

**Shropshire Council**  
**Equality, Social Inclusion and Health Impact Assessment (ESHIA)**  
**Stage One Screening Record 2024**

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

|  |
|--|
| <b>Name of proposed report</b>   |
| <p>Social Housing Rent and Service Charges 2026/27, including:</p> <ul style="list-style-type: none"> <li>• Application of the Government Rent Standard (CPI +1%) resulting in a 4.8% rent increase from April 2026</li> <li>• Introduction of revised service charge methodology (actual cost + 15% management fee, except sewage at CPI+1%)</li> <li>• Transition to a 52-week rent cycle</li> <li>• Implementation of statutory staged rent convergence from 2027/28</li> </ul> |

|  |
|--|
| <b>Name of the officer carrying out the screening</b>                |
| <i>Jenny Daisley — Strategic Housing &amp; Commissioning Manager</i> |

**Decision, review, and monitoring**

| Decision  | Yes | No |
|---|-----|----|
| Initial (Stage One) ESHIA Only?                           | x   |    |
| Proceed to Stage Two Full ESHIA or HIA (part two) Report? |     | x  |

*If completion of a Stage One screening assessment is an appropriate and proportionate action at this stage, please use the boxes above, and complete both part A and part B of of this template. If a Full or Stage 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 likely negative impact or enhance positive impact of the service change in terms of equality and social inclusion considerations</b>   |
| <ul style="list-style-type: none"> <li>• Provide targeted budgeting support for tenants who previously relied on rent-free weeks.</li> <li>• Provide direct assistance with Universal Credit/Housing Benefit realignment, especially for vulnerable tenants.</li> <li>• Issue clear, accessible communications, including Easy Read and translated formats where needed.</li> <li>• Offer early intervention and hardship support through STaR Housing’s Income Team.</li> <li>• Monitor impacts on low-income households, rural communities, disabled residents, and older tenants.</li> </ul> |

- Monitor levels and client cases with rent arrears to ensure support continues to meet needs.
- Continue aligning financial year cycles with benefit cycles to improve stability for vulnerable tenants.

**Actions to mitigate likely negative impact or enhance positive impact of the service change in terms of health and wellbeing considerations**

- Reduce stress by ensuring early notice, clear explanations, and consistent messaging.
- Offer 1:1 budgeting advice for households experiencing short-term anxiety.
- Continue investment in energy efficiency, reducing fuel poverty and improving mental/physical wellbeing.
- Monitor complaints, arrears, tenancy sustainment and requests for support.

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

- Ongoing review of tenant feedback following annual rent and service-charge notifications
- Quarterly monitoring of arrears, affordability issues, and tenant support requests
- Annual review of service charge methodology and cost recovery
- Monitoring of impacts on specific groups through STaR Housing demographic and consultation data
- Review engagement levels, especially among hard-to-reach groups (younger tenants, rural areas, vulnerable households)

**Associated ESHIAs**

- Tenancy Agreement Amendments

**Actions to mitigate likely negative impact, enhance positive impact, and review and monitor the overall impacts with regard to climate change impacts and with regard to economic and societal impacts**

**Climate:**

- Reinforced investment in EPC improvements, Air Source Heat Pump rollout, insulation and damp/mould mitigation
- Funding certainty supports compliance with Decent Homes 2 and Awaab's Law

**Economic:**

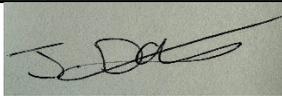
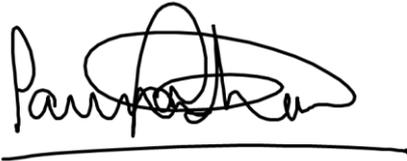
- Helps sustain long-term viability of the HRA

- Supports jobs and delivery through STaR Housing
- Reduces risk of service cuts due to under-recovery
- Alignment to the Universal Credit and Housing Benefit payment cycles

**Societal:**

- Improved transparency supports trust and fair charging
- Supports sustainable communities and tenancy sustainment
- Ensures equitable access to safe, good-quality housing

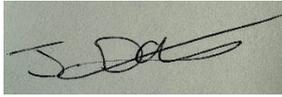
**Scrutiny at Stage One screening stage**

| People involved                              | Signatures  | Date       |
|--|---|------------|
| Lead officer for the proposed service change |    | 12/02/2026 |
| Officer carrying out the screening           |  | 12.02.2026 |
| Any other internal service area support*     |   |            |
| Any external support**                       |   |            |

\*This refers to other officers within the service area

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

**Sign off at Stage One screening stage**

| Name                   | Signatures   | Date       |
|------------------------|--|------------|
| Lead officer's name    |   | 12.02.2026 |
| Service manager's name |  | 12.02.2026 |

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

## **B. Detailed Screening Assessment**

### **Aims of the service change and description**

Shropshire Council is implementing updated rent and service-charge arrangements to:

- Apply Government Rent Standard (CPI+1% = 4.8% uplift)
- Introduce modernised actual-cost + 15% service-charge model
- Transition to 52-week rent cycle for clarity and stability
- Ensure compliance with:
  - Rent Standard
  - Consumer Standards (2024)
  - Awaab's Law
  - Decent Homes 2
  - Support financial sustainability of the Housing Revenue Account

The purpose is to ensure transparent, fair, and cost-reflective charging structures, and to support investment in quality and safety of homes.

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

- All Shropshire Council tenants managed via STaR Housing – which includes:
  - Older people
  - Disabled residents
  - Low income households -income households
  - Rural communities
  - Care leavers
  - Households with vulnerabilities or support needs
  - Tenants not in receipt of benefit support

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

- Tenant consultation (94% raised no objection)
- STAR Housing engagement reports
- Equality-data returns from consultation
- Analysis of benefit dependency (75% tenants receive HB/UC)
- HRA financial modelling, cost-recovery analysis
- Regulatory and statutory guidance (Rent Standard, Awaab's Law, Consumer Standards)

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

STAR Housing consulted all tenants on behalf of Shropshire Council through:

- Letters, FAQs, and draft proposals
- Five in-person drop-in sessions
- Telephone and email channels
- Social media engagement
- Surveys and written feedback mechanisms

The Council has reviewed and adopted the findings.

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

*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 locally identified in Shropshire</b>  | <b>High negative impact<br/><i>Stage Two ESHIA required</i></b> | <b>High positive impact<br/><i>Stage One ESHIA required</i></b> | <b>Medium positive or negative impact<br/><i>Stage One ESHIA required</i></b>    | <b>Low positive, negative, or neutral impact (please specify)<br/><i>Stage One ESHIA required</i></b> |
|---|---|---|--|---|
| <u>Age</u><br>(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 a disability) |   |   | No specific adverse effects identified - Support available for budgeting changes |   |
| <u>Disability</u><br>(please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's disease; physical and/or sensory disabilities or impairments) |   |   | Medium positive impact - Improved alignment with benefits; adjustments available |   |
| <u>Gender re-assignment</u><br>(please include associated aspects: safety, caring responsibility, potential for bullying and harassment)  |   |   |  | Neutral impacts across all categories.  |

|   |  |   |  |  |
|---|--|---|--|--|
|   |  |   |  |  |
| <u>Marriage and Civil Partnership</u><br>(please include associated aspects: caring responsibility, potential for bullying and harassment)  |  |   |  | Neutral impacts across all categories. |
| <u>Pregnancy and Maternity</u><br>(please include associated aspects: safety, caring responsibility, potential for bullying and harassment)   |  |   | Medium positive - Supports budgeting stability |  |
| <u>Race</u><br>(please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)   |  |   |  | Neutral impacts across all categories  |
| <u>Religion or Belief</u><br>(please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)  |  |   |  | Neutral impacts across all categories. |
| <u>Sex</u><br>(please include associated aspects: safety, caring responsibility, potential for bullying and harassment)   |  |   |  | Neutral impacts across all categories. |
| <u>Sexual Orientation</u><br>(please include associated aspects: safety; caring responsibility; potential for bullying and harassment)  |  |   |  | Neutral impacts across all categories. |
| <u>Other: Social Inclusion</u><br>(please include families and friends with caring responsibilities; households in poverty or on low incomes; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities) |  | Positive impacts Supports fairness; but transition anxiety mitigated through tailored support |  |  |
| <u>Other: Veterans and serving members of the armed forces and their families</u>   |  |   |  | Neutral to low positive — clearer      |

|   |  |  |  |   |
|---|--|--|--|---|
|   |  |  |  | budgeting supports financial stability. |
| <u>Other: Young people leaving care</u> |  |  | Neutral to low positive — Stability and transparent charging help independent living |   |

### **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><br><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> |
|--|---|-----------------------------|---|---|
| <p><b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b></p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>                          |   |                             |   | Neutral – Short term anxiety only-term anxiety only             |
| <p><b>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</b></p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p> |   |                             |   | Low positive — Better budgeting may reduce stress               |
| <p><b>Will the policy have a <i>direct impact</i> on the</b></p>   |   |                             |   | Neutral - No change in  |

|  |  |  |  |                                     |
|--|--|--|--|-------------------------------------|
| <p><b>community - social, economic and environmental living conditions that would impact health?</b></p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p> |  |  |  | <p>wider determinants</p>           |
| <p><b>Will there be a likely change in <i>demand</i> for or access to health and social care services?</b></p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p>                             |  |  |  | <p>Neutral — No expected change</p> |

## **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 Stage 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, a Stage One 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 national Protected Characteristic groupings and our additional local categories. 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 Stage One 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.

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 high negative impacts for groupings within the community, the service area would need to take advice on whether or not to carry out a full report, or Stage Two assessment. This is resource intensive but will enable more evidence to be collected that will help the service area to reach an informed opinion.

In practice, Stage 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 or to Strategic Licensing Committee.
- 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 likely positive effects for a group or groupings; and
- What actions you are planning to monitor and 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.

There are nine Protected Characteristic groupings defined in the Equality Act 2010. The full list of groupings is: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion or Belief; Sex; and Sexual Orientation.

There is also intersectionality between these. Eg a young person with a disability would be in the groupings of Age and Disability, and if they described themselves as having a faith they would then also be in the grouping of Religion or Belief. 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.

For the individuals and groupings who may be affected, ask yourself what impact do you think is likely and what actions will you currently anticipate taking, to mitigate or enhance likely impact of the service change? If you are reducing a service, for example, there may be further use you could make of awareness raising through social media and other channels to reach more people who may be affected.

Social inclusion is then a wider additional local category we use in Shropshire, in order to help us to go beyond the equality legislation in also considering impacts for individuals and households with regard to the circumstances in which they may find themselves across their life stages. This could be households on low incomes, or households facing challenges in accessing services, such as households in rural areas, and veterans and serving members of the armed forces and their families, or people that we might consider to be vulnerable, such as young people leaving care or refugee families.

Please note that the armed forces are now a grouping to whom we are required to give due regard under recent Armed Forces legislation, although in practice we have been doing so for a number of years now.

We are now also identifying care leavers as a distinct separate local grouping due to their circumstances as vulnerable individuals.

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.**

*Carry out an ESHIA:*

- If you are building or reconfiguring a building.
- If you are planning to reduce or remove or reconfigure a service.
- If you are consulting on a policy or a strategy.
- If you are bringing in a change to a process or procedure that involves other stakeholders and the wider community as well as particular groupings

*Carry out and record your equality and social inclusion approach:*

- If you are setting out how you expect a contractor to behave with regard to equality, where you are commissioning a service or product from them.
- If you are setting out the standards of behaviour that we expect from people who work with vulnerable groupings, such as taxi drivers that we license.
- If you are planning consultation and engagement activity, where we need to collect equality data in ways that will be proportionate and non-intrusive as well as meaningful for the purposes of the consultation itself.
- If you are looking at services provided by others that help the community, where we need to demonstrate a community leadership approach

### **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 which we are asking service area leads to consider health and wellbeing impacts, 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 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 advice: please contact***

***Lois Dale via email [lois.dale@shropshire.gov.uk](mailto:lois.dale@shropshire.gov.uk), or***

***Phil Northfield via email [Phillip.Northfield@shropshire.gov.uk](mailto:Phillip.Northfield@shropshire.gov.uk)***