

Equality Analysis Form

1. Introduction

1.1 Purpose of Equality Analysis

The council has an important role in creating a fair society through the services we provide, the people we employ and the money we spend. Equality is integral to everything the council does. We are committed to making Croydon a stronger, fairer borough where no community or individual is held back.

Undertaking an Equality Analysis helps to determine whether a proposed change will have a positive, negative, or no impact on groups that share a protected characteristic. Conclusions drawn from Equality Analyses helps us to better understand the needs of all our communities, enable us to target services and budgets more effectively and also helps us to comply with the Equality Act 2010.

An equality analysis must be completed as early as possible during the planning stages of any proposed change to ensure information gained from the process is incorporated in any decisions made.

In practice, the term '**proposed change**' broadly covers the following:-

- Policies, strategies and plans;
- Projects and programmes;
- Commissioning (including re-commissioning and de-commissioning);
- Service review;
- Budget allocation/analysis;
- Staff restructures (including outsourcing);
- Business transformation programmes;
- Organisational change programmes;
- Processes (for example thresholds, eligibility, entitlements, and access criteria).

2. Proposed change

Directorate	Assistant Chief Executive
Title of proposed change	Draft Joint Local Health and Wellbeing Strategy (2024-2029)
Name of Officer carrying out Equality Analysis	Shifa Sarica Jack Bedeman

2.1 Purpose of proposed change (see 1.1 above for examples of proposed changes)

Briefly summarise the proposed change and why it is being considered/anticipated outcomes. What is meant to achieve and how is it seeking to achieve this? Please also state if it is an amendment to an existing arrangement or a new proposal.

What is the Joint Local Health and Wellbeing Strategy (JLHWS)?

The Joint Local Health and Wellbeing Strategy (JLHWS) sets out how the Health and Wellbeing Board will work together as a partnership, along with residents, to improve the health and wellbeing of our local communities. It is informed by local needs, as identified in the [Joint Strategic Needs Assessment \(JSNA\)](#), and views of partners and our local communities.

Why are we revising the strategy for 2024-2029?

Croydon's current JLHWS was published in 2019. Since then, the health and wellbeing and the health and care system in Croydon, like many other places, have seen important changes. One of these key changes in the health and care system is the implementation of the Health and Care Act 2022 and the subsequent creation of Integrated Care Systems. Integrated Care Systems are partnerships of organisations that bring together local authorities, NHS organisations and other system partners to plan and deliver joined-up health and care services within a geographical area. Croydon is now a part of the South West London Integrated Care System, which is made up of a total of six local authorities. The other local authorities in South West London Integrated Care System include Kingston, Merton, Richmond, Sutton and Wandsworth.

With the Health and Social Care Act 2022, Croydon's Health and Wellbeing Board continues to be responsible for the creation of Croydon's JLHWS. However, there is now a need to coordinate the JLHWS and the Integrated Care Strategy so that initiatives within Croydon and at the South West London system-level can have the greatest possible positive impact on our health and wellbeing. In addition to these recent reforms in the health and care system, the COVID-19 pandemic has shone a light on existing, and in some cases widening, health inequalities in Croydon. The cost-of-living crisis continues to pose significant challenges not only to the health and social care services but also to our health and wellbeing.

We are committed to keeping our strategy relevant, effective, and responsive to these changes. By reviewing and revising the JLHWS, we want to make sure it stays on track to address the evolving health needs and inequalities in Croydon.

PROPOSED CHANGES:

What is the vision for the draft JLHWS for 2024-2029?

The overall vision of the draft JLHWS is to achieve a Croydon where "everybody is enabled to lead a healthy, happy and fulfilling life, supported by safe, healthy and thriving communities and neighbourhoods". We will work together and build on our strengths to actively tackle inequalities and improve our health and wellbeing.'

What are the priority areas of focus in the draft JLHWS?

1. Good mental health and wellbeing for all
2. Cost of living: supporting our residents to 'eat, sleep and have heat'
3. Healthy, safe and well-connected neighbourhoods and communities
4. Supporting our children, young people and families
5. Supporting our older population to live healthy, independent and fulfilling lives

What will underpin our actions? What are our guiding principles?

Our actions will be underpinned by the following guiding principles:

- 1- Tackling health inequalities: We will aim to reduce, and where possible prevent, health inequalities. In addition to taking action to improve the health and wellbeing of everybody in Croydon, we will take action to:

- Improve the health of the most disadvantaged groups, and
 - Reduce the gap between the best and the worst off.
- 2- Prevention across the life course: We will take a prevention-first approach to prevent ill health from happening in the first place. We will embed principles of prevention across the life course, ensuring that our residents have the necessary tools and support, especially during key transition stages, to lead healthy and independent lives. We will aim to identify and tackle issues at the earlier possible opportunity to prevent them from getting worse.
 - 3- Integrated partnership working: We will continue to improve integrated partnership working across health and social care at the local level, capitalising on the accomplishments of the One Croydon Alliance. We will actively engage in integrated partnership initiatives throughout South West London. We will endeavour to use our collective resources effectively, efficiently and sustainably, enabling our residents to find the right support, at the right time and at the right place.
 - 4- Community focus and co-production: We are committed to taking a community-centric approach striving to shift more services to community settings, enabling community-led support to improve health and wellbeing. We will work in partnership with our residents and communities, recognising and building on their strengths.
 - 5- Evidence-informed decisions and actions: We will base our strategic decisions and actions, including our commissioning, on the best available evidence. This principle ensures that our actions are effective, efficient, and aligned with the evolving needs of our communities. We will establish clear oversight and monitoring processes to assess the impact of our strategies and actions.

3. Impact of the proposed change

Important Note: It is necessary to determine how each of the protected groups could be impacted by the proposed change. Who benefits and how (and who, therefore doesn't and why?) Summarise any positive impacts or benefits, any negative impacts and any neutral impacts and the evidence you have taken into account to reach this conclusion. Be aware that there may be positive, negative and neutral impacts within each characteristic.


Where an impact is unknown, state so. If there is insufficient information or evidence to reach a decision you will need to gather appropriate quantitative and qualitative information from a range of sources e.g. Croydon Observatory a useful source of information such as Borough Strategies and Plans, Borough and Ward Profiles, Joint Strategic Health Needs Assessments <http://www.croydonobservatory.org/> Other sources include performance monitoring reports, complaints, survey data, audit reports, inspection reports, national research and feedback gained through engagement with service users, voluntary and community organisations and contractors.

3.1 Deciding whether the potential impact is positive or negative

Table 1 – Positive/Negative impact

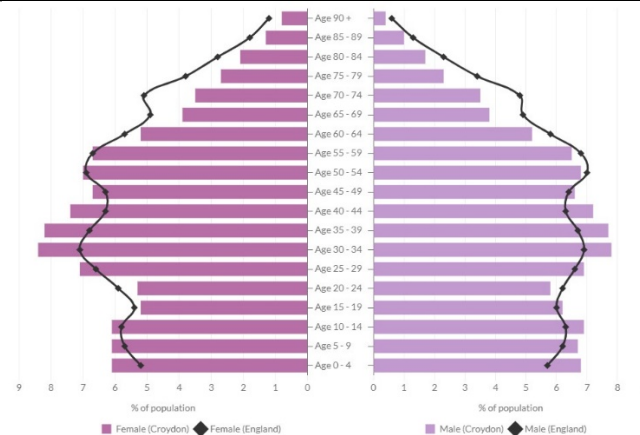
For each protected characteristic group show whether the impact of the proposed change on service users and/or staff is positive or negative by briefly outlining the nature of the impact in the appropriate column. . If it is decided that analysis is not relevant to some groups, this should be recorded and explained. In all circumstances you should list the source of the evidence used to make this judgement where possible.

Protected characteristic group(s)	Positive impact	Negative impact	Source of evidence
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<p>Age</p>	<p>One of the guiding principles in the draft strategy is “Prevention across the life course: We will take a prevention-first approach to prevent ill health from happening in the first place. We will embed principles of prevention across the life course, ensuring that our residents have the necessary tools and support, especially during key transition stages, to lead healthy and independent lives. We will aim to identify and tackle issues at the earlier possible opportunity to prevent them from getting worse.” Focusing on the entire life course is anticipated to benefit people of all ages.</p> <p>Actions towards priority 4 (“Supporting our children, young people and families”) will specifically benefit younger ages, while actions towards Priority 5 (“Supporting our older population to live healthy, independent and fulfilling lives”) will benefit older age groups.</p> <p>While there isn’t a specific priority focusing on working-age adults, we expect actions in all priority areas, specifically the following to positively impact this group:</p> <ul style="list-style-type: none"> • Priority 1: Good mental health and wellbeing for all • Priority 2: Supporting residents to ‘sleep, eat and have heat’ • Priority 3: Healthy, safe and well-connected neighbourhoods and communities • Priority 4: Supporting our children, young people and families so that our children and young people can have the best start in life and the opportunities they need to reach their potential. 	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p>Census 2021</p> <ul style="list-style-type: none"> • With a population of 390,719, Croydon is the largest borough in London by population. The figure below shows the population of Croydon, by broad age groups:  <p>The infographic displays the population distribution for Croydon in 2021 across three age groups. The 'Age 15 - 64' group is the largest, representing 67% of the population. The 'Age 0-14' group represents 19%, and the 'Age 65 +' group represents 14%. Each age group is visualized with a row of human icons, where the first few icons are colored to represent the percentage of the population in that group.</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Age 0-14</td> <td>19%</td> </tr> <tr> <td>Age 15 - 64</td> <td>67%</td> </tr> <tr> <td>Age 65 +</td> <td>14%</td> </tr> </tbody> </table>	Age Group	Percentage	Age 0-14	19%	Age 15 - 64	67%	Age 65 +	14%
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<p>Disability</p>	<p>Actions across all priority areas are anticipated to have positive impacts for people with disability. Some anticipated positive impacts include the following:</p> <ul style="list-style-type: none"> Improved mental health and wellbeing for all, including a specific focus on people with learning disabilities Improved general health and wellbeing outcomes in particularly low-income individuals through the specific focus on cost-of-living support Improved physical, social, mental and emotional health through work on healthy, safe and well-connected neighbourhoods and communities Improved support for children, young people and families, including those with Special Educational Needs and Disabilities. Improved health and wellbeing outcomes for older people so they can live healthy, independent and fulfilling lives. Actions in this area will support our older residents to stay physically and mentally well and maintain independence as long as possible. 	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p>Census 2021</p> <ul style="list-style-type: none"> According to the 2021 Census, 54,825 individuals (15.8% of the population) in Croydon were disabled under the Equality Act. Of these, 31,136 had their day-to-day activities limited a little, and 23,716 had their day-to-day activities limited a lot. While 72.4% of the households had no people disabled under the Equality Act in the household, 22.1% household had one person disabled under the Equality Act and 5.5% of the households had two or more people disabled in the household under the Equality Act. <table border="1" data-bbox="1391 504 2085 756"> <thead> <tr> <th>Disability status by household</th> <th>Number of households</th> </tr> </thead> <tbody> <tr> <td>No people disabled under the Equality Act in household</td> <td>110,761</td> </tr> <tr> <td>1 person disabled under the Equality Act in household</td> <td>33,725</td> </tr> <tr> <td>2 or more people disabled under the Equality Act in household</td> <td>8,459</td> </tr> </tbody> </table>	Disability status by household	Number of households	No people disabled under the Equality Act in household	110,761	1 person disabled under the Equality Act in household	33,725	2 or more people disabled under the Equality Act in household	8,459
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<p>Sex</p>	<p>Actions across all priority areas are anticipated to have positive impacts for people of all sexes. For example, we anticipate positive impacts through:</p> <ul style="list-style-type: none"> Improved mental health outcomes in men and women through actions towards draft priority 1. Good mental health and wellbeing for all and draft priority 4. Supporting our children, young people and families Prevention of domestic violence and violence against women, through actions towards draft priority 3: 	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p>Census 2021</p> <ul style="list-style-type: none"> Croydon's population is 51.9% female and 48.1% male (2021). For age groups younger than 20, there is a slightly higher proportion of males than females. However, there is slightly a higher proportion of females than males in working-age and older age groups. A population pyramid showing percentage of population by 5-year age groups is provided below. 								

healthy, safe and well-connected neighbourhoods and communities



Gender Reassignment

Actions across all priority areas are anticipated to have positive impacts for all people, regardless of their gender.

At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.

Census 2021:

- In 2021, about 2,765 people in Croydon identified as a gender different from their sex registered at birth. A detailed breakdown is provided below.

Gender identity	Percentage (%)	Number of people
Gender identity the same as sex registered at birth	91.60	284,319
Gender identity different from sex registered at birth but no specific identity given	0.46	1,420
Trans woman	0.17	515
Trans man	0.18	558
Non-binary	0.05	165
All other gender identities	0.03	107
Not answered	7.51	23,314

Marriage or Civil Partnership

Actions across all priority areas are anticipated to have positive impacts for all people, regardless of their marriage or civil partnership status.

At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.

Census 2021:

- In 2021, Around 43% of Croydon residents were never married and never registered in a civil partnership, while around 42% were married or registered in a civil partnership. A detailed breakdown of legal partnership status is provided in the table below.

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Religion or belief	<p>Actions across all priority areas are anticipated to have positive impacts for all people, regardless of their religion or belief.</p>	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p>Census 2021:</p> <ul style="list-style-type: none"> Around 49% of Croydon residents stated that they were Christian and 26% stated they had no religion. 7% did not state their religion. <table border="1"> <thead> <tr> <th>Religion</th> <th>Number of people</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>190,880</td> <td>48.9</td> </tr> <tr> <td>Buddhist</td> <td>2,371</td> <td>0.6</td> </tr> <tr> <td>Hindu</td> <td>23,145</td> <td>5.9</td> </tr> <tr> <td>Jewish</td> <td>609</td> <td>0.2</td> </tr> <tr> <td>Muslim</td> <td>40,717</td> <td>10.4</td> </tr> <tr> <td>Sikh</td> <td>1,654</td> <td>0.4</td> </tr> <tr> <td>Other religion</td> <td>3,189</td> <td>0.8</td> </tr> </tbody> </table>	Religion	Number of people	Percentage (%)	Christian	190,880	48.9	Buddhist	2,371	0.6	Hindu	23,145	5.9	Jewish	609	0.2	Muslim	40,717	10.4	Sikh	1,654	0.4	Other religion	3,189	0.8
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Race	<p>The strategy puts a large emphasis on tackling health inequalities through improving the health of the most disadvantaged groups and reducing the gap between the best and the worst off. It also commits to taking a community centric approach, enabling community-led support to improve health and wellbeing. Guided by these principles, actions across all priority areas are anticipated to have positive impacts for all people.</p> <p>We anticipate positive impacts on our Global Majority groups through:</p>	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p>Census 2021:</p> <ul style="list-style-type: none"> Around 52% of Croydon's population come from Global Majority groups. <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Number of people</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Asian, Asian British or Asian Welsh</td> <td>68,487</td> <td></td> </tr> <tr> <td>Black, Black British, Black Welsh, Caribbean or African</td> <td>88,441</td> <td></td> </tr> <tr> <td>Mixed or Multiple ethnic groups</td> <td>29,745</td> <td></td> </tr> <tr> <td>White</td> <td>188,985</td> <td></td> </tr> <tr> <td>Other ethnic group</td> <td>15,066</td> <td></td> </tr> </tbody> </table>	Ethnicity	Number of people	Percentage (%)	Asian, Asian British or Asian Welsh	68,487		Black, Black British, Black Welsh, Caribbean or African	88,441		Mixed or Multiple ethnic groups	29,745		White	188,985		Other ethnic group	15,066							
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	<ul style="list-style-type: none"> • Promoting culturally competent health and care services • Establishing the use of an anti-racism framework • Targeted activities to improve the health and wellbeing outcomes of our Global Majority population. 		<ul style="list-style-type: none"> • Around 5 in 6 (84%) of people speak English as their main language. After English, South Asian (4.8%) languages, Other European (EU) language (4.7%), Portuguese (1.3%), Spanish (1.0%) and East Asian (0.8%) are the most common main languages. <table border="1" data-bbox="1391 336 2130 743"> <thead> <tr> <th>Household language</th> <th>Count</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>All adults in household have English in England as a main language</td> <td>122,932</td> <td>80.4</td> </tr> <tr> <td>At least one but not all adults in household have English as a main language</td> <td>12,189</td> <td>8.0</td> </tr> <tr> <td>No adults in household, but at least one person aged 3 to 15 years, has English as a main language</td> <td>4,453</td> <td>2.9</td> </tr> <tr> <td>No people in household have English in England as a main language</td> <td>13,372</td> <td>8.7</td> </tr> </tbody> </table>	Household language	Count	Percentage (%)	All adults in household have English in England as a main language	122,932	80.4	At least one but not all adults in household have English as a main language	12,189	8.0	No adults in household, but at least one person aged 3 to 15 years, has English as a main language	4,453	2.9	No people in household have English in England as a main language	13,372	8.7												
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Sexual Orientation	<p>The overall vision of the draft JLHWS is to achieve a Croydon where “everybody is enabled to lead a healthy, happy and fulfilling life, supported by safe, healthy and thriving communities and neighbourhoods. We will work together and build on our strengths to actively tackle inequalities and improve our health and wellbeing.’</p> <p>Actions across all priority areas are anticipated to have positive impacts for all people, regardless of their sexual orientation. We anticipate specific mental health benefits to our LGBTQ+ population through targeted actions focusing on draft Priority 1. Good mental health and wellbeing for all.</p>	At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.	<p><u>Census 2021:</u></p> <ul style="list-style-type: none"> • According to the Census 2021, in March 2021, 3.1% of Croydon’s population, around 9,520 individuals, identified as lesbian, gay, bisexual and other non-straight identities including, pansexual, asexual, queer and other. A detailed breakdown of sexual orientation is provided below. <table border="1" data-bbox="1391 1086 2000 1482"> <thead> <tr> <th>Sexual orientation</th> <th>Number of people</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Straight or Heterosexual</td> <td>272,523</td> <td>87.80</td> </tr> <tr> <td>Gay or Lesbian</td> <td>4,696</td> <td>1.51</td> </tr> <tr> <td>Bisexual</td> <td>3,661</td> <td>1.18</td> </tr> <tr> <td>Pansexual</td> <td>855</td> <td>0.28</td> </tr> <tr> <td>Asexual</td> <td>123</td> <td>0.04</td> </tr> <tr> <td>Queer</td> <td>97</td> <td>0.03</td> </tr> <tr> <td>All other sexual orientations</td> <td>98</td> <td>0.03</td> </tr> <tr> <td>Not answered</td> <td>28,344</td> <td>9.13</td> </tr> </tbody> </table>	Sexual orientation	Number of people	Percentage (%)	Straight or Heterosexual	272,523	87.80	Gay or Lesbian	4,696	1.51	Bisexual	3,661	1.18	Pansexual	855	0.28	Asexual	123	0.04	Queer	97	0.03	All other sexual orientations	98	0.03	Not answered	28,344	9.13
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			<p><u>LGBTQI+ Youth and Mental Health: A Systematic Review of Qualitative Research</u></p> <ul style="list-style-type: none"> • One in three lesbian, gay, bisexual, transgender, and queer (LGBTQ+) young people within the UK experience mental health difficulties, compared to one in eight young people within the general population
<p>Pregnancy or Maternity</p>	<p>The overall vision of the draft JLHWS is to achieve a Croydon where “everybody is enabled to lead a healthy, happy and fulfilling life, supported by safe, healthy and thriving communities and neighbourhoods. We will work together and build on our strengths to actively tackle inequalities and improve our health and wellbeing.’</p> <p>Actions across all priority areas are anticipated to have positive impacts for all people. Specifically, actions towards draft priority 4. Supporting our children, young people and families are anticipated to have positive impacts on pregnant individuals. Some positive outcomes include:</p> <ul style="list-style-type: none"> • Providing targeted interventions to high risk pregnant individuals, such as interventions aimed at: <ul style="list-style-type: none"> • Helping individuals to stop smoking during pregnancy • Helping pregnant individuals to access healthy food and supplements during pregnancy • Improving New Birth Visit rates • Improving parental mental health 	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p><u>Children, young people and families in Croydon rapid needs assessment</u></p> <ul style="list-style-type: none"> • The total number of births born to mothers resident in Croydon has been decreasing since 2016. In 2021, there were 5,001 live births, down from over 5,252 in 2020. • 44.7% of deliveries were to mothers from Black, Asian and Minority ethnic groups. • Under 16s conception rate in Croydon has been relatively stable in the recent years. In 2020, this rate was 1.7 per 1,000 which was similar to that in the wider London region and in England. • Under 18s conception rate in Croydon has been decreasing in the recent years. In 2020, the rate was 11.3 per 1,000, a rate similar to that in the wider London region and that in England. • The rate of births to teenage mothers have been relatively stable in Croydon. In 2021/22, 0.6% of all live births were to teenage mothers. • The percentage of mothers smoking at the time of delivery has been decreasing in Croydon. In 2021/22, there were a total of 210 (5.5%) mothers reported to have been smoking at the time of delivery. This rate is higher than that in London (4.5%) but lower than that in England (9.1%). • Latest data (2018/19) showed that Croydon rates of folic acid supplements before pregnancy (25.3%) and early access to maternity care (38.4%) were lower than that in the London region (28.5% and 47.8%, respectively). • During the same period (2018/19), 23.2% of women were reported to have obesity in early

pregnancy. This was worse than the overall London value (17.8%) but similar to that in England (22.1%).

- Trends in low and very low birth weight of all babies, and low birth weight of term babies have been relatively steady in recent years. In 2020, 8.7% of all babies at low birth weight and 1.3% had very low birth rate. In the same year, 3.7% of all term babies had low birthweight. These figures have been generally similar to those in the wider London region except for low birth weight of all babies which is worse than that in London (8.7%vs 7.5%).
- During 2019-21, 85 stillbirths were reported in Croydon, equating to a rate of 5.4 per 1,000 births. This rate was higher than that in the London region (4.3 per 1,000) and England (3.9 per 1,000).
- In 2021/22, Baby First Feed was breast milk for 84.8% of babies in Croydon. This is lower than the London region average (87.7%), but higher than England average (71.7%).
- 85.8% of New Birth Visits were completed within 14 days by a health visitor. This was lower than that in the London region (87.8%) but higher than that in England (82.6%).
- The mental health of parents can have an impact on the current and future health and wellbeing of their children and shape their social and educational outcomes. National surveys and international meta-analyses suggest that up to 20% of women and 10% of men are estimated to have a mental illness during pregnancy and the year after birth. This would mean that up to 1,000 pregnant mothers and 500 fathers would have been expected to be affected by mental illness sometime during the perinatal period in Croydon in 2021.
- ONS Census 2021 identified a total of 152,947 households in Croydon, of which just over a third (51,709, 33.8%) were household types with

			dependent children. Of the households with dependent children, 29% were lone parent, single family households
<p>Important note: You must act to eliminate any potential negative impact which, if it occurred would breach the Equality Act 2010. In some situations this could mean abandoning your proposed change as you may not be able to take action to mitigate all negative impacts.</p> <p>When you act to reduce any negative impact or maximise any positive impact, you must ensure that this does not create a negative impact on service users and/or staff belonging to groups that share protected characteristics. Please use table 4 to record actions that will be taken to remove or minimise any potential negative impact</p>			

3.2 Additional information needed to determine impact of proposed change

Table 2 – Additional information needed to determine impact of proposed change

If you need to undertake further research and data gathering to help determine the likely impact of the proposed change, outline the information needed in this table. Please use the table below to describe any consultation with stakeholders and summarise how it has influenced the proposed change. Please attach evidence or provide link to appropriate data or reports:		
Additional information needed and or Consultation Findings	Information source	Date for completion

For guidance and support with consultation and engagement visit <https://intranet.croydon.gov.uk/working-croydon/communications/consultation-and-engagement/starting-engagement-or-consultation>

3.3 Impact scores

Example

If we are going to reduce parking provision in a particular location, officers will need to assess the equality impact as follows;

1. Determine the Likelihood of impact. You can do this by using the key in table 5 as a guide, for the purpose of this example, the likelihood of impact score is 2 (likely to impact)
2. Determine the Severity of impact. You can do this by using the key in table 5 as a guide, for the purpose of this example, the Severity of impact score is also 2 (likely to impact)
3. Calculate the equality impact score using table 4 below and the formula **Likelihood x Severity** and record it in table 5, for the purpose of this example - **Likelihood (2) x Severity (2) = 4**

Table 4 – Equality Impact Score

Severity of Impact	3	3	6	9
	2	2	4	6
	1	1	2	3
		1	2	3
	Likelihood of Impact			

Key

Risk Index	Risk Magnitude
6 – 9	High
3 – 5	Medium
1 – 3	Low

Equality Analysis

Table 3 – Impact scores

Column 1 PROTECTED GROUP	Column 2 LIKELIHOOD OF IMPACT SCORE Use the key below to score the likelihood of the proposed change impacting each of the protected groups, by inserting either 1, 2, or 3 against each protected group. 1 = Unlikely to impact 2 = Likely to impact 3 = Certain to impact	Column 3 SEVERITY OF IMPACT SCORE Use the key below to score the severity of impact of the proposed change on each of the protected groups, by inserting either 1, 2, or 3 against each protected group. 1 = Unlikely to impact 2 = Likely to impact 3 = Certain to impact	Column 4 EQUALITY IMPACT SCORE Calculate the equality impact score for each protected group by multiplying scores in column 2 by scores in column 3. Enter the results below against each protected group. Equality impact score = likelihood of impact score x severity of impact score.
Age	3	1	3
Disability	3	1	3
Sex	3	1	3
Gender reassignment	3	1	3
Marriage / Civil Partnership	3	1	3
Race	3	1	3
Religion or belief	3	1	3
Sexual Orientation	3	1	3
Pregnancy or Maternity	3	1	3

Equality Analysis

4. Statutory duties

4.1 Public Sector Duties

Tick the relevant box(es) to indicate whether the proposed change will adversely impact the Council's ability to meet any of the Public Sector Duties in the Equality Act 2010 set out below.

Advancing equality of opportunity between people who belong to protected groups

Eliminating unlawful discrimination, harassment and victimisation

Fostering good relations between people who belong to protected characteristic groups

Important note: If the proposed change adversely impacts the Council's ability to meet any of the Public Sector Duties set out above, mitigating actions must be outlined in the Action Plan in section 5 below.

5. Action Plan to mitigate negative impacts of proposed change

Important note: Describe what alternatives have been considered and/or what actions will be taken to remove or minimise any potential negative impact identified in Table 1. Attach evidence or provide link to appropriate data, reports, etc:

Table 4 – Action Plan to mitigate negative impacts

Complete this table to show any negative impacts identified for service users and/or staff from protected groups, and planned actions mitigate them.				
Protected characteristic	Negative impact	Mitigating action(s)	Action owner	Date for completion
Disability				
Race				
Sex (gender)				
Gender reassignment		N/A		
Sexual orientation				
Age				
Religion or belief				
Pregnancy or maternity				

Equality Analysis

Marriage/civil partnership		
6. Decision on the proposed change		
Based on the information outlined in this Equality Analysis enter X in column 3 (Conclusion) alongside the relevant statement to show your conclusion.		
Decision	Definition	Conclusion - Mark 'X' below
No major change	Our analysis demonstrates that the policy is robust. The evidence shows no potential for discrimination and we have taken all opportunities to advance equality and foster good relations, subject to continuing monitoring and review. If you reach this conclusion, state your reasons and briefly outline the evidence used to support your decision.	x
Adjust the proposed change	We will take steps to lessen the impact of the proposed change should it adversely impact the Council's ability to meet any of the Public Sector Duties set out under section 4 above, remove barriers or better promote equality. We are going to take action to ensure these opportunities are realised. If you reach this conclusion, you must outline the actions you will take in Action Plan in section 5 of the Equality Analysis form	
Continue the proposed change	We will adopt or continue with the change, despite potential for adverse impact or opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the change. However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned. If you reach this conclusion, you should clearly set out the justifications for doing this and it must be in line with the duty to have due regard and how you reached this decision.	
Stop or amend the proposed change	Our change would have adverse effects on one or more protected groups that are not justified and cannot be mitigated. Our proposed change must be stopped or amended.	
Will this decision be considered at a scheduled meeting? e.g. Contracts and Commissioning Board (CCB) / Cabinet	Meeting title: Health and Wellbeing Board Date: 25 January 2024	

Equality Analysis

7. Sign-Off

Officers that must approve this decision	
Equalities Lead	Name: _____ Date: _____ Position: _____
Director	Name: _____ Date: _____ Position: _____