>	<input type="checkbox"/>
<b>Negative</b>	<input type="checkbox"/>
<b>Overall impact:</b> The policy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of public consultation undertaken by or on behalf of the Council and it is not considered likely that there will be a disproportionate impact on this protected characteristic group. Furthermore, consultation activities are an important way of identifying the impacts of proposals on these individuals.	
<b>Evidence:</b>	
<b>Sources used:</b>	

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

<i>Please tick (✓) the relevant box:</i>		<b>Overall impact:</b>  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 but an improvement from the rate of 5.0% in 2011.  21.0% of residents are retired - the highest rate in London, which is in line with or high older person population.  Being on a low income or financially excluded doesn't necessarily mean customers / households will be disadvantaged by this policy, but this could mean that they do not have access to a computer, internet or a phone. If consultees cannot access consultation activities on-line, the policy has made sure that we mitigate this by providing alternative channels like paper copies and in person events where appropriate. Furthermore, consultation activities are an important way of identifying the impacts of proposals on these individuals.
<b>Positive</b>	✓	
<b>Neutral</b>		
<b>Negative</b>		

**Evidence:**

**Table 1 Reasons for economic inactivity, Havering, London and England, 2021**

Reason for economic inactivity	England and Wales	London	Havering
Economically inactive: Long-term sick or disabled	4.2%	3.6%	3.1%
Economically Inactive: Looking after home or family	4.8%	6.0%	5.1%
Economically inactive: Other	3.1%	4.1%	3.0%
Economically inactive: Retired	21.6%	12.9%	21.0%
Economically inactive: Student	5.6%	7.2%	4.6%

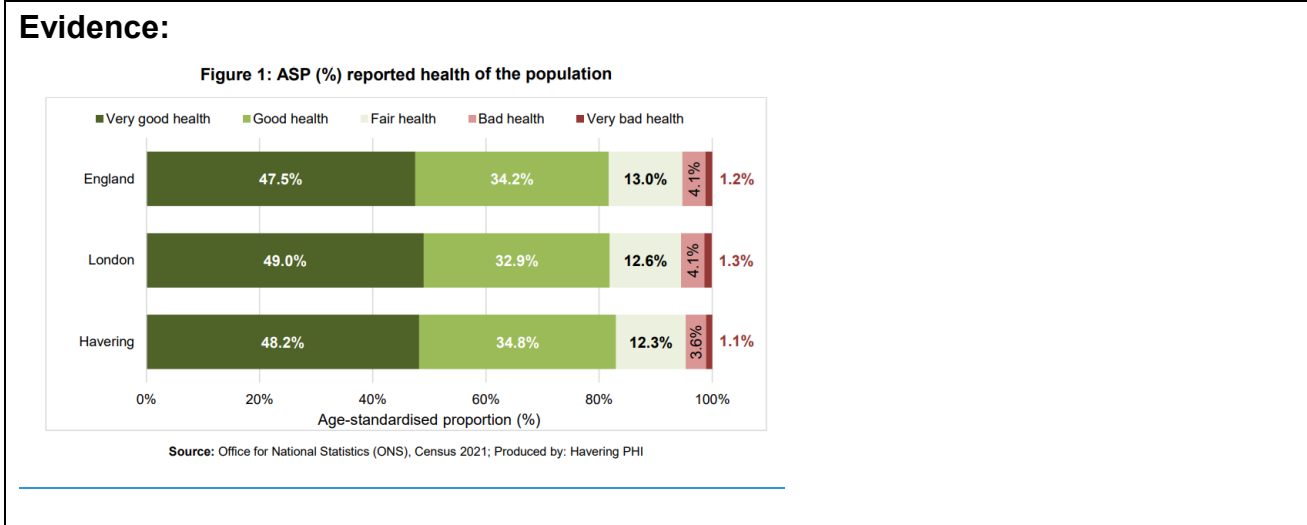
Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering Insight Team

**Sources used:**

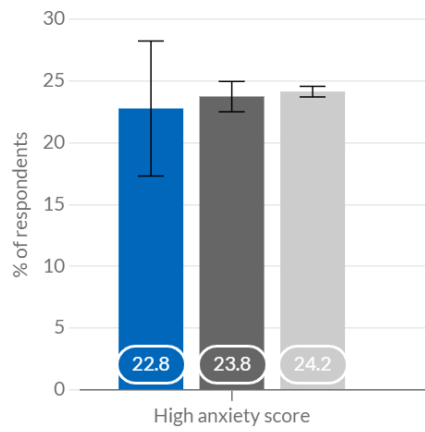
Census 2021  
[Census 2021 Briefing #5: Labour Market, Industry and Occupation, and Travel to Work](#)

**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.

<i>Please tick (✓) all the relevant boxes that apply:</i>		<p><b>Overall impact:</b></p> <p>In Havering an estimated 219,777 residents had ‘good’ or ‘very good’ health in 2021. This is an age standardised proportion (ASP) of 83.0%, which is higher than London (81.9%) and England (81.7%). However, in Havering, an ASP of 48.2% residents had ‘very good’ health compared to 49% in London.</p> <p>22.78% of those residents who completed the ONS annual population survey in 2020/21 self-reported their wellbeing as high anxiety.</p> <p>Improving the quality and effectiveness of public consultation undertaken by or on behalf of the Council will have a positive effect on the characteristics identified in the screening tool listed on page 17. Furthermore, consultation activities are an important way of identifying the impacts of proposals on these individuals.</p> <p><b>Do you consider that a more in-depth HIA is required as a result of this brief assessment?</b> Please tick (✓) the relevant box</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<b>Positive</b>	✓	
<b>Neutral</b>		
<b>Negative</b>		



Self-reported wellbeing (2020/21)



**Sources used:**

Census 2021

[Census 2021 Briefing #9: Health Disability and Unpaid Care](#)



### 3. Health & Wellbeing Screening 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 checked="" type="checkbox"/>	Personal circumstances YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Access to services/facilities/amenities YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	Economic Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Environmental Factors YES <input type="checkbox"/> NO <input checked="" 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

### 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
All Protected Characteristics	Positive	The policy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of public consultation undertaken by or on behalf of the Council	<p>Consultation activities are an important way of identifying the impacts of proposals on all individuals.</p> <p>Analysis of the outcomes of individual consultations and surveys, which includes equalities data, will be monitored and reported on.</p>	Ongoing throughout the duration of the policy.	Jerry Haley
Health and Well-being	Positive	An improved and transparent process for consultation activities should enhance health and well-being rather than cause a negative impact.	<p>Consultation activities are an important way of identifying the impacts of proposals on all individuals.</p> <p>Analysis of the outcomes of individual consultations and surveys, which includes equalities data, will be monitored and reported on.</p>	Ongoing throughout the duration of the policy.	Jerry Haley

Residents who are unable or unwilling to consult online	Negative	The policy sets out to support a process of informed and transparent decision-making and planning by allowing for alternative methods of consultation in addition to the primary choice of digital by default.	<p>Consultation activities are an important way of identifying the impacts of proposals on all individuals.</p> <p>Analysis of the inclusivity of individual consultations and surveys, provided by equalities data, will be monitored and reported on.</p>	Ongoing throughout the duration of the policy.	Jerry Haley
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## 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.

<b>Review:</b>	The EqHIA should be reviewed in three years.
<b>Scheduled date of review:</b>	13/06/2027
<b>Lead Officer conducting the review:</b>	Customer Insight Officer

**Please submit the completed form via e-mail to [EqHIA@havering.gov.uk](mailto: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