



Guide to Equality Impact Assessments

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1. What are Equality Impact Assessments?

An Equality Impact Assessment (EIA) is an evidence-based approach which analyses your proposed activity against its impact on groups with different characteristics. This will support you in achieving inclusive design and meeting our legal duties under the Equality Act 2010 and Public Sector Equality Duty. It is a planning tool intended to influence your proposed activity before a decision is reached, in the same way that a Health and Safety risk assessment might do. It helps ensure decision-making processes are fair and no group is disadvantaged or discouraged from participating.

This could relate to a new or revised service, policy, strategy, practice or plan.

EIAs help us to understand the effects of our activities, think about how to mitigate negative impacts and build upon positive impacts. It also ensures decisions are transparent and able to be evidenced if required, for example as part of a judicial review (see Our Legal Duty).

EIAs are an effective way to:

- Identify potential steps to advance equality and foster good relations
- Identify any unmet need (increase commercial benefit)
- Target resources more effectively
- Identify discrimination that is often unintentional and remove it
- Record things (EIAs help us evidence how we are meeting our legal duties)
- Improve current services, policies, strategies, practices and plans and safeguard new ones
- Be more transparent and accountable
- Deliver value for money
- Avoid any discrimination claims that have 'no upper financial limit'
- Make better, more informed decisions, first time round
- Inform other National and Local priorities e.g. Local Area Agreement

For information on Inclusive Design and Communications, click [here](#).

2. Our Legal Duty

Equality Impact Assessments (EIAs) support you in achieving inclusive design and meeting [our legal duties](#) under the [Equality Act 2010](#) and Public Sector Equality Duty (PSED). There are also legal duties under the Health and Social Care Act 2012. Inclusive design thinks about the access needs of different groups and how these can be built into the programme, rather than adapting it afterwards.

Example

A new grant-making programme is opening up to grass-roots community groups in a particular local area. This area has a significant Polish-speaking community. Before the project launches, the team ensure that application forms and guidance information are readily available in Polish and that the scheme is being promoted through local community leaders.

Inclusive design demonstrates a 'we come to you' approach, removing barriers to participation wherever possible. The above approach is more inclusive than, say, asking people to ring up to access a translation service which, while it offers one means of access, still puts the onus on the user to overcome the barrier.

The PSED applies to all 9 areas of discrimination listed in the Equality Act, known as protected characteristics:

- Age
- Disability
- Gender Reassignment
- Marriage & Civil Partnership (only applies with regard to eliminating unlawful discrimination)
- Pregnancy & Maternity
- Race
- Religion or belief
- Sex
- Sexual Orientation

More details at **Appendix A**.

The three main aims of PSED are:

A) Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.

B) Advance equality of opportunity between people who share a protected characteristic and those who do not.

This involves having due regard to the need to:

- remove or minimise disadvantages suffered by people due to their protected characteristics;
- take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people, for example, taking steps to take account of people with disabilities;
- encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

C) Foster good relations between people who share a protected characteristic and those who do not.

This means tackling prejudice and promoting understanding between people from different groups and communities.

There are also legal duties under the Health and Social Care Act 2012 with regard to reducing health inequalities between people in access to, and outcomes from health and social care services, and to ensure services are provided in an integrated way where this might reduce health inequalities.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

Health inequalities have been documented between population groups across at least four dimensions. It is important to note that these are overlapping dimensions with people often falling into various combinations of these categories. This is sometimes referred to as the intersectionality of disadvantage is likely to further exacerbate people's experience of inequality.

Examples of the characteristics of people / communities in each of these groups are below (this is not an exhaustive list):

- Socio-economic status and deprivation: e.g. unemployed, low income, people living in deprived areas (e.g. poor housing, poor education and/or unemployment).
- Protected characteristics: e.g. age, sex, race, sexual orientation, disability
- Vulnerable groups of society, or 'inclusion health' groups: e.g. vulnerable migrants; Gypsy, Roma and Traveller communities; rough sleepers and homeless people; and sex workers
- Geography: e.g. urban, rural.

Judicial Reviews

A judicial review is a procedure by which a person who has been affected by a particular decision, action or failure to act by a public authority may make an application to the High Court, which may provide a remedy if it decides that the authority has acted unlawfully. A judicial review is concerned not with the merits of the decision, but whether the public body has acted lawfully. Judicial review cases in respect of equality duties concern whether or not a public authority has given due regard to the general equality duty when making a decision, acting or failing to act. In the event of a legal challenge the courts place significant weight on the existence of some form of documentary evidence of compliance with the PSED. The PSED and adequacy of any impact assessments is an increasingly significant area of focus in Judicial Reviews relating to consultations.

To find out more about judicial reviews, click [here](#).

Example

A British couple of Sikh Indian heritage were told that although they would be suitable adoptive parents they could not apply. White couples would be given priority as there were only white children available.

The County Court ruled in favour of their claim that they should not have been barred from applying to join the approved adopters register because of where their parents were born.

The following principles, drawn from case law, explain what we **must** do to fulfil our duties under the Equality Act and Public Sector Equality Duty:

- **Knowledge:** everyone working for the Council must be aware of our equality duties and apply them appropriately in their work. It is essential that the person completing the EIA should have knowledge and understanding of the proposed activity.
- **Timeliness:** the duty applies at the time of considering options for change and / or before a final decision is taken – not afterwards.
- **Real consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the Council is responsible for ensuring that any contracted organisations which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when proposed activity is developed or agreed, and when it is implemented or reviewed.
- **Proper record keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

3. When do I need to complete an Equality Impact Assessment?

If you're unsure whether you need to complete an Equality Impact Assessment (EIA), we have provided you with three simple questions to determine whether your proposed activity requires one:

Q1. To what extent does your proposed activity impact people?

Any activity that impacts on the lives of people will inevitably impact on people with protected characteristics, and therefore an EIA should be completed to identify specifically who will be affected and how.

This may be a change to a service, policy, strategy, practice or plan which means a significant change for a person or group of people. For example, moving the location of an office or service would have a significant impact. Changing the colour of the chairs in that office is unlikely to have a significant impact.

An EIA needs to be proportionate; the greater the potential impact of the proposed activity, the more thorough and demanding the process of an EIA will be.

Any programme which impacts significantly on people is likely to require engagement or consultation. All public consultations require an EIA to have been completed.

In addition, any programme significant enough to be submitted to the Change Hub or through the Verto system would automatically need an EIA unless there was **no** impact on people.

Q2. Will the proposed activity have a particular impact on those who share a protected characteristic?

As well as considering the overall impact on people, the particular impact on protected groups (e.g. people with a disability), and / or more vulnerable people will need to be considered. Vulnerable groups could include, for example, deprivation, looked after children, carers etc.

An EIA will support you in identifying who will be affected and how as well as helping you to systematically check that you have properly considered all impacts. This may include identifying any groups of people you need to engage with or consult on the impacts identified / activity you propose.

Q3. Is the impact positive and / or negative?

It doesn't matter... an EIA enables you to systematically check that you have properly considered any impact, **positive and negative**, on customers, members of the public, employees and / or job applicants before a final decision is made and that you have evidence of this.

It might be that your proposed activity doesn't require a full EIA, in this case it's still important to '**Think Inclusion**' at all times, find our top tips [here](#).

An EIA should be an integral part of the planning process at an **early stage of development** and **before a final decision is made** to go ahead with the proposed activity to monitor the actual impact of the implementation.

EIAs should be considered when you are first looking at, for example:

- Planning or developing new services, policies, strategies, practices and plans
- Reviewing or amending existing services, policies, strategies, practices and plans
- Ending or substantially reducing a service, policy, strategy, practice or plan
- Considering a change management process or organisational review
- Any major communications
- Reviewing or introducing significant forms, leaflets, guidance documents or codes of practice and ANY policies.

4. Who is responsible for Equality Impact Assessments?

The person / team doing the Equality Impact Assessment (EIA) should have a detailed understanding of the proposed activity being assessed and be able to ensure the actions identified from the EIA can be carried out.

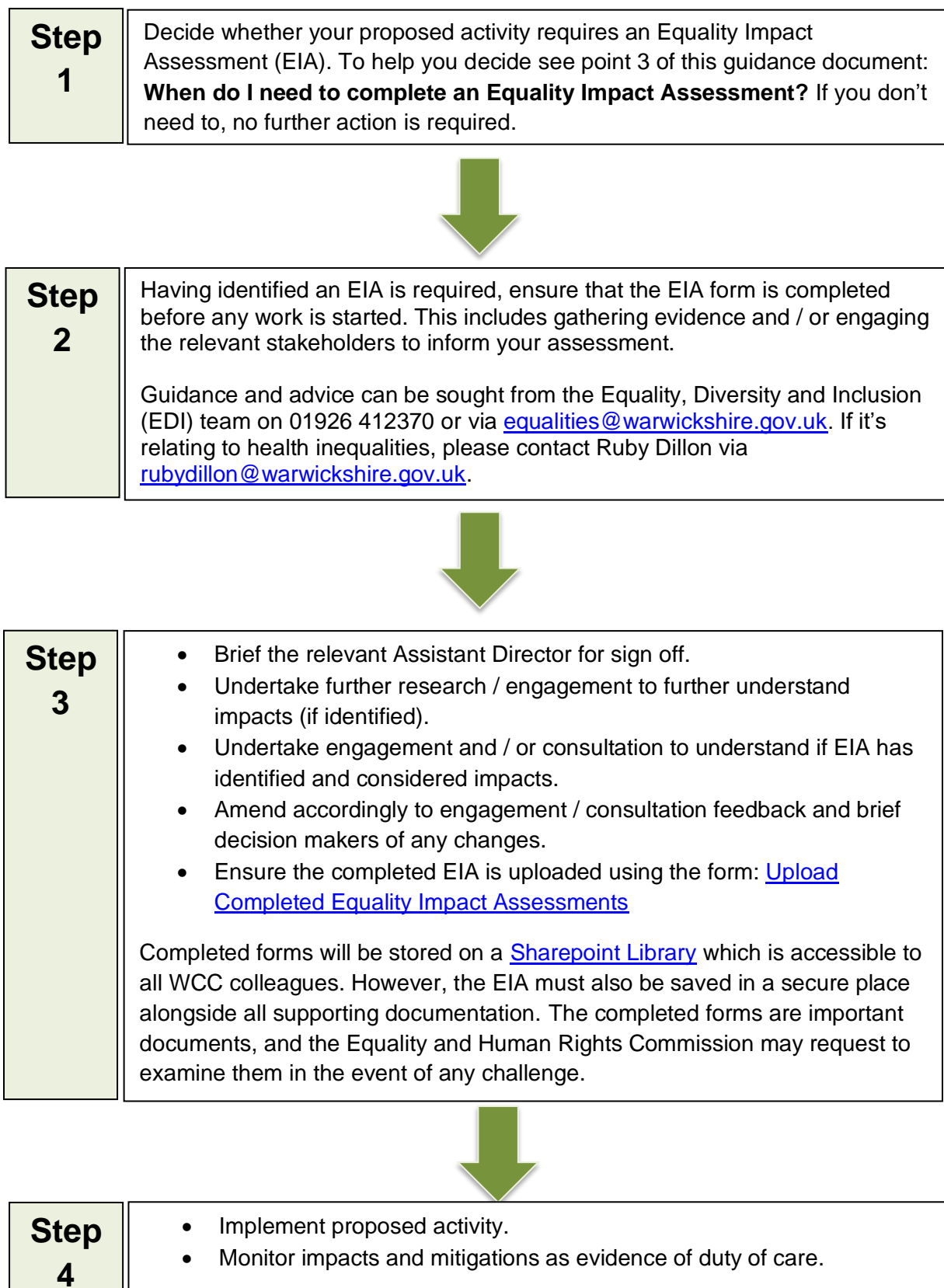
The overall ownership and responsibility for EIAs lies at Assistant Director level. However, managers and employees play a key role in the assessment process as they will be involved in implementing the necessary actions identified and integrating inclusive design into planning.

Best Practice: It is best practice to have more than one person complete the EIA to bring different perspectives to the table. Ask yourself, is everyone involved that needs to be? Do other relevant business units and service areas need to be involved?

Example

As part of a catering review, a mental health unit proposed to reduce the hours of catering available. Initial research indicated that some users of learning disability and neuro-rehab services might have difficulty accessing the alternatives, which were vending machines. The EIA led to a significant change in the original proposal. Fewer catering hours were cut and there was a firm commitment to make the vending machines fully accessible. All involved considered this to be a positive outcome.

5. How to conduct an Equality Impact Assessment



Form Guidance

Our Equality Impact Assessment (EIA) form is split into eight sections: -

1. Essential Information
2. Evidence
3. Engagement
4. Assessing the Impact
5. Partners / Stakeholders
6. Action Planning
7. Assessment Outcome
8. Sign Off

Below you will find additional guidance for each section.

N.B. EIAs should be proportionate to the situation, considering for example: -

- the size of the service or scope of the policy or practice
- the resources involved
- the numbers of people and stakeholders affected
- the scope of the likely impact
- the vulnerability of the people affected

Section One: Essential Information

Use this section to outline the background to your proposed activity and the reasons for it, as well as a summary of the main actions and who it's going to impact and how. This is ultimately what your equality impact assessing.

Section Two: Evidence

It's essential that EIAs draw on information and evidence to be able to identify potential and actual impacts on groups of people. Sources can include: -

- Previous research, consultation or EIAs carried out
- Customer feedback - including complaints, comments, surveys
- Employee feedback - including surveys, workforce monitoring, trade unions
- Specialist feedback - including focus groups, technical experts, subject specialists
- Feedback from organisations - such as those representing target groups
- National and local statistics
- National guidance or legislative requirements
- Census data
- Audit information
- Press coverage - such as newspaper, radio or television reports
- Performance reviews
- [Warwickshire County Council's Annual Workforce and Pay Gap Reports](#)

- [Warwickshire Insights](#) - provides statistical information about local areas in Warwickshire, along with interactive mapping and reporting tools to give deeper insights and inform decision-making. This includes information on the [diversity of the population](#) within each area of Warwickshire, in relation to the following protected characteristics: age, disability, marriage & civil partnership, race (ethnicity), religion or belief, sex (gender), pregnancy and maternity.
- [Warwickshire JSNA](#)
- [Warwickshire Director of Public Health Annual Report](#)
- [Monitoring Health Inequalities Dashboard](#)
- [Public Health England – Public Health Outcomes Framework](#)
- [Public Health England – Local Authority Health Profiles](#)

A lack of evidence should not prevent an EIA from being undertaken. In cases where something is being introduced for the first time there may be little experience to draw on or other material evidence. In such cases you should make a judgment that is as reliable as possible.

Section Three: Engagement

Engagement is vital to serving our communities and making sure Warwickshire County Council is a great place to work where diverse and talented people are enabled to be their best. As part of engagement or consultation we must aim to seek a range of opinions from a broad cross section of the community. By finding out what our people and the people of Warwickshire experience and think, we can improve. It helps us by providing: -

Accountability

The local government needs to be open and transparent about what we are spending public money on and why. Open, two-way conversations about what we do and why helps to build understanding and appreciation of our work and helps us to better fit our work to the expectations of wider society.

Values and purpose

Warwickshire County Council's values emphasise a commitment to social benefit. Community engagement helps to demonstrate these values.

Trust

Trust is hard-won and easily eroded. Community engagement helps demonstrate that the public has a stake in our work, and so the wisdom and sensitivities of individuals must be listened to.

Responsiveness

Public engagement helps local government respond positively as issues arise by building relationships driven by dialogue, partnership and co-production, rather than simply by customer satisfaction.

As part of information gathering you should talk to those likely to be affected by the activity (e.g. customers, members of the public, employees and / or job applicants)

and collect any data you have relating to this. You may need to engage or consult appropriately. A clear corporate framework is in place for anyone planning consultation or engagement activities. This meets the Council's vision that "Warwickshire residents are informed, are involved in the decision and are able to make their view heard".

Further information and advice about the corporate consultation process can be found [here](#), and [this directory](#) of organisations can support you in ensuring your engagement or consultation is inclusive and reaches as wide an audience as possible.

Your EIA should consider:

- What do people tell you about the service, policy / strategy area?
- Are there patterns or differences in what people from different groups tell you?
- Do you have enough information to fully assess the impacts on different groups of people?
- What other information or data will you need from customers / communities to understand impact(s) / find out if mitigations will work?
- What methods will you use to engage or consult with people to ensure everyone potentially affected is able to participate?

If consultation is required, you should inform the Strategic Consultation and Engagement Lead as soon as possible.

You must:

- a) Consult when proposals are still at a formative stage.
- b) Consult any groups for whom you have identified a potential negative impact;
 - Consult in ways that ensure all perspectives can be considered.
 - Identify any gaps in who has been consulted and identify ways to address this.
- c) Explain what is proposed and why, giving enough information and time to allow intelligent consideration and response.
- d) Allow enough time for planning and running a consultation and for analysing and reporting feedback.
- e) Revisit your initial EIA to reflect the feedback you have been given about impacts / on any proposed mitigations.
- f) Ensure what people tell you is clearly and transparently reported to decision makers so they can fully consider their PSED.

Section Four: Assessing the Impact

In this section we have provided you with potential questions to ask yourself when considering the impact of your proposed activity on people who share characteristics protected by the Equality Act 2010, as well as other impacts, e.g. inequalities such as deprivation, socio-economic status, vulnerable groups such as armed forces, carers, homelessness, people leaving prison, young people leaving care.

Characteristic	Questions
Age	<p>How do you engage with different age groups?</p> <p>Do you use inclusive imagery and language?</p> <p>Are your services accessible to different age groups in terms of location but also time?</p> <p>Does your workforce reflect the age profile of the areas in which you operate?</p>
Disability	<p>Are information and services accessible to people who have a range of different disabilities? Consider physical, sensory, neurological, medical and mental health conditions.</p>
Gender Reassignment	<p>Do your services meet the needs of trans customers and are they appropriate to the gender with which they identify?</p> <p>Are records fully reflective of the gender identity of a trans customer and do employees feel empowered to communicate appropriately with trans customers?</p>
Marriage & Civil Partnership (applies to eliminating unlawful discrimination only)	<p>Do publicity, information, policies and procedures treat marriage and civil partnership equally?</p>
Pregnancy & Maternity	<p>Are you treating someone less favourably because they are pregnant?</p> <p>Do your services support breastfeeding mothers or parents with children?</p>

Race	<p>Have you built positive relationships with ethnically diverse community organisations and community advocates to facilitate the involvement of different racial and ethnic groups?</p> <p>Do you employ different ways to engage with different racial and ethnic groups in the areas in which you work?</p>
Religion and Belief	<p>Are your services sensitive to different religious requirements e.g. times a customer may want to access a service, religious days and festivals and dietary requirements.</p>
Sex	<p>Do your services consider that men and women may articulate different needs and aspirations?</p> <p>Are your services accessible to men and women in terms of location and time?</p> <p>Do your communications challenge unhelpful stereotypes?</p>
Sexual Orientation	<p>Do you build positive relationships with the LGBTQ+ community?</p> <p>Do your communications challenge unhelpful stereotypes e.g. always depicting a 'family' as a man, woman and children?</p>
Vulnerable People: <ul style="list-style-type: none"> • Armed Forces (WCC signed the Armed Forces Covenant in June 2012) • Carers • Homelessness • People leaving prison • Young people leaving care 	
Health Inequalities: What inequalities are you aware that exist?	<p>There is no single policy that will eradicate health inequalities. However, it is possible to tackle these inequalities by ensuring the health impact of all decisions and policies and take action to make improvements.</p>

Health inequalities are the factors that result in some people living longer, healthier lives than other people. In general terms, people from more affluent backgrounds live longer lives in better health than people from the poorest backgrounds.

It is possible to provide opportunities for people to live healthy lives. Decisions at all levels can create policies.

Considering the wider determinants of health (environment, education, employment, housing, lifestyle etc), do you think that the decision in your policy / plan / strategy might: -

- have an impact on one or more of the social determinants?
- have an impact on health and wellbeing?
- increase or decrease health inequalities?

Appendix B and C include some examples and case studies of how public policies and plans have helped to tackle health inequalities.

Example

An initiative is being launched to provide free home insulation for those on low incomes. Research has shown that people do not come forward to claim because they are worried there may be a “catch” or that installing insulation is intrusive. To encourage people to come forward a pilot “free for all” scheme is introduced, communicated through local community groups. It is realised that older people do not come forward as often because of difficulties clearing out their lofts prior to the loft insulation being installed. A “loft clearance” scheme is introduced to help older people overcome this problem.

Section Five: Partners / Stakeholder

Use this section to capture your partners / stakeholders. Think about: -

- What is their interest?
- How will their interest be managed?
- What types of communication methods will you use and how often?

This can form part of your action planning at Section Six.

Section Six: Action Planning

If you have identified impacts on protected characteristic groups in Section Four please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Consider: -

- Who else do you need to talk to? Do you need to engage or consult?
- How you will ensure your activity is clearly communicated
- Whether you could mitigate any negative impacts or build on positive impacts for protected groups
- Whether you could do more to fulfil the aims of the PSED
- How you will monitor and evaluate the effect of this work
- Anything else you can think of!

Section Seven: Assessment Outcome

An EIA is an integral and rigorous part of your decision-making which influences the process. You must assess what information you have and make a decision on what the outcome is.

Section Eight: Sign Off

Your EIA should be signed off once completed but before the area of work commences. **Once signed off, please ensure the EIA is uploaded using the following form. Please name it “EIA [project] [service area] [year]”:** [Upload Completed Equality Impact Assessments](#)
Completed Equality Impact Assessments will be saved on a [Sharepoint Library](#) which WCC colleagues will be able to access.

8. Further Guidance and Advice

- [Community Engagement](#) – includes our [directory of voluntary & community groups & organisations across Warwickshire covered by the Equality Act](#)
- [Consultation, Engagement and Survey Resources](#)
- [Equality and Human Rights Commission Guidance](#)
- [Equality Impact Assessment eLearning \(WFW DP060\) and face-to-face training](#)
- [WCC Equality Impact Assessment Form](#)
- [Guidance for Collecting Diversity Monitoring Information](#)
- [Guide to Inclusive Design and Communications](#)
- ['Think Inclusion' Top Tips](#)

If you would like any support or advice on completing this document, please contact the Equality, Diversity and Inclusion (EDI) team on 01926 412370 or via equalities@warwickshire.gov.uk, or if it's relating to health inequalities please contact Ruby Dillon via rubydillon@warwickshire.gov.uk.

9. Appendices

Appendix A – Glossary

Protected Characteristics as defined by the Equality Act:

Age

A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18 - 30 year olds).

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. Consider physical, sensory, neurological, medical and mental health conditions.

Sex

Both men and women are covered under the Act.

Gender Reassignment (often referred to as transgender or trans)

A person has the protected characteristic of gender reassignment if they are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. To find out more about this subject, you can access our [Trans Awareness eLearning](#) and / or sign up to our [Trans Identities and Trans Inclusion webinars](#).

Race

This includes ethnic or national origins, colour or nationality, and includes refugees, migrants, gypsies and travellers. Refugees and migrants are people whose intention is to stay in the UK for at least twelve months (excluding visitors, short term students and tourists). This definition includes asylum seekers; voluntary and involuntary migrants; people who are undocumented; and the children of migrants, even if they were born in the UK.

Religion or Belief

A religion refers to any religion with a clear structure and belief system. A belief must be genuinely held and more than an opinion. It must be cogent, serious and apply to an important aspect of human life or behaviour. It must be worthy of respect in a democratic society and not affect other people's fundamental rights. The Act also covers lack of religion or belief as a protected right.

Sexual Orientation

Sexual orientation is about who you're attracted to and who you feel drawn to romantically, emotionally, and sexually. Sexual orientations include, but are not limited to, gay, lesbian, heterosexual (straight), bisexual, pansexual and asexual. Not sure what some of those terms mean? Check out [Stonewall's Glossary of Terms](#).

Pregnancy and Maternity

Protection is during pregnancy and any statutory maternity leave to which the person is entitled. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth. Protection includes treating a person unfavourably because they are breastfeeding.

Marriage and Civil Partnership

Marriage can either be between a man and a woman, or between partners of the same sex (as defined by Marriage (Same Sex Couples) Act 2013). Same-sex couples can also have their relationships recognised as civil partnerships. **Please note** that the under Public Sector Equality Duty the protected characteristic of marriage and civil partnership only applies with regard to the first general duty of the Act, eliminating unlawful discrimination.

Appendix B - Examples of Various Policy Areas and Impact on Health Inequalities

Area of Policy	Health Inequalities Impact	What can we do? Examples
Education and Skills	<p>A good education can trigger healthier futures, mitigate social stressors, and provide access to employment opportunities and life chances that could protect individuals from later-life disadvantage.</p> <p>People with the lowest healthy life expectancy are three times more likely to have no qualifications compared with those with the highest life expectancy.</p> <p>There are higher levels of digital exclusion in more deprived communities, which means that those who are already disadvantaged may experience further barriers to education and skills through digital exclusion.</p>	<p>Programmes for skills development should ensure that the most resource is directed towards those with lower levels of skills and qualifications.</p> <p>Undertake skills matching exercises with local unemployed and prospective employers.</p> <p>Ensure local libraries provide study areas for children who have difficulties studying in the home due to lack of space or quiet study areas, as well as suitable digital facilities for people who don't have personal devices to get online.</p> <p>Prioritise areas of deprivation for digital infrastructure planning and programmes to support digital inclusion and encourage re-use and repair of digital technology.</p>
Housing	<p>Children living in cold homes are more than twice as likely to suffer from respiratory problems than children living in warm homes.</p> <p>Cold housing can affect the numbers of winter deaths and respiratory diseases.</p>	<p>We want to ensure that everyone has a warm home, but we could prioritise those homes with children to ensure that those children do not grow up in poor health, which would also impact on their educational attainment.</p>

	<p>Poor housing conditions such as overcrowding and high density are associated with greater spread of COVID-19.</p> <p>Housing instability can act as a stressor harming health</p>	<p>Ensure Registered Social Landlords (RSLs) and Private landlords Houses in Multiple occupation (HMO) etc., ensure adequate ventilation where children and adults are affected by respiratory diseases. Look at opportunities in contracts to enforce this. Training to workforce to spot signs of housing instability/poor health due to housing and provide/signpost to appropriate support.</p>
Money and Resources	<p>One in five people in the UK live in poverty, and over half of these people live in working households.</p> <p>An inadequate income can cause poor health because it is more difficult to avoid stress and feel in control; access experiences and material resources; adopt and maintain healthy behaviours; and feel supported by a financial safety net.</p>	<p>Work with employers to ensure that people are earning at least the minimum wage, and ideally the real living wage.</p> <p>Ensure that people are able to access all the benefits that they are entitled to, and as a council we should be able to proactively support people who are at risk of moving into poverty.</p> <p>Signposting to debt advice.</p> <p>Use the social value policy to encourage employment of local people and use of local businesses in the supply chain.</p> <p>Promote membership of credit unions & provision of debt advice to minimise risks of high interest rate loans from loan sharks etc.</p> <p>Encourage re-use and repair or access to resource libraries tools, toys etc of use to families on low incomes.</p> <p>Promote recycling of school uniforms through uniform banks/swaps.</p>
Family, Friends and Communities	<p>The quality and quantity of social relationships affect health behaviours, physical and mental health, and risk of mortality.</p> <p>Those living in more deprived areas are more likely to lack adequate social support than those living in more affluent areas.</p> <p>Social isolation and loneliness are associated with a 30% increased risk of heart disease and stroke.</p> <p>Deprived areas often lack adequate provision of good quality green and public spaces, creating barriers to social engagement.</p>	<p>Ensure people are able to connect with their friends, families and communities.</p> <p>Ensure bus routes are appropriate, that there are adequate facilities such as accessible toilets and seating, so people feel confident to come into town to meet up.</p> <p>Work with local communities to improve safety and accessibility.</p> <p>Improve digital skills and support for hardware and connectivity to enable people to connect online if they wish.</p> <p>Promote volunteering amongst the elderly to provide opportunities for support and interaction within communities.</p>

		Ensure there are private areas set aside for young people in libraries to access information regarding sexual health, drugs and alcohol and other mental wellbeing related matters.
Good Work	<p>Good quality jobs can be protective of health whereas poor quality work can be adverse for health.</p> <p>Young adults who are unemployed are more than twice as likely to suffer from mental ill health than those in work, whereas older people who are not in employment are at higher risk of poor physical and mental health.</p>	<p>Provide employment support programmes for young people, particularly those living in areas of the highest unemployment rates (likely to be areas of more deprivation).</p> <p>Look at opportunities for work experience/shadowing/volunteering for young people. Providing training and development opportunities (e.g. apprenticeships, internships, in-work training) makes employees more likely to engage in work, develops job satisfaction and improves performance.</p> <p>Encourage flexible working and removal of barriers for groups such as parents and those with caring responsibilities.</p> <p>Provide retraining opportunities for older people made redundant.</p>
Transport	<p>There are nine times as many fatal and serious injuries among pedestrians aged 5–9 in the most deprived areas than the least.</p> <p>People who depend on the bus network for work tend to be lower paid, live in more deprived areas and are more likely to turn down work due to transport issues.</p>	<p>Ensure all transport options are safe and accessible but focus more on those in areas of deprivation or rural areas where more of the population are likely to require public transport.</p> <p>Ensure pedestrian routes are safe and accessible.</p> <p>Utilise concessionary fares and schemes to ensure that public transport is affordable to those on the lowest incomes.</p>
Our Environment	<p>Those living in deprived areas are likely to experience fewer of the positive benefits that the environment can offer.</p> <p>They are also more likely to suffer the consequences of poor physical environments.</p> <p>Children in deprived areas are nine times less likely to have access to green space and places to play.</p>	<p>Ensure that development of outside play areas is focussed on areas where there is currently the least opportunity for children to play safely.</p> <p>Consider schemes to reduce air pollution in areas of deprivation, such as stopping cars idling outside schools to pick up children and car free zones near schools.</p> <p>Consider activities and events to encourage parents and children to use areas of local green space.</p> <p>Encourage walking to school/walking bus initiatives.</p>

		Encourage schools in deprived areas to take up Forest School initiatives or holiday projects which support holidays for young children in the countryside.
The Food We Eat	<p>Low income and area deprivation are both barriers to purchasing fresh or healthy foods.</p> <p>It is three times more expensive to get the energy we need from healthy food than unhealthy food.</p>	<p>Ensure that there are healthy cooking and eating programmes available to all, but with a greater focus in areas of deprivation. Cooking healthy meals on a budget.</p> <p>Encourage the development of more allotments and community gardens in poorer communities to enable people to grow their own vegetables if they don't have a garden.</p> <p>Look at availability /establishment of social supermarkets. Planning policy to reduce the availability of fast-food outlets in proximity of schools.</p> <p>Opportunities for social enterprises linked to the City's Food Network with bring schemes etc.</p>

Appendix C – Additional Case Studies

<p>Reducing Inequalities through transport:</p> <p>The Manchester Metrolink is the largest light rail system in the UK. Its benefits to the community have reached beyond transport links, thanks to the vision of local transport planners. Transport for Greater Manchester collaborated with local authorities to improve connections for 2.7 million residents. Its contribution, along with other public and private sector collaboration, focused on a common goal and long-term economic vision: to use transport to connect commuters from around Greater Manchester to key industrial and commercial districts. As a result, the system is having a positive influence on the social determinants of health. The latest extension to Oldham and Rochdale town centres, East Didsbury and Ashton-under-Lyne has improved access to employment for 16 to 70-year-olds, further education options for 16 to 19-year-olds, and health care for the whole population. Improved accessibility to these services through public transport has been more marked for the 10% most deprived areas along this route, helping to reduce inequalities.</p>
<p>Linking fuel poverty to health outcomes:</p> <p>Poor housing stock and mainly rural communities mean that fuel poverty has been a major problem in Wales. To tackle the issue, the government set up the Warm Homes Nest Scheme to target households with the greatest need. To evaluate the project, the government has linked anonymised data from the scheme with routine health records. This allows the evaluators to analyse the impact of the scheme on individual health. The results have been impressive, with evidence of positive effects on people's health. Over the course of a year, for households who received help with their energy efficiency, the average number of times a person had to go to a GP for breathing problems decreased by 3.9% for those on the scheme, and they also experienced a 6.5% decrease in asthma events. These factors increased among people who were eligible for, but not on, the scheme</p>

Helping wealth stay local:

Since 2011, Preston has been exploring alternative approaches to local economic development that also reduce inequality. One scheme is the Community Wealth Building initiative, which involved cooperating with six local organisations known as ‘anchor institutions’. The combined procurement spend of these institutions (one of which was Preston City Council) was £750m in 2012/13, but only 5% of this was spent in Preston. The institutions committed to diverting more spend to local businesses. The scheme included the city’s key employers: the hospital, a housing association and the university. Local suppliers received advice on how to pitch for contracts, which included a £60,000 printing contract for the police and a £1.6m contract to provide school meals, which was divided into lots and awarded to suppliers who use local farmers. The benefits of this approach are already visible. The six anchor institutions increased their spending with Preston-based suppliers from 5% of total spend in 2012 to 18% in 2017 – an increase of £74m.⁵² It is estimated this increase supports around 1,648 local jobs.⁵³ The city has also made improvements on six out of eight of its local authority summary deprivation measures between 2010 and 2015

Boosting employability in young people:

The opportunities available to young people on leaving school are pivotal to their futures. Young people who are not in education, employment or training are more likely to suffer worse health outcomes in later life, so targeting this group is an important priority for society. In 2015, the north east had the highest rate of young people who are not in education, employment or training in the country, so the North East Local Enterprise Partnership started intensive work to tackle this issue. One aim of the programme was for 170 local secondary schools and colleges in the area to meet the eight Good Career Guidance Benchmarks. These include personal guidance tailored to each pupil, work experience and encounters with employers. The programme was supported by several new cross-sector networks bringing schools, colleges and businesses together to share ideas and pool resources. 2 years after the programme’s launch, 85% of the 70 participating schools and colleges had reached six or more of the Good Career Guidance Benchmarks. Partly as a result of this work, the rate of young people not in education, employment or training in the north east has dropped from 23.4% to 13.5%. The benchmarks have also been adopted as part of the Department for Education’s national career strategy

Improving health through planning – hot food takeaway supplementary planning document:

Planning has a key role in ensuring the environments in which we live, learn and work are positive to our health. There are a range of ways in which planning can ensure a healthy environment. Hot food takeaways provide a service to local people and add vitality and interest to town centres, as well as contributing to the local economy. However, an excessive number of hot food takeaways in residential areas, particularly in close proximity to schools, can be detrimental to health and wellbeing by encouraging unhealthy eating habits and issues such as litter, waste disposal, noise, odour and traffic. The Council has therefore produced supplementary planning guidance to support the Local Plan, specifically dealing with the placement and density of such establishments, particularly with regards to the proximity to schools, with no applications approved for hot food takeaways within a 5 minute walk of any primary or secondary school.