



## Equality Impact Assessment

### What is an Equality Impact Assessment (EIA) and why does the County Council do them?

The [Public Sector Equality Duty](#) (PSED) is an obligation within the [Equality Act 2010](#) ("the Act"), which asks public authorities, like Hampshire County Council, to give 'due regard' to equality considerations, in particular to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This includes assessing the impact of policies and practices on individuals and communities with a protected characteristic, as defined in the Act and some other specific groups. The County Council uses EIAs to ensure it has paid 'due regard' to equalities considerations when there are changes to a service or policy, a new project or certain decisions.

EIA author	Position & Department	Contact
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Title:	Universal Family Behaviour Change Service
Related EIAs:	None

EIA for Savings Programme:	No
Service affected	Hampshire County Council Public Health is procuring a pilot of a Universal Family Behaviour Change programme, to support families with children to make changes to their behaviours, lifestyle, and home environments related to healthy weight. This is a new service, with a contract period of 22 July 2024 – 21 July 2027.
Description of the service/policy/project/project phase	Hampshire County Council intends to develop the delivery of an innovative pilot programme, to support families with children aged 2-12 to make sustainable changes to their behaviours, lifestyles, and home environments, with the aim of promoting healthy weight. It will be a preventive Universal Family Behaviour Change service, to provide a focused, small-stepped intervention that supports families to kickstart behaviour change by setting, achieving, and sustaining their own goals. These goals will be related to physical activity, nutrition, and other behaviours that influence healthy weight. The programme will be embedded within community settings across Hampshire and will actively connect families to local assets that support them to make and sustain these changes. It will be available to all families through self- and professional referral. Those accessing the service will be parents, carers, or guardians with children aged 2-12 in a any type or structure of family. The service is intended to work with family units, with the aim of behaviour change having a ripple effect on all family members.
New/changed service/policy/project	Healthy weight for children and young people is a local and national public health priority. Healthy weight and physical activity are beneficial for cardiovascular disease risk factors, fundamental motor skills, psychosocial wellbeing, cognitive development, and school readiness. Obesity is associated with reduced life expectancy and increases the risk of death at any age. It is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, liver and respiratory disease, and many types of cancer. There is good evidence of an association between childhood obesity and adverse impacts on children and young people’s emotional wellbeing and mental health. The wider psychological and social consequences of obesity on families can also be negative. 20.7% of reception-aged children and 32.2% of year 6 children in Hampshire have overweight or obesity (this term is now used to recognise obesity as a health condition that someone has, rather than what someone

'is' and is consistent with language in our Healthy Weight Strategy). Within Hampshire, the prevalence of overweight and obesity in year 6 ranges from 25.9% in Winchester (a less deprived area), to 39.5% in Gosport (a more deprived area). Data from children and young people aged 5-19 in Hampshire shows that around three in ten are 'less active', participating in under 30 minutes of activity per day. Those living in more deprived areas are less likely to be active. However, the evidence for effective prevention of obesity and promotion of healthy weight in children and young people is limited and of mixed quality. There is evidence that services should promote whole family ownership, involve all family members in lifestyle changes regardless of their weight, and foster shared value between children and their parents and carers. The intention of this pilot programme is therefore to test elements of what works according to national research, to build the evidence base for what works in Hampshire, to inform future service plans and decision-making.

## Engagement

This pilot service had a scoping period from May-July 2023. There were several parts to the professional engagement. Firstly, a review of the existing service for children, young people, and families healthy weight in Hampshire, called Health, Exercise, and Nutrition in the Really Young (HENRY). Public Health currently provides part of its ring-fenced grant for the Family Support Service (within Children's Services) to deliver HENRY. Feedback was gathered directly from Family Support Service, and partners who referred into the service including School Nursing, Health Visiting and Barnardo's to identify any issues with current service delivery. Families who participated in HENRY were indirectly consulted, by gathering feedback collected by the Family Support Service.

This engagement found that shared uptake was low and the programme mainly reached families with higher social needs (e.g., safeguarding risks, food insecurity, housing insecurity) who were not able to prioritise a healthy weight intervention. All stakeholders had a positive view of HENRY as a programme, but felt it was not working well or delivering outcomes in Hampshire. It was agreed a universal programme like HENRY is not suited to the needs of families engaging with the Family Support Service. The consultation led to the development of this service, for Universal Family Behaviour Change, as well as a separate project more targeted to families with higher needs. This, as well as the fact that HENRY will be funded until the service starts delivering, means there will not be a gap for families at all levels of need.

Further engagement was carried out to learn from other local authorities with similar demographics to Hampshire, by a literature review of the evidence base on what works to promote healthy weight in children, and by learning from previous local and national engagement with families with overweight or obesity. This also influenced the contents of the service specification.

## Equalities considerations - Impact Assessment

### Age

Impact on public	Positive
Impact on staff	Positive
Rationale	<p>Children aged 2-12 and their parents/carers are being targeted by this programme, because children who have excess weight at this age have a much greater risk of having obesity and ill health in adulthood. Children this age are also less/not able to make behaviour changes independently, and rely on their parents/carers. 62% of adults in Hampshire have overweight or obesity, and this will include many parents. Children of parents/carers with overweight or obesity are at higher risk of overweight and obesity themselves. Therefore, the service will include children at a healthy weight, as well as those above a healthy weight, to be able to include parents with overweight or obesity.</p> <p>The service is a universal public health service, which means it is designed and based on the evidence to be suitable for children and families with low/universal needs (e.g., those that don't need specialist care). We can estimate from Census 2021 data that there are around 160,000 households with dependent children in Hampshire. Based on the most common age of parents giving birth, the majority of parents with children aged 2-12 will be 30-50-years-old. This also overlaps with the age group of adults most at risk of overweight and obesity, which is 40-60-year-olds.</p> <p>Overall, as it is based on a whole-family-approach, the service will have a positive impact on children aged 2-12, and their parents (estimated mostly aged 30-50), as well as child siblings of other ages in the family and older grandparent carers who may experience ripple effects of the programme. The service provider will also be required to signpost other age groups to support as appropriate, such as Hampshire's tier 2 weight management programme for ages 16+, which will have further indirect positive impacts on these age groups.</p>
Mitigation	

### Disability

Impact on public	Positive
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Impact on staff	Neutral
Rationale	<p>This service will have a positive impact on people with disabilities, because both children and adult parents/carers with disability (including physical, mental health, learning disabilities, and learning difficulties including neurodivergent conditions) are at higher risk of overweight and obesity.</p> <p>The service provider is required to make adjustments including all community venues to have a good disability access with reasonable adjustments for delivery of services in place should these be required. The service is also being delivered both face-to-face and online to make it more accessible to those who still may not be able to attend an in-person setting due to their disability. Online delivery and resources are required to meet Web Content Accessibility Guidelines.</p> <p>The service is designed to be tailored to each family's individual needs and goals for behaviour change. This actively includes social, emotional, and environmental barriers to behaviour change that might be more likely to affect children and parents with a disability. The service provider will be required to adapt services to meet any needs arising from disability within a family.</p> <p>To ensure families living with disability are aware of the service and have equal opportunity as families without a disability, the service specification requires all communications and engagement materials to use everyday, jargon-free, and non-judgmental language that is clear and easy to understand by all population groups. In addition, the supplier will develop and implement an accessible communication policy which is in compliance with the Accessible Information Standards. All communications and engagement by the supplier for this service should meet the requirements of this policy.</p>
Mitigation	

## Gender Reassignment

Impact on public	Neutral
Impact on staff	Neutral
Rationale	There will be no change in benefits to this protected characteristic group, over and above

	the current circumstances and over other protected characteristics groups.
Mitigation	

## Pregnancy and Maternity

Impact on public	Positive
Impact on staff	Neutral
Rationale	This service is targeted at families, and the majority of family structures in Hampshire include a mother or maternal caregiver. Maternity, or giving birth and raising children, increases the risk of overweight and obesity, therefore having a programme that actively engages maternal caregivers will therefore have a positive impact on this population.
Mitigation	

## Race

Impact on public	Positive
Impact on staff	Neutral
Rationale	The service is a universal service so will not target any population groups in particular. Nationally, black and some ethnic minority groups are at higher risk of overweight and obesity. This is likely to also apply to Hampshire. Therefore, the service is likely to have a positive impact on black and ethnic minority groups by preventing overweight and obesity in these populations. The service will be personalised to meet each family's needs and goals for behaviour change, which includes considering cultural barriers and culturally appropriate behaviour change techniques. The provider will be required to consider translation services for both resources and programmes if English is not a first language for one or more family members.

	<p>To ensure all families from ethnic minority groups are able to access the service, the service specification requires all communications and engagement materials to use every day, jargon-free, and non-judgmental language that is clear and easy to understand by all population groups.</p> <p>Furthermore, all refugees and Asylum Seekers will be able to access the service and will be supported should there be any barriers. Families with no recourse to public funds will also be able to access the service.</p>
Mitigation	

## Religion or Belief

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>There will be no change in benefits to this protected characteristic group, over and above the current circumstances and over other protected characteristics groups. The service will be personalised to meet each family's needs and goals for behaviour change, which includes considering religious barriers and culturally appropriate behaviour change techniques. The provider will be required to develop an understanding of culturally appropriate healthy weight resources in the local delivery area, such as female-only exercise classes, and signpost families to these as appropriate. The provider is also required to provide a range of programmes at different times of day, to suit family's different needs that may be related to religion. To ensure all families from religious groups are able to access the service, the service specification requires all communications and engagement materials to use every day, jargon-free, and non-judgmental language that is clear and easy to understand by all population groups.</p>
Mitigation	

## Sex

Impact on public	Neutral

Impact on staff	Neutral
Rationale	There will be no change in benefits to this protected characteristic group, over and above the current circumstances and over other protected characteristics groups. Local Joint Strategic Needs Assessment states that overweight and obesity are more common in males compared to females. This is universal programme suitable for both boys and girls, and parents/carers of any gender. The service will be personalised to meet each family's needs and goals for behaviour change, which includes considering gender. The provider will be required to develop an understanding of healthy weight resources in the local delivery area, such as female or male-only exercise classes, and signpost families to these as appropriate.
Mitigation	

## Sexual Orientation

Impact on public	Neutral
Impact on staff	Neutral
Rationale	There will be no change in benefits to this protected characteristic group, over and above the current circumstances and over other protected characteristics groups. The service specification defines family's as broadly as possible, as a self-identified family unit who mainly reside in the same household, and is required not to discriminate against family structures including parents and children of different sexual orientations.
Mitigation	

## Marriage and Civil Partnership

Impact on public	Neutral
Impact on staff	Neutral



Rationale	<p>There will be no change in benefits to this protected characteristic group, over and above the current circumstances and over other protected characteristics groups. The majority of dependent children in Hampshire reside in households with a married or civil partnered couple (approx. 94,000), followed by children in a lone-parent household (approx. 32,000), followed by children in a cohabiting parent household (approx. 25,000), with the smallest number in multiple family households (approx. 12,000). The service specification defines family's as broadly as possible, as a self-identified family unit who mainly reside in the same household, and is required not to discriminate according to the marital or civil partnership status of parents/carers. The service will be tailored to meet the needs of goals of different family structures, with suitable behaviour change techniques.</p>
Mitigation	

## Poverty

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Children and parents/carers living in more deprived areas are more at risk of overweight and obesity. Therefore this service will have a positive impact by promoting and supporting healthy weight. The service provider is required to signpost to a range of agencies to help people access wider support they need to make healthy behaviour changes, such as financial or housing support, which may have indirect positive benefits.</p> <p>The service will be made more accessible to families experiencing poverty. The specification requires the provides to ensure equitable access, promoting inclusion of as many families as possible, as it is a universal offer. It will be delivered in 9 areas across Hampshire, with coverage required county-wide, but the specification supports flexibility in tailoring delivery to need such as in areas of higher deprivation. The specification requires the provider to consider cost and public transport access when selecting community venues, signposting to free/low cost resources only, and have options to be delivered online which reduces travel and transport costs.</p> <p>The service provider will personalise the programme according to the needs and goals of each family, including financial barriers, and take a strengths-based approach to recognise existing resources in the family. The specification also requires the provider to reassure families they are not being judged or stigmatised by engaging with or accessing the service.</p>

Mitigation	

## Rurality

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>There is mixed evidence as to whether rurality increases or decreases children's risk of overweight and obesity, and it is likely to depend more on social deprivation. In Hampshire, children in rural areas might be disadvantaged by having less access to local community resources such as activity clubs and classes. There is also a greater risk of food insecurity as rural families have to travel longer to supermarkets. This risk is increased by families who are more deprived, or living in more deprived rural areas, for example in the New Forest tooth decay in children is higher compared to other areas, which may indicate high sugar intake and/or reduced access to services. This is a universal service, but will have a positive impact on rural areas by providing behaviour change and healthy weight support across the county, with a requirement for equitable delivery in all districts. The provider is required to maximise the accessibility of community venues, which includes selecting those that can be accessed by public transport or active travel. The service will also be delivered online, which means families in isolated rural areas will also be able to access support.</p>
Mitigation	

Geographical Impact:All Hampshire

## Equality Statement

### Additional information:

The Specification requires the Supplier of the service to collect data on the following Key Performance Indicators (KPIs) and Information Requests (IRs). *Note: an Information Request is data that tells us something about the quality and performance of a service that HCC as commissioner wants to understand and monitor, but is not directly under the Supplier's control like a KPI.*

- Engagement, uptake, and completion (as well as disengagement and dropout rates)
- Behaviour change (movement on behaviour change goal set by family)
- Self-reported wellbeing, physical activity, nutrition, knowledge, and confidence
- Feedback from families
- Family connection (signposting to local services, assets, and resources)
- Equality and equity:
  - o Geographical area(Havant, Fareham and Gosport, Hart and Rushmoor, Winchester and Eastleigh, Basingstoke and Deane, East Hampshire, New Forest, Test Valley)
  - o Gender
  - o Sexual orientation of parents/carers
  - o Disability
  - o Children in Care
  - o Unpaid carer responsibilities
  - o Marriage/civil partnership status of parents/carers
  - o Housing status (council/housing association rental, private rental, mortgage/owned outright, shared ownership, supported accommodation, temporary accommodation, other)

This data will be collected and measured by the Supplier through the online referral form, pre- and post-intervention surveys (which will include the wellbeing scale and behaviour change outcome tool), and records of the interventions delivered and attendance. It will be monitored through reporting to Contract and Quality Review Meetings (CQRM) with HCC as commissioner. We expect to make Information Requests every 6-12 months to receive a breakdown of engagement and outcomes by demographic and socioeconomic factors listed above. This will help us monitor equality and equity of the service, and make requests to the Supplier to change/target their service accordingly.

We are also planning to procure an external academic evaluation of this service. The above data will be shared with the evaluator so they can perform further statistic analysis and look for associations related to equality and equity. They also may do further qualitative analysis to understand any barriers and enablers to accessing the service because of protected characteristics or rurality.

## Overview Statement:

A summary assessment to show that due regard to the Public Sector Equality Duty has been paid, which is undertaken when a full EIA is not needed:

EIA reference number: 00582

Date of production of EIA for publication: 03/04/2024