

**Shropshire Council**  
**Equality, Social Inclusion and Health Impact Assessment (ESHIA)**  
**Initial Screening Record 2023**

**A. Summary Sheet on Accountability and Actions**

<b>Name of proposed service change</b>
Permission to consult on the removal of discretionary funding areas of school and college transport assistance

<b>Name of lead officer carrying out the screening</b>
Kelly Kovacs
Fleet and Specialist Transport Manager

<b>Decision, review, and monitoring</b>
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Decision	Yes	No
Initial (part one) ESHIA Only?	x	
Proceed to Full ESHIA or HIA (part two) Report?		x

*If completion of an initial or Part One assessment is an appropriate and proportionate action at this stage, please use the boxes above. If a Full or Part Two report is required, please move on to full report stage once you have completed this initial screening assessment as a record of the considerations which you have given to this matter.*

<b>Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality, social inclusion, and health considerations</b>
<p>The proposal is for the Council to withdraw its financial support for all discretionary areas of home to school and college transport, from a potential date of September 2024. This relates to the following cohorts: Nursery SEND; Post 16 SEND; and mainstream Post 16 students.</p> <p>To do so would be projected to have a Medium to High Negative impact on Protected Characteristic groupings as set out in the Equality Act 2010, in particular those for Age, Disability, Pregnancy and Maternity, and Sex. There would also be a projected Medium to High Negative impact for those individuals and households that we may consider to be vulnerable by virtue of their circumstances. Whilst these are not defined as Protected Characteristics within equality legislation, it has been a matter of good practice in Shropshire for us to consider their needs as well, within a tenth grouping termed Social Inclusion. This includes low income households, households in rural areas, and young people leaving care.</p>

The impact would be neutral for children and young people on the SEND Register in the age groupings 5-16.

Existing cohorts in receipt of this funding would also not be affected, meaning that the impact upon them at this stage in their lives would be Neutral. However, potentially a child on the SEND Register currently in receipt of support for transport to Nursery could theoretically then proceed through 5-16 funding-assisted schooling and then once again find that the family needed to pay for post 16 SEND transport.

Legal Services have indicated the possibility of judicial review if the Council went out to consultation, given the likely high negative impact for children and young people coming into these categories whom we would class as vulnerable.

### **Actions to review and monitor the impact of the service change in terms of equality, social inclusion, and health considerations**

We have engaged with a number of other Local Authorities, who are rural unitary authorities, neighbouring authorities and urban authorities, giving a strong picture of the situation across a range of localities and geographies. We have gained direct comparisons on what travel assistance is offered for these discretionary areas, as shown in Table A below.

It was noted that we are unable to find a local authority that has completely withdrawn discretionary funding for SEND Post 16, so this indicates that it is an area warranting particular consideration.

Further decisions around actions to review and monitor the likely impacts of the service change would need to be informed by results of the proposed consultation and engagement. If these results indicate projected High Negative impacts, this would then necessitate the carrying out of a Part Two ESHIA, which would then involve in depth analysis of likely equality, social inclusion and health and wellbeing impacts and would need to be considered within the decision making processes of the Council through subsequent report to Cabinet

The carrying out of a Part Two ESHIA would take one of four routes:

1. To make changes to satisfy any concerns raised through the specific consultation and engagement process and through further analysis of the evidence to hand;
2. To make changes that will remove or reduce the potential of the service change to adversely affect any of the Protected Characteristic groups and those who may be at risk of social exclusion;
3. To adopt the service change as it stands, with evidence to justify the decision even though it could adversely affect some groups;
4. To find alternative means to achieve the aims of the service change.

This forensic analysis stage enables a service area to assess:

- Which gaps need to be filled right now, to help you to make a decision about the likely impact of the proposed service change?
- Which gaps could be filled within a timeframe that will enable you to monitor potential barriers and any positive or negative impacts on groups and individuals further along into the process?

**Associated ESHIAs**

The service area carried out a previous equality impact screening assessment in 2019, following which a decision was taken not to proceed further with removal of funding at that time.

**Actions to mitigate negative impact, enhance positive impact, and review and monitor overall impacts in terms of any other considerations. This includes climate change considerations and health and well being considerations**

*Climate Change*

A “no effect” outcome is expected against energy and fuel consumption, renewable energy generation, carbon offsetting and climate change adaptation as it is not anticipated that any additional vehicles will be on the road, existing vehicles/seats will be utilised for eligible, statutory aged pupils.

*Health and Well Being*

The projected action would also potentially be seen as running against the corporate aims of the Council with regard to children and young people and their life chances, and against the aims of the Council with regard to promoting health and well being across groupings. With regard to whether the policy have a *direct impact* on the community - social, economic and environmental living conditions that would impact health, it could be viewed as Medium Negative at this stage, and potentially High Negative, with regard to child development, education, independence and employment opportunities

**Scrutiny at Part One screening stage**

People involved	Signatures	Date
<p><i>Lead officer carrying out the screening</i>  <b>Kelly Kovacs</b>  <b>Fleet and Specialist Transport Manager</b></p>		

<i>Any internal service area support*</i>		
<i>Any external support**</i> <b>Mrs Lois Dale</b> Performance and Research Specialist: Rurality and Equalities	<i>Lois Dale</i>	6 <sup>th</sup> June 2023

*\*This refers to other officers within the service area*

*\*\*This refers to support external to the service but within the Council, e.g., the Rurality and Equalities Specialist, the Feedback and Insight Team, performance data specialists, Climate Change specialists, and Public Health colleagues*

### **Sign off at Part One screening stage**

<b>Name</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer's name</i>		6 <sup>th</sup> June 2023
<i>Accountable officer's name</i>		

*\*This may either be the Head of Service or the lead officer*

### **B. Detailed Screening Assessment**

<b>Aims of the service change and description</b>
<p>Shropshire Council is currently reviewing its transport services for children and students and the review of these services is focused on one area: those pupils and students who receive travel assistance and are of non-compulsory school age, by which we mean nursery children and Post 16 students.</p> <p>The number of children and young people who are currently supported in this way is:</p> <ul style="list-style-type: none"> <li>• Post 16 mainstream – 56</li> <li>• SEND Nursery - 6</li> </ul>

- SEND Post 16 - 104

There is a proposal currently being considered to consult on the following:

- The potential removal of all discretionary areas of home to school transport.

Shropshire Council applies both its statutory and discretionary duties in providing transport to support student attendance at school/colleges.

The rationale for this is that Shropshire Council is considering changes to ensure future resources are targeted most appropriately, to ensure support is provided to those students to whom there is a statutory duty and to those students who would be unable to attend education or training without this support.

The Council is committed to providing efficient, integrated services whilst ensuring that its statutory duties are met. Financial pressures mean that Shropshire Council must review the non-statutory functions it provides and consider whether these arrangements are still financially viable whilst protecting its statutory duty.

#### **Intended audiences and target groups for the service change**

The intended audience and target groups/stakeholders are:

- Existing students and their families
- The whole community including children as yet unborn/siblings
- All elected members
- Schools and Colleges
- Transport Operators
- Licensed Taxi providers
- Parent Advocacy Groups
- Marches LEP
- West Midlands Combined Authority
- Voluntary and Community Sector
- Town and Parish Councils
- Neighbouring Authorities
- Other rural unitary authorities
- Youth Parliament
- Local Members of Parliament

This list is not intended to be exhaustive and may be updated during the consultation and engagement process.

#### **Evidence used for screening of the service change**

We have engaged with a number of other Local Authorities, who are rural unitary authorities, neighbouring authorities and urban authorities, giving a strong picture of the situation across a range of localities and geographies. We have gained direct comparisons on what travel assistance is offered for these discretionary areas, as shown in Table A.

This research has highlighted that some Local Authorities do not offer Nursery SEND travel assistance. However, we are unable to identify another Local Authority that currently does not offer Post 16 SEND Travel Assistance. It is important to note that our list of local authorities is not exhaustive, and a number did say that they were considering similar options to ourselves

Table A

	Post 16 Transport Provided	Previous Contribution (Full Payer/Proof of Benefit)	2023/24 Contribution (Full Payer/Proof of Benefit)	Historic SEND Contribution	2023/24 SEND Contribution (Full Payer/Proof of Benefit)	Nursery Transport Provided (Y/N)	Independent Travel Training Provided (Y/N)
Shropshire	Y	£875 / £142.50	£933/£299	Free	£933/£299	Y	Y
Herefordshire	Y	£789	£960/refer to college for bursary if low income, or in receipt of benefits	-	£960/refer to college for bursary if low income, or in receipt of benefits (19-25 y/o SEND, it is free)	Y	Y
Worcestershire	Y	Variable charges based on zones	Variable charges based on zones	-	Variable charges based on zones	Y	Y
North Yorkshire	Y	£490 / £245	£747.50 / £373.75	-	£747.50 / £373.75	N	Y
Wiltshire	Y	£710 / £210	£900/£300	£499 / £184	£650/£300	N	Y
Devon	Y	£600	£690/Dependent on school	-	Dependent on school	N	Y
Solihull	Y	£705	£750	£645	£750	N	Y

Warwickshire	Y	£836/£209	£870/£217.50	-	£870/£217.50	N	Y
Staffordshire	Y	£494 (low income only)	£746 / £589	£625 / £494	£746 / £589	-	-
Lincolnshire	Y	£570	£570	-	-	-	-
Powys	Y	Free	Free (only provided for those that qualify)	Free	Free (only provided for those that qualify)		

There has been a detailed analysis of the current and historic situation in Shropshire, with for example numbers in the Nursery cohort declining from 45 in 2017 to 17 in 2019 and now 6.

### **Specific consultation and engagement with intended audiences and target groups for the service change**

These policy changes could come into effect from 1 September 2024 and in that scenario would be applicable to new applicants, as with previous practice the removal of provision will be on a phased approach, protecting all those pupils and students entitled within the existing schemes. This will mean that the full effect of these savings will not be realised until the 2026/27 financial year.

A consultation has not been carried out to date, with the focus more on comparator research into other local authority approaches and a detailed analysis of the situation in Shropshire. It would be vital that any consultation carried out be comprehensive and far reaching.

The consultation will need to include efforts to gain as many views as possible from as wide ranging an audience as possible, not only from those who are likely to be affected but also from healthcare and social care and education professionals, who are well placed to provide informed assessments of anticipated future needs in terms of numbers and suitable modes of transport. Links will also need to be drawn with other Council policy, on young people and on health and

well being and Early Help approaches. This will help to mitigate against the risk that any decisions are seen to be made on financial grounds alone.

**Initial equality impact assessment by grouping (Initial health impact assessment is included below)**

*Please rate the impact that you perceive the service change is likely to have on a group, through stating this in the relevant column.*

*Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.*

<b>Protected Characteristic groupings and other groupings in Shropshire</b>	<b>High negative impact</b> <i>Part Two ESIIA required</i>	<b>High positive impact</b> <i>Part One ESIIA required</i>	<b>Medium positive or negative impact</b> <i>Part One ESIIA required</i>	<b>Low positive, negative, or neutral impact (please specify)</b> <i>Part One ESIIA required</i>
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with disability)			Medium Negative at this stage: could be viewed as High Negative	
<u>Disability</u> (please include mental health conditions and syndromes; hidden disabilities including autism and Crohn's disease; physical and sensory disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; and HIV)			Medium Negative at this stage: could be viewed as High Negative	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Low Negative
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				Low Negative
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Medium Negative at this stage: could be viewed as High Negative	



<b>Race</b> (please include ethnicity, nationality, culture, language, Gypsy, Traveller)				Low Negative
<b>Religion and belief</b> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)				Low Negative
<b>Sex</b> (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Medium Negative at this stage: could be viewed as High Negative	
<b>Sexual Orientation</b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				Low Negative
<b>Other: Social Inclusion</b> (please include families and friends with caring responsibilities; households in poverty; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities; veterans and serving members of the armed forces and their families)			Medium Negative at this stage: could be viewed as High Negative	

### **Initial health and wellbeing impact assessment by category**

*Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column.*

*Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.*

<b>Health and wellbeing: individuals and communities in Shropshire</b>	<b>High negative impact</b> <i>Part Two HIA required</i>	<b>High positive impact</b>	<b>Medium positive or negative impact</b>	<b>Low positive negative or neutral impact (please specify)</b>
<b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b> For example, would it cause ill health, affecting social			Medium Negative at this stage: could be viewed as High Negative with regard to	

inclusion, independence and participation? .			independence and participation in education and learning	
<b>Will the proposal indirectly impact an individual's ability to improve their own health and wellbeing?</b> For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?				Low Negative
<b>Will the policy have a direct impact on the community - social, economic and environmental living conditions that would impact health?</b> For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation? .			Medium Negative at this stage: could be viewed as High Negative with regard to child development, education, independence and employment opportunities	
<b>Will there be a likely change in demand for or access to health and social care services?</b> For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services? .				Low Negative

**Identification of likely impact of the service change in terms of other considerations including climate change and economic or societal impacts**

The service change as proposed may have a likely negative impact on promoting social inclusion. It affects a vulnerable grouping within society and their families in terms of impact upon the income of the households affected, thereby indirectly impacting the choices they are then able to make about work, education, leisure and social mobility during an ongoing cost of living crisis.

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## **Guidance Notes**

### **1. Legal Context**

It is a legal requirement for local authorities to assess the equality and human rights impact of changes proposed or made to services. It is up to us as an authority to decide what form our equality impact assessment may take. By way of illustration, some local authorities focus more overtly upon human rights; some include safeguarding.

It is about what is considered to be needed in a local authority's area, in line with local factors such as demography and strategic objectives as well as with the national legislative imperatives.

Carrying out these impact assessments helps us as a public authority to ensure that, as far as possible, we are taking actions to meet the general equality duty placed on us by the Equality Act 2010, and to thus demonstrate that the three equality aims are integral to our decision making processes.

These are: eliminating discrimination, harassment and victimisation; advancing equality of opportunity; and fostering good relations.

These screening assessments for any proposed service change go to Cabinet as part of the committee report, or occasionally direct to Full Council, unless they are ones to do with Licensing, in which case they go to Strategic Licensing Committee.

Service areas would ordinarily carry out a screening assessment, or Part One equality impact assessment. This enables energies to be focussed on review and monitoring and ongoing evidence collection about the positive or negative impacts of a service change upon groupings in the community, and for any adjustments to be considered and made accordingly.

These screening assessments are recommended to be undertaken at timely points in the development and implementation of the proposed service change.

For example, an ESHIA would be a recommended course of action before a consultation. This would draw upon the evidence available at that time, and identify the target audiences, and assess at that initial stage what the likely impact of the service change could be across the Protected Characteristic groupings and our tenth category of Social Inclusion. This ESHIA would set out intended actions to engage with the groupings, particularly those who are historically less likely to engage in public consultation eg young people, as otherwise we would not know their specific needs.

A second ESHIA would then be carried out after the consultation, to say what the feedback was, to set out changes proposed as a result of the feedback, and to say where responses were low and what the plans are to engage with groupings who did not really respond. This ESHIA would also draw more upon actions to review

impacts in order to mitigate the negative and accentuate the positive. Examples of this approach include the Great Outdoors Strategy, and the Economic Growth Strategy 2017-2021

Meeting our Public Sector Equality Duty through carrying out these ESHIAs is very much about using them as an opportunity to demonstrate ongoing engagement across groupings and to thus visibly show we are taking what is called due regard of the needs of people in protected characteristic groupings

If the screening indicates that there are likely to be significant negative impacts for groupings within the community, the service area would need to carry out a full report, or Part Two assessment. This will enable more evidence to be collected that will help the service area to reach an informed opinion.

In practice, Part Two or Full Screening Assessments have only been recommended twice since 2014, as the ongoing mitigation of negative equality impacts should serve to keep them below the threshold for triggering a Full Screening Assessment. The expectation is that Full Screening Assessments in regard to Health Impacts may occasionally need to be undertaken, but this would be very much the exception rather than the rule.

## **2. Council Wide and Service Area Policy and Practice on Equality, Social Inclusion and Health**

This involves taking an equality and social inclusion approach in planning changes to services, policies, or procedures, including those that may be required by Government.

The decisions that you make when you are planning a service change need to be recorded, to demonstrate that you have thought about the possible equality impacts on communities and to show openness and transparency in your decision-making processes.

This is where Equality, Social Inclusion and Health Impact Assessments (ESHIA) come in. Where you carry out an ESHIA in your service area, this provides an opportunity to show:

- What evidence you have drawn upon to help you to recommend a strategy or policy or a course of action to Cabinet.
- What target groups and audiences you have worked with to date.
- What actions you will take in order to mitigate any likely negative impact upon a group or groupings, and enhance any positive effects for a group or groupings; and
- What actions you are planning to review the impact of your planned service change.

The formal template is there not only to help the service area but also to act as a stand-alone for a member of the public to read. The approach helps to identify whether or not any new or significant changes to services, including policies,

procedures, functions, or projects, may have an adverse impact on a particular group of people, and whether the human rights of individuals may be affected.

This assessment encompasses consideration of social inclusion. This is so that we are thinking as carefully and completely as possible about all Shropshire groups and communities, including people in rural areas and people or households that we may describe as vulnerable.

Examples could be households on low incomes or people for whom there are safeguarding concerns, as well as people in what are described as the nine 'protected characteristics' of groups of people in our population, e.g., Age. Another specific vulnerable grouping is veterans and serving members of the Armed Forces, who face particular challenges with regard to access to Health, to Education, and to Housing.

We demonstrate equal treatment to people who are in these groups and to people who are not, through having what is termed 'due regard' to their needs and views when developing and implementing policy and strategy and when commissioning, procuring, arranging, or delivering services.

When you are not carrying out an ESHIA, you still need to demonstrate and record that you have considered equality in your decision-making processes. It is up to you what format you choose.–You could use a checklist, an explanatory note, or a document setting out our expectations of standards of behaviour, for contractors to read and sign. It may well not be something that is in the public domain like an ESHIA, but you should still be ready for it to be made available.

**Both the approaches sit with a manager, and the manager has to make the call, and record the decision made on behalf of the Council. Help and guidance is also available via the Commissioning Support Team, either for data, or for policy advice from the Rurality and Equalities Specialist. Here are some examples to get you thinking.**

### **3. Council wide and service area policy and practice on health and wellbeing**

This is a relatively new area to record within our overall assessments of impacts, for individual and for communities, and as such we are asking service area leads to consider health and wellbeing impacts, much as they have been doing during 2020-2021, and to look at these in the context of direct and indirect impacts for individuals and for communities. A better understanding across the Council of these impacts will also better enable the Public Health colleagues to prioritise activities to reduce health inequalities in ways that are evidence based and that link effectively with equality impact considerations and climate change mitigation.

## **Health in All Policies – Health Impact Assessment**

Health in All Policies is an upstream approach for health and wellbeing promotion and prevention, and to reduce health inequalities. The Health Impact Assessment (HIA) is the supporting mechanism

- Health Impact Assessment (HIA) is the technical name for a common-sense idea. It is a process that considers the wider effects of local policies, strategies and initiatives and how they, in turn, may affect people's health and wellbeing.
- Health Impact Assessment is a means of assessing both the positive and negative health impacts of a policy. It is also a means of developing good evidence-based policy and strategy using a structured process to review the impact.
- A Health Impact Assessment seeks to determine how to maximise health benefits and reduce health inequalities. It identifies any unintended health consequences. These consequences may support policy and strategy or may lead to suggestions for improvements.
- An agreed framework will set out a clear pathway through which a policy or strategy can be assessed and impacts with outcomes identified. It also sets out the support mechanisms for maximising health benefits.

The embedding of a Health in All Policies approach will support Shropshire Council through evidence-based practice and a whole systems approach, in achieving our corporate and partnership strategic priorities. This will assist the Council and partners in promoting, enabling and sustaining the health and wellbeing of individuals and communities whilst reducing health inequalities.

## **Individuals**

### **Will the proposal have a *direct impact* on health, mental health and wellbeing?**

For example, would it cause ill health, affecting social inclusion, independence and participation?

Will the proposal directly affect an individual's ability to improve their own health and wellbeing?

This could include the following: their ability to be physically active e.g., being able to use a cycle route; to access food more easily; to change lifestyle in ways that are of positive impact for their health.

An example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g., green highways), and changes to public transport that could encourage people away from car usage. and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve lives.

## **Will the proposal *indirectly impact* an individual's ability to improve their own health and wellbeing?**

This could include the following: their ability to access local facilities e.g., to access food more easily, or to access a means of mobility to local services and amenities? (e.g. change to bus route)

Similarly to the above, an example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g. pedestrianisation of town centres), and changes to public transport that could encourage people away from car usage, and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve their health and well being.

## **Communities**

Will the proposal directly or indirectly affect the physical health, mental health, and wellbeing of the wider community?

A *direct impact* could include either the causing of ill health, affecting social inclusion, independence and participation, or the promotion of better health.

An example of this could be that safer walking and cycling routes could help the wider community, as more people across groupings may be encouraged to walk more, and as there will be reductions in emission leading to better air quality.

An *indirect impact* could mean that a service change could indirectly affect living and working conditions and therefore the health and well being of the wider community.

An example of this could be: an increase in the availability of warm homes would improve the quality of the housing offer in Shropshire and reduce the costs for households of having a warm home in Shropshire. Often a health promoting approach also supports our agenda to reduce the level of Carbon Dioxide emissions and to reduce the impact of climate change.

Please record whether at this stage you consider the proposed service change to have a direct or an indirect impact upon communities.

## **Demand**

### **Will there be a change in demand for or access to health, local authority and social care services?**

For example: Primary Care, Hospital Care, Community Services, Mental Health and Social Services?

An example of this could be: a new housing development in an area would affect demand for primary care and local authority facilities and services in that location and surrounding areas. If the housing development does not factor in consideration of availability of green space and safety within the public realm, further down the line

there could be an increased demand upon health and social care services as a result of the lack of opportunities for physical recreation, and reluctance of some groupings to venture outside if they do not perceive it to be safe.

***For further information on the use of ESHIAs: please contact your head of service or contact Mrs Lois Dale, Rurality and Equalities Specialist and Council policy support on equality, via telephone 01743 258528, or email [lois.dale@shropshire.gov.uk](mailto:lois.dale@shropshire.gov.uk).***