

# Equality & Health Impact Assessment (EqHIA)

## Document control

<b>Title of activity:</b>	Special Educational Needs, Disability (SEND) and Alternative Provision (AP) Strategy, 2024 – 2028
<b>Lead officer:</b>	Mike Plummer, Project Manager, Special Educational Needs and Disabilities (SEND) Services, Starting Well Directorate
<b>Approved by:</b>	Trevor Cook, Assistant Director, Education Services, Starting Well Directorate
<b>Version Number</b>	V0.1
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<b>Did you seek advice from the Corporate Policy &amp; Diversity team?</b>	No
<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? See Publishing Checklist.</b>	No

# 1. Equality & Health Impact Assessment Checklist

## About your activity

1	Title of activity	Special Educational Needs, Disability (SEND) and Alternative Provision (AP) Strategy, 2024 – 2028		
2	Type of activity	Strategy		
3	Scope of activity	<p>Havering is introducing a new SEND and AP Strategy 2024-28. The Local Area SEND Partnership, comprising education, health and social care services, working with families, educational settings, and voluntary / third sector, has a range of responsibilities in regard to the delivery of services to children and young people with SEND and in AP and is evaluated by Ofsted in regard to outcomes and experiences for children and young people with SEND.</p> <p>The SEND and AP Strategy sets out our shared vision and priorities to ensure that all children and young people with SEND achieve ambitious educational, health and care outcomes.</p>		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	If the answer to <u>either</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 from different backgrounds?	Yes		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes	<p><i>Please use the <a href="#">Screening tool</a> before you answer this question.</i></p> <p>If you answer 'YES', please continue to question 5.</p>	
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:			

<b>Completed by:</b>	Mike Plummer, Project Manager, Special Educational Needs and Disabilities (SEND) Services, Starting Well Directorate
<b>Date:</b>	20/08/2024

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

<b>Background/context:</b>
<p>Havering is introducing a new SEND and AP Strategy 2024-28. The Local Area SEND Partnership comprising education, health and social care services, working with families, educational settings, and voluntary / third sector, has a range of responsibilities in regard to the delivery of services to children and young people with SEND and in AP and is evaluated by Ofsted in regard to outcomes and experiences for children and young people with SEND.</p> <p>This Strategy sets out our shared vision and priorities as we work together to support every child and young person with SEND and in AP from 0 - 25.</p> <p>The Special Education Needs and Disabilities (SEND) Partnership has high aspirations for every child and young person with SEND and in AP in Havering. We want them to achieve their best in the early years and throughout their education, in their health and wellbeing and as they take their next step towards independence and adulthood.</p> <p>This strategy is our ‘roadmap’ to a SEND and Alternative Provision system that realises our vision for children and young with SEND and in AP.</p> <ul style="list-style-type: none"> <li>• A SEND and AP system which makes sense, which families can navigate and which places families at its heart.</li> <li>• Every school and setting is confident, skilled, and enabled to effectively support our children with SEND.</li> <li>• A wide range of SEND and AP settings and services providing community members the help and support they need.</li> <li>• Children and young people with SEND and accessing AP are valued, visible, and prepared for adulthood.</li> <li>• Leaders work together effectively to deliver what is needed for our children with SEND and those accessing Alternative Provision.</li> <li>• Education, health and social care teams do what matters well and in a timely way.</li> </ul> <p>This vision and the improvements within the strategy were developed through a wide range of listening and engagement activities completed over the last two years. They include surveys, workshops, and focus groups. The vision and improvements were also informed by regular discussions with our SEND Parent Carer Forum, ‘<i>Havering SEND Family Voice</i>’, and others from across education, health, and social care services, as</p>

well as third sector / voluntary organisations, who collectively make up the local area SEND partnership.

*\*Expand box as required*

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

The strategy aims to improve the outcomes and experiences of all children and young people with SEND and in AP and their families, including those with Education Health and Care Plans (EHCPs) and those identified with SEN but without an EHCP known as receiving 'SEN Support'. The strategy includes children and young with SEND and in AP aged 0 to 25 in accordance with the *Special Educational Needs and Disability Code of Practice*.

*\*Expand box as required*

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

Please tick (✓) the relevant box:

**Positive**

✓

**Neutral**

**Negative**

**Overall impact:**

The SEND and AP Strategy sets out our shared vision and priorities to ensure that all children and young people with SEND achieve ambitious educational, health and care outcomes across ages 0-25 and in Preparing for Adulthood (PfA).

All priorities will result in a positive impact across age ranges including:

- co-producing with children and families a 'SEND Working Together Charter'
- addressing the under-identification of children and young people needing SEN support

The data below shows comparative disproportionality in EHCP age group data in Havering. We will investigate the reasons for comparative disproportionality in this area and take appropriate actions through the Performance and Inclusion Workstreams within the SEND and AP Strategy and 12 Month Action Plan.

*\*Expand box as required*

**Evidence:**

**Key insights for Havering: EHCP age group data**

- The highest comparative proportion of children under 5 with Education Health and Care Plans in London.
- A high comparative proportion of children 5 to 10 with Education Health and Care Plans.
- A low comparative proportion of young people 11 to 15 with Education Health and Care Plans.
- The second lowest proportion of young people 16 to 19 with Education Health and Care Plans in London.

- The third lowest proportion of young people 20 to 25 with Education Health and Care Plans in London.

**Sources used:**

LIIA Data 2024

*\*Expand box as required*

**Protected Characteristic - Disability:** Consider the full range of disabilities; including physical, mental, sensory, progressive conditions and learning difficulties. Also consider neurodivergent conditions e.g. dyslexia and autism.

*Please tick (✓) the relevant box:*

**Positive**      ✓

**Neutral**     

**Negative**     

**Overall impact:**

The SEND and AP Strategy sets out our shared vision and priorities to ensure that all children and young people with SEND achieve ambitious educational, health and care outcomes.

All priorities will result in a positive impact across disabilities and neurodivergent conditions including:

- producing a SEND Outcomes Framework in collaboration with the Council for Disabled Children
- launching the Partnerships for Inclusion of Neurodiversity in Schools (PINS) project

The data below shows comparative disproportionality of primary needs of pupils in schools and settings. We will investigate the reasons for the comparative disproportionality in this area and take appropriate actions through the Performance and Inclusion Workstreams within the SEND and AP Strategy and 12 Month Action Plan.

*\*Expand box as required*

**Evidence:**

**Key insights for Havering: Primary Needs Data 2023/24**

- A comparatively very low proportion of children and young people with speech, language and communication needs, severe learning difficulty and specific learning difficulty.
- A comparatively low proportion of children and young people with autistic spectrum disorder, other difficulty/ disability, physical disability and profound and multiple learning difficulty.
- Comparatively in the mid-range for children and young people with SEN Support but no specialist assessment and visual impairment.
- A comparatively high proportion of children and young people with moderate learning difficulty, multi-sensory impairment and social, emotional and mental health.

**Sources used:**

Special educational needs in England, Academic year 2023/24

*\*Expand box as required*

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

*Please tick (✓) the relevant box:*

**Positive**      ✓

**Neutral**     

**Negative**     

**Overall impact:**

The SEND and AP Strategy sets out our shared vision and priorities to ensure that all children and young people with SEND achieve ambitious educational, health and care outcomes.

All priorities will result in a positive impact on disparity between sexes including:

- implementing the SEND Needs Analysis and Joint Strategic Needs Analysis
- maintaining strong performance in terms of the take up of Annual Health Checks for children and young people with learning disabilities

The data below shows comparative disproportionality of gender by type of need. We will investigate the reasons for the comparative disproportionality in this area and take appropriate actions through the Performance and Inclusion Workstreams within the SEND and AP Strategy and 12 Month Action Plan.

*\*Expand box as required*

**Evidence:**

Nationally there is a disparity between the sexes, with boys more likely to receive SEN support and have an EHC plan compared with girls.

**Key insights for Havering: Gender by type of need data 2023/24****A comparatively low proportion of children and young people in the following areas:**

- Female children and young people with Education Health and Care Plans with Multi- Sensory Impairment
- Male children and young people with Education Health and Care Plans with Other Difficulty/Disability and Specific Learning Difficulty
- Female children and young people with SEN Support with: ASD, Physical Disability, SEN support but no specialist assessment of type of need and Specific Learning Difficulty
- Male children and young people with SEN Support with: Multi- Sensory Impairment, Severe Learning Difficulty and Visual Impairment

**A comparatively high proportion of children and young people in the following areas:**

- Female children and young people with Education Health and Care Plans with Other Difficulty/Disability and Specific Learning Difficulty

- Male children and young people with Education Health and Care Plans with Multi-Sensory Impairment
- Female children and young people with SEN Support with Multi- Sensory Impairment, Severe Learning Difficulty and Visual Impairment
- Male children and young people with SEN Support with ASD, Physical Disability, SEN support but no specialist assessment of type of need and Specific Learning Difficulty

*\*Expand box as required*

**Sources used:**

Special educational needs in England, Academic year 2023/24

*\*Expand box as required*

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

*Please tick (✓) the relevant box:*

**Positive**      ✓

**Neutral**     

**Negative**     

**Overall impact:**

The SEND and AP Strategy sets out our shared vision and priorities to ensure that all children and young people with SEND achieve ambitious educational, health and care outcomes, regardless of their ethnicity.

All priorities will result in a positive impact on ethnic disproportionality including:

- addressing the under-identification of children and young people needing SEN support
- broadening formal representation of parents/ carers and children/young people across all levels of the new governance arrangements

The data below shows that ethnicity data for SEND in Havering is broadly comparable to the data for all pupils in Havering. Data in this area will be kept under regular review and appropriate actions will be carried out through the Performance and Inclusion Workstreams within the SEND and AP Strategy and 12 Month Action Plan.

*\*Expand box as required*

**Evidence:**

Nationally there is an ethnic disproportionality in the identification of SEN and certain ethnic groups are more likely to have an education health and care (EHC) plan than others. Travellers of Irish heritage have the highest percentage of pupils with an EHC plan at 5.6% and Indian pupils have the lowest percentage of pupils with an EHC plan at 2.3% (DfE 2021).

**Key insights for Havering: Ethnicity Breakdown Data 2023/24**

- A comparatively high proportion of white children and young people with Education Health and Care Plans and SEN Support, in keeping with the proportion of all pupils.

- A comparatively low proportion of Asian, black, mixed and other children and young people with Education Health and Care Plans and SEN Support, in keeping with the proportion of all pupils.

*\*Expand box as required*

**Sources used:**

LIIA Data 2024

*\*Expand box as required*

**Protected Characteristic – Religion / faith:** Consider people from different religions or beliefs, including those with no religion or belief

Please tick (✓) the relevant box:

**Positive**

**Neutral**

**Negative**

**Overall impact:**

The SEND and AP Strategy sets out our shared vision and priorities to ensure that all children and young people with SEND achieve ambitious educational, health and care outcomes. It is therefore anticipated that this strategy should have a positive impact on all children and young people with SEND.

**Evidence:**

In 2021, 30.6% of Havering residents reported having 'No religion', up from 22.6% in 2011. The rise of 8.0 percentage points was the largest increase of all broad religious groups in Havering. Because the census question about religious affiliation is voluntary and has varying response rates, caution is needed when comparing figures between different areas or between censuses. In 2021, 52.2% of people in Havering described themselves as Christian (down from 65.6%), while 6.2% described themselves as Muslim (up from 2.0% the decade before).

*\*Expand box as required*

**Sources used:**

Office for National Statistic (ONS), Census 2021

*\*Expand box as required*

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

Please tick (✓) the relevant box:

**Positive**

**Neutral**

**Overall impact:**

The SEND and AP Strategy sets out our shared vision and priorities to ensure that all children and young people with SEND achieve ambitious educational, health and care outcomes. It is therefore anticipated that this strategy should have a positive impact on all children and young people with SEND, regardless of their sexual



<b>Negative</b>		orientation.
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**Evidence:**

In total, 91.07% (191,007) 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.

**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

Havering has the lowest proportion of residents aged 16 and over in London who identify as LGB+ orientation (Gay or lesbian, Bisexual or Other).

*\*Expand box as required*

**Sources used:**

Office for National Statistic (ONS), Census 2021

*\*Expand box as required*

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

Please tick (✓) the relevant box:

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

**Overall impact:**

The SEND and AP Strategy sets out our shared vision and priorities to ensure that all children and young people with SEND achieve ambitious educational, health and care outcomes. It is therefore anticipated that this strategy should have a positive impact on all children and young people with SEND, regardless of whether our children and young people or their parent/carer are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth.

*\*Expand box as required*

**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%
<b>Total</b>	<b>209,730</b>	<b>100.00%</b>

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

Within London, Havering has the 5<sup>th</sup> lowest proportion of residents aged 16 and over reporting that the gender they identify with is now different to their sex registered at birth.

Gender Research and Identity Society (GIREs) estimates that in the UK, around 650,000 people, 1% of the population, are estimated to experience some degree of gender diversity. These statistics are for adults but can be reflected in children and young people as they become older.

*\*Expand box as required*

**Sources used:**

Gender Identify and Research Society  
Office for National Statistic (ONS), Census 2021

*\*Expand box as required*

**Protected Characteristic – Marriage / civil partnership:** Consider people in a marriage or civil partnership

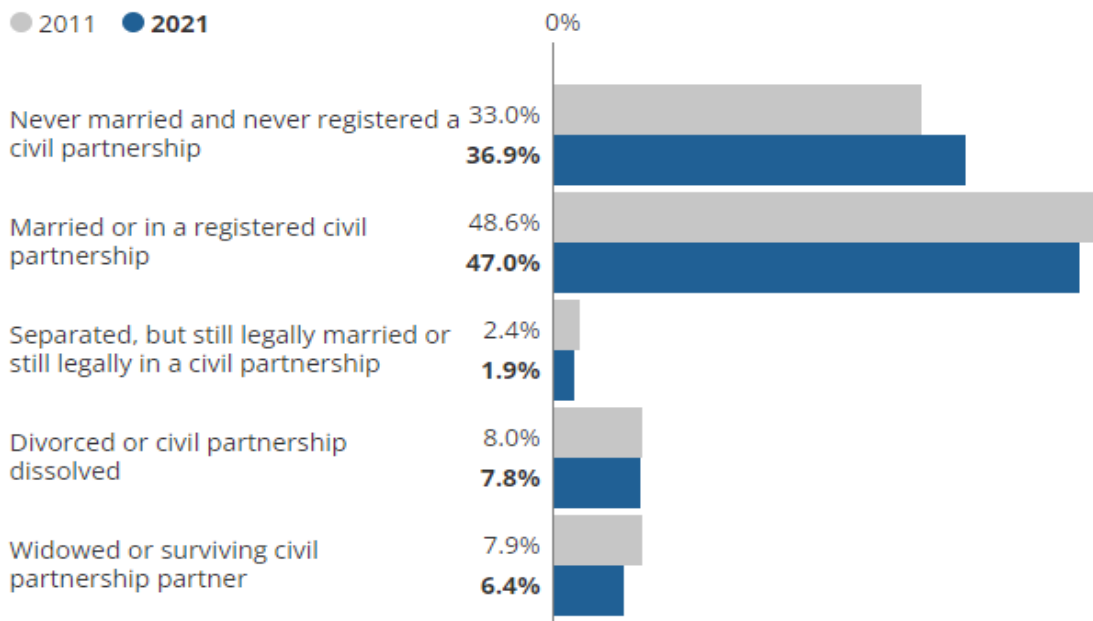
<i>Please tick (✓) the relevant box:</i>		<p><b>Overall impact:</b> The SEND and AP Strategy sets out our shared vision and priorities to ensure that all children and young people with SEND achieve ambitious educational, health and care outcomes. It is therefore anticipated that this strategy should have a positive impact on all children and young people with SEND up to the age of 25. This strategy will have a positive impact on all our children and young people with SEND and their families, regardless of whether they themselves or their parents/ carers are in a marriage or civil partnership.</p> <p>The SEND and AP Strategy includes a commitment to support young people to Prepare for Adulthood (PfA) including supporting friendships, relationships and community inclusion. PfA outcomes are based on supporting each child or young person’s aspirations and are intended to enable them to make choices about their lives and futures. This includes choices relating to friendships and relationships.</p>
<b>Positive</b>	<input checked="" type="checkbox"/>	
<b>Neutral</b>	<input type="checkbox"/>	
<b>Negative</b>	<input type="checkbox"/>	

**Evidence:**

**The percentage of adults who had never married or registered a civil partnership in Havering increased by 3.9 percentage points**

Percentage of usual residents aged 16 years and over by legal partnership status, Havering ▾

● 2011 ● 2021



Source: Office for National Statistics – 2011 Census and Census 2021

*\*Expand box as required*

**Sources used:**

Office for National Statistic (ONS), Census 2021

*\*Expand box as required*

**Protected Characteristic - Pregnancy, maternity and paternity:** Consider those who are pregnant and those who are taking maternity or paternity leave

Please tick (✓) the relevant box:

<b>Positive</b>	<input checked="" type="checkbox"/>
<b>Neutral</b>	<input type="checkbox"/>
<b>Negative</b>	<input type="checkbox"/>

**Overall impact:**

The SEND and AP Strategy is jointly delivered by education, health, social care and the community and voluntary sector. The strategy embeds the partnerships’ commitment to working together to support the delivery of early help services that wrap around our families to make sure they can access the right information, advice and support for their child’s individual needs and their family circumstances, in a timely way. This includes supporting our families to give their child the best start in life, through services such as early years support service, midwifery, health visiting and parenting support and enabling families to access early help including housing, debt and income advice.

*\*Expand box as required*

**Evidence:**  
 According to the 2021 census, there are now more people of ages likely to have children in Havering; 15% more aged 25 to 29 years; 33% more aged 30-34 years and 30% more aged 35 to 39 years old.  
 However, younger women having children are also more likely to live in areas of higher deprivation. Highest rates of live births were clustered in Harold Hill, Romford and South Hornchurch.

*\*Expand box as required*

**Sources used:**  
 Office for National Statistic (ONS), Census 2021  
 Havering Starting Well, Joint Strategic Needs Assessment 2023-2024

*\*Expand box as required*

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

<i>Please tick (✓) the relevant box:</i>		<p><b>Overall impact:</b>          The SEND and AP Strategy sets out our shared vision and priorities to ensure that all children and young people with SEND achieve ambitious educational, health and care outcomes. It is therefore anticipated that this strategy should have a positive impact on all children and young people with SEND, including our children, young people and families that are socio-economically disadvantaged.</p> <p>All priorities will result in a positive impact for children and young people with SEND from low-income families including:</p> <ul style="list-style-type: none"> <li>• bringing SEND and Alternative Provision (AP) processes and services into closer alignment, informed by the Department for Education’s (DfE’s) SEND and AP Improvement Plan</li> <li>• improve support for SEND among vulnerable groups, such as Children in Care, Children in Need, and those known to the Youth Justice Service, as well as those from global majority ethnic groups or those living in poverty</li> </ul> <p>The data below shows that free school meals data for SEND in Havering is comparatively in the mid-range for London. Data in this area will be kept under regular review and appropriate actions will be carried out through the Performance and Inclusion Workstreams within the SEND and AP Strategy and 12 Month Action Plan.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>
<b>Positive</b>	✓	
<b>Neutral</b>		
<b>Negative</b>		

**Evidence:**  
 In a report published in 2016, the Joseph Rowntree Foundation highlighted, ‘... *the strong link between poverty and SEND. Children from low-income families are more likely than their peers to be born with inherited SEND, are more likely to develop some forms of SEND in childhood and are less likely to move out of their SEND categories. At the same time, children with SEND are more likely than their peers to be born into poverty, and also more likely to experience poverty as they grow up.*’

25.6% of children in Havering under 16 live in absolute low income or relative low income families.

**Key insights for Havering: Free School Meals data**

- Comparatively in the mid-range for London for children and young people with SEND receiving free school meals
- Children and young people with Education Health and Care Plans make up 35% of those receiving free school meals in Havering
- Children and young people with SEN Support make up 35% of those receiving free school meals in Havering

*\*Expand box as required*

**Sources used:**

Joseph Rowntree Foundation, Special educational needs and their links to poverty, 2016  
 LIIA Data 2024  
 Special educational needs in England, Academic year 2023/24

*\*Expand box as required*

**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 tick (✓) all the relevant boxes that apply:*

**Positive**      ✓

**Neutral**     

**Negative**     

**Overall impact:**

The SEND and AP Strategy sets out our shared vision and priorities to ensure that all children and young people with SEND achieve ambitious educational, health and care outcomes.

Each priority in the strategy focuses on a wide range improvements to health and wellbeing by ensuring:

- Improved participation, communication and engagement, including the use of the ‘Joy’ directory of services services to improve access to services for Havering children and young people with SEND and their families.
- Every school and setting will be confident, skilled, and enabled to effectively support our children with SEND including identifying key training needs among our schools’ Senior Mental Health Leads and supporting them with training and advice through our Havering Education Mental Health Leads Network.
- The provision of a wide range of SEND and AP settings and services providing community members the help and support they need including maintaining close collaboration between health and education services so that new specialist education provisions have the support they need from specialists, e.g. therapists and nurses.
- Children and young people with SEND and accessing AP are valued, visible, and prepared for adulthood including ensuring that wider efforts to establish and increase access for young

people as part of the Healthy Weight Management pathway, focus in particular on access for children and young people with SEND.

- Leaders work together effectively to deliver what is needed for our children with SEND and those accessing Alternative Provision including increasing the capacity for leadership on SEND within health and social care services by establishing the Designated Social Care Officer (DSCO) role and strengthening the role of the Designated Clinical Officer (DCO). These roles will improve strategic oversight and delivery of improvements for children and young people with SEND within health and social care.
- Education, health, and social care teams do what matters well and in a timely way including improving and maintaining better performance data on wait times for neurodevelopmental assessments and other health assessments and treatments. This will be achieved through initiatives and investment including a new diagnostic pathway for autism assessments, as well as a Royal College of Psychiatrists-supported Quality Improvement Project for CAMHS.

*\*Expand box 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:** As above

*\*Expand box as required*

**Sources used:** Special Educational Needs, Disability (SEND) and Alternative Provision (AP) Strategy 2024 – 2029

*\*Expand box as required*

### 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 checked="" type="checkbox"/> NO <input type="checkbox"/>	Personal circumstances YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Access to services/facilities/amenities YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/> Diet <input checked="" type="checkbox"/> Exercise and physical activity <input checked="" type="checkbox"/> Smoking <input checked="" type="checkbox"/> Exposure to passive smoking <input checked="" type="checkbox"/> Alcohol intake <input checked="" type="checkbox"/> Dependency on prescription drugs <input checked="" type="checkbox"/> Illicit drug and substance use <input checked="" type="checkbox"/> Risky Sexual behaviour <input checked="" type="checkbox"/> Other health-related behaviours, such as tooth-brushing, bathing, and wound care	<input checked="" type="checkbox"/> Structure and cohesion of family unit <input checked="" type="checkbox"/> Parenting <input checked="" type="checkbox"/> Childhood development <input checked="" type="checkbox"/> Life skills <input checked="" type="checkbox"/> Personal safety <input checked="" type="checkbox"/> Employment status <input checked="" type="checkbox"/> Working conditions <input checked="" type="checkbox"/> Level of income, including benefits <input checked="" type="checkbox"/> Level of disposable income <input checked="" type="checkbox"/> Housing tenure <input checked="" type="checkbox"/> Housing conditions <input checked="" type="checkbox"/> Educational attainment <input checked="" type="checkbox"/> Skills levels including literacy and numeracy	<input checked="" type="checkbox"/> to Employment opportunities <input checked="" type="checkbox"/> to Workplaces <input checked="" type="checkbox"/> to Housing <input checked="" type="checkbox"/> to Shops (to supply basic needs) <input checked="" type="checkbox"/> to Community facilities <input checked="" type="checkbox"/> to Public transport <input checked="" type="checkbox"/> to Education <input checked="" type="checkbox"/> to Training and skills development <input checked="" type="checkbox"/> to Healthcare <input checked="" type="checkbox"/> to Social services <input checked="" type="checkbox"/> to Childcare <input checked="" type="checkbox"/> to Respite care <input checked="" type="checkbox"/> to Leisure and recreation services and facilities
Social Factors YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Economic Factors YES <input type="checkbox"/> NO <input type="checkbox"/>	Environmental Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Social contact <input checked="" type="checkbox"/> Social support <input checked="" type="checkbox"/> Neighbourliness <input checked="" type="checkbox"/> Participation in the community <input checked="" type="checkbox"/> Membership of community groups <input checked="" type="checkbox"/> Reputation of community/area <input checked="" type="checkbox"/> Participation in public affairs <input checked="" type="checkbox"/> Level of crime and disorder <input checked="" type="checkbox"/> Fear of crime and disorder <input checked="" type="checkbox"/> Level of antisocial behaviour <input checked="" type="checkbox"/> Fear of antisocial behaviour <input checked="" type="checkbox"/> Discrimination <input checked="" type="checkbox"/> Fear of discrimination <input checked="" type="checkbox"/> Public safety measures	<input checked="" type="checkbox"/> Creation of wealth <input checked="" type="checkbox"/> Distribution of wealth <input checked="" type="checkbox"/> Retention of wealth in local area/economy <input checked="" type="checkbox"/> Distribution of income <input checked="" type="checkbox"/> Business activity <input checked="" type="checkbox"/> Job creation <input checked="" type="checkbox"/> Availability of employment opportunities <input checked="" type="checkbox"/> Quality of employment opportunities <input checked="" type="checkbox"/> Availability of education opportunities <input checked="" type="checkbox"/> Quality of education opportunities <input checked="" type="checkbox"/> Availability of training and skills development opportunities <input checked="" type="checkbox"/> Quality of training and skills development opportunities <input checked="" type="checkbox"/> Technological development <input checked="" 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

Road safety measures

Public transport infrastructure



## 4. 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:

✓	<p>1. The initial screening exercise showed a strong indication that there will be no impacts on people and need to carry out an EqHIA.</p> <p>2. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u></p>	→	<p><b>Proceed with implementation of your activity</b></p>
	<p>3. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u></p>	→	<p><b>COMPLETE SECTION 5:</b>  <b>Complete action plan</b> with measures to mitigate the and finalise the EqHIA</p>
	<p>4. 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</p>	→	<p><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></p>

## 5. Action Plan

The real value of completing an EqHIA comes from 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 mitigate or reduce any **negative** equality and/or health & wellbeing impacts, identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; if required, will amend the scope and direction of the change; 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).

## 6. 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:** 2 years

**Scheduled date of review:** 8/2026

**Lead Officer conducting the review:** Head of SEND

*\*Expand box as required*