

## 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.

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Title:	Re-Procurement of the Hampshire Public Health Nursing service
Related EIAs:	None
EIA for Savings Programme:	No
Service affected	Hampshire Public Health Nursing services
Description of the service/policy/project/project phase	The current Hampshire Public Health Nursing Service delivered by Hampshire and Isle of Wight Healthcare NHS Foundation Trust, leads the delivery of the Healthy Child Programme (through health visiting, school nursing and the Family Nurse Partnership) supporting babies, children, young people (aged 0-19 and up to 25 for those with SEND or leaving care) and families. The service is open to all babies, children, young people and families in Hampshire. There are currently 69,173 babies and children aged 0-4 in Hampshire and 309,231 children and young people aged 5 to 18 in Hampshire In May, June and July 2025 (contractual quarter 4 of year 5), the universal caseload for the service was 68,168 babies, children and young people aged 0-18 years. In that same contractual quarter, 2,193 were supported at the targeted level and 2,733 at the specialist level. An

	additional 175 young parents and their babies (151) were supported through the Family Nurse Partnership.
New/changed service/policy/project	The current contract expires on 31 March 2027, and Hampshire Public Health is re-procuring the service. Under the Health and Social Care Act 2012, upper-tier local authorities must improve the health of their populations, and delivering the mandated Healthy Child Programme through Public Health Nursing is central to this duty. The service specification has been reviewed and updated in line with national guidance, the evidence base, and local needs, insights and engagement. Public Health Nursing remains a universal service accessible from pregnancy to age 19, or up to 25 for young people with SEND or care leavers. There is no change to eligibility between the current and future contracts. The service continues to deliver the mandated Healthy Child Programme. Although national guidance has been updated, this has not changed the specification. Other mandated elements, the National Child Measurement Programme and contribution to Healthy Start, also remain, with the service required to stay aligned with current guidance. A new mandated element, supervised toothbrushing in targeted early years settings (based on deprivation and focused on 3–4-year-olds), was introduced in 2025 and is now part of this service. The specification requires the provider to follow a continuous quality improvement approach, identifying and responding to need within available resources and recognising that population needs may shift during the contract. The service plays a key role in the wider children’s health and care system responding to changes in the public service landscape. It comprises several services targeting different age groups and needs. Examples include a recently developed speech, language and communication pathway; promoting the home learning environment from birth, delivering Wellcomm for 2-year-olds (introduced in Year 5), and referring to specialist services where needed. This model applies across multiple topics, such as sleep and emotional wellbeing, and will continue under the new contract.

Engagement
<p>To inform the review and future commissioning of the Public Health Nursing (PHN) Service, a comprehensive engagement process was undertaken between May and July 2025. The aim was to gather insights from both service users and professionals to identify what is working well, areas for improvement, and priorities for ongoing delivery.</p> <p><b>Who was engaged and how:</b></p> <ul style="list-style-type: none"> <li>• <b>PHN Workforce:</b> A workshop on 7 May 2025 brought together staff from across the service, representing a range of roles and skill mixes. Participants responded to five key questions about family needs, service strengths, barriers, and potential solutions.</li> <li>• <b>Parents, Carers, Children and Young People:</b> Eight focus groups were held in June and July 2025, providing qualitative insights into lived experiences.</li> <li>• <b>Wider System Stakeholders:</b> Two workshops engaged 34 professionals from partner organisations, service providers, and voluntary sectors.</li> <li>• <b>Public and Professional Respondents:</b> Two online questionnaires were open from 1 June to 10 July 2025, attracting 154 parent/carer responses and 216 practitioner responses across Hampshire and the Isle of Wight.</li> </ul> <p>The service user survey engaged 154 parents and carers, the vast majority of whom were women (~93%), with small numbers identifying as men or preferring not to say. Respondents were predominantly in the 35–44 age group (49%), followed by 25–34 (27%), reflecting typical parenting ages. Most households included children aged 0–4 and 5–11 (each ~57%), and nearly a third (28.5%) reported that a child or young person in the household had SEND.</p>

Self-reported disability showed that around 37% of adults experienced a long-term health condition, with varying levels of impact on daily activities. The ethnic profile was strongly White (95%), with very small proportions identifying as Asian, mixed or another ethnic background. Household income varied widely, but responses were distributed across all brackets, with a substantial proportion earning over £100,000 (18%) and 12% earning less than £30,000. Most respondents identified as heterosexual (91%), with small proportions selecting bisexual, gay/lesbian or “prefer not to say”.

The staff and wider workforce survey engaged 184 respondents across Hampshire. The workforce was overwhelmingly female (~95%), with men representing around 3–4% of respondents, reflecting longstanding national NHS (and in particular nursing) workforce patterns. Staff were mainly aged 45–54 (40%) or 55–64 (27%), indicating a highly experienced workforce with over half (56%) reporting 11 or more years working within or alongside the current Public Health Nursing service. Respondents represented all parts of the service: Health Visiting (57%), School Nursing (39%), and smaller numbers from the Family Nurse Partnership. Many staff also worked in partnership roles, including local authority, primary care, charitable organisations, and other children’s services. This demonstrates that the consultation captured a broad range of professional voices across the children’s health and care system.

**Key themes and outcomes:**

Analysis of feedback identified four overarching themes: Digital, Partnership Working, Service Offer, and Communications and Engagement.

- **Digital:** ChatHealth and the Parent Portal were praised, but improvements were requested in website navigation and extending young people’s chat hours beyond school times.
- **Partnership Working:** Strong collaboration exists between School Nursing and Immunisation teams, but respondents called for better integration with mental health teams, clearer role definitions, and improved information sharing.
- **Service Offer:** Families value the Healthy Child Programme and school nurse clinics, but suggested more proactive, preventative work, specialist roles, neurodiversity training, and enhanced transition support for 16+.
- **Communications:** Families want simpler, more inclusive communication methods, less reliance on QR codes, and greater visibility of School Nurses in schools and community settings.

The consultation will ensure, that where possible, future Public Health nursing services will reflect existing needs, align with national guidance, and address local gaps, creating an even more responsive, equitable, and preventative PHN service.

Equalities considerations - Impact Assessment

Age

Impact on public	Positive
Impact on staff	Neutral
Rationale	The Hampshire PHN service delivers the mandated Healthy Child Programme from pre-birth to 19, & up to 25 for young people with SEND or care leaver status. This universal offer addresses age-specific needs across infancy, early childhood, school age &

adolescence, supporting healthy development, early identification of need, prevention, early intervention & referral to specialist services.

Hampshire has 69,173 children aged 0–4 & 309,231 aged 5–18. These groups require tailored approaches. The first 1001 days are key for physical, cognitive & emotional development, while adolescence brings increased needs linked to mental health, risk behaviours & preparation for adulthood. The future specification continues to embed prevention & early intervention to reduce inequalities & support lifelong wellbeing.

Some elements are age-specific. Healthy Start supports pregnant women & families with children under 4. Wellcomm is provided to 2-year-olds with speech & language needs, & supervised toothbrushing is delivered in targeted early years settings for 3–4-year-olds. The Family Nurse Partnership offers intensive support to young pregnant people aged 16 & under, or up to 18 with additional vulnerabilities such as SEND, overseen by a multi-agency advisory board. Reporting is broken down by age to ensure effective targeting, e.g. infant-feeding-focused healthy weight support for babies under 1, & healthy eating support for 5–19-year-olds. Continuous quality improvement informs service changes, such as improving digital access for young people & reviewing engagement after NCMP checks.

#### **Age-inclusive service design:**

- **Early years:** Antenatal & postnatal contacts promote secure attachment, infant mental health & breastfeeding. Reviews at 9–12 months & 2–2½ years identify needs, support healthy growth & build school readiness.
- **School age:** NCMP in Reception & Year 6 identifies healthy weight issues early. Vision screening in Reception detects problems best treated before age seven. School nurses provide health education, safeguarding & targeted support, including emotional wellbeing at key transitions.
- **Adolescents:** Digital access & confidential advice on mental health, sexual health & risk behaviours are essential. Work is underway to improve digital navigation & extend chat hours to align with young people's routines. Partnership with UNLOC ensures youth voice shapes public health priorities.

The service works within the wider children's health & care system, including Early Help & Best Start Family Hubs, with a digital offer tailored to different life stages.

#### **Workforce considerations:**

The workforce model includes varied roles, apprenticeships & SCPHN training to support progression & retention. Flexible working supports staff with caring responsibilities & those nearing retirement. The service values both newly qualified staff innovation & experienced practitioners, offering development opportunities across all career stages.

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## Disability

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>The Hampshire Public Health Nursing service provides equitable access for babies, children, young people &amp; families living with disabilities or long-term health conditions. This includes physical, sensory &amp; learning disabilities, as well as neurodiverse children &amp; young people. The service operates under the Equality Act 2010 &amp; the Children &amp; Families Act 2014, ensuring reasonable adjustments &amp; inclusive practice.</p> <p><b>Population context:</b>          Around 13.8% of school-aged pupils in Hampshire have SEND, over 24,000 children, many requiring tailored support to access universal health services. Eligibility up to age 25 for young people with SEND or care leaver status supports continuity at key transition points. Mandated contacts delivered through health visiting provide opportunities to identify additional or complex needs, including learning disabilities, physical disabilities, long-term conditions, neurodevelopmental needs &amp; sensory needs. These must be recorded in the child's health record, with referrals to specialist services made where required.</p> <p>Engagement findings show families of disabled children value clear communication, accessible information &amp; consistent advice. Feedback also indicates online navigation &amp; information about support could be clearer. Insights from engagement, routine audits (including SEND audit) &amp; quality assurance visits (e.g. reviewing 2–2½-year checks) inform improvements to strengthen communication, clarify digital information &amp; increase visibility of support routes.</p> <p><b>Service design for disability inclusion:</b></p> <ul style="list-style-type: none"> <li>• <b>Universal &amp; targeted support:</b> Mandated contacts identify additional needs early, enabling referrals to therapies, continence pathways &amp; mental health support.</li> <li>• <b>Adapted communication:</b> Information is available in accessible formats, supported by interpretation &amp; translation services, including BSL.</li> <li>• <b>Digital accessibility:</b> The digital offer will continue to comply with WCAG, supporting accessible appointment booking, information &amp; communication with practitioners.</li> <li>• <b>Integration with SEND pathways:</b> Close working with education, health &amp; social care partners provides joined-up support.</li> <li>• <b>Physical accessibility:</b> Clinics &amp; community venues meet accessibility standards, &amp; home visiting supports families with complex needs.</li> </ul> <p><b>Future enhancements:</b>          The specification will continue embedding co-production to ensure interventions reflect lived experience. Delivery through Best Start</p>

	<p>Family Hubs will provide accessible, inclusive spaces for families with additional needs. Workforce development will strengthen understanding of disability &amp; neurodiversity.</p> <p><b>Impact on staff:</b> Staff require advanced skills in communication, safeguarding &amp; care planning for children with complex needs. Specialist training, digital tools &amp; strengthened multi-agency working will support personalised care. Providers must meet all employer responsibilities for recruiting &amp; supporting staff with disabilities.</p>
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## Gender Reassignment

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>The service is open to all people regardless of gender</p> <p>Information about children, young people &amp; families who are transgender, non-binary or undergoing gender reassignment &amp; who use the Hampshire PHN service is limited. Hampshire-specific prevalence data is not routinely collected. The current specification does not require routine collection of gender identity or gender reassignment data, though it may be recorded when relevant to support &amp; included anonymously in case studies (e.g. a pregnant young person identifying as male in the Family Nurse Partnership). Equality data is reported “where available”, so the dataset is incomplete.</p> <p>National estimates (0.3%–0.5% of the population) indicate that some children &amp; young people in Hampshire may require tailored support. National research also shows higher risks of mental health difficulties, bullying &amp; barriers to healthcare for transgender young people.</p> <p>Current provision includes confidential digital access via ChatHealth, emotional wellbeing support &amp; opportunities for sensitive discussions. Practitioners are trained in inclusive approaches that recognise where protected characteristics may relate to increased risk or need, including safeguarding. Engagement feedback indicates a need for clearer communication about available support &amp; better digital navigation. These areas will be strengthened in the future specification in line with national &amp; local guidance.</p> <p><b>Service design for gender inclusivity:</b></p> <ul style="list-style-type: none"> <li>• <b>Confidential access:</b> Enhanced digital routes will support discreet communication for advice on identity, emotional wellbeing or relationships.</li> <li>• <b>Inclusive communication:</b> Materials avoid assumptions about</li> </ul>

	<p>gender &amp; reflect diverse families &amp; young people.</p> <ul style="list-style-type: none"> <li>• <b>Choice in care:</b> Requests for practitioner gender for sensitive discussions are considered where feasible.</li> <li>• <b>Mental health support:</b> Pathways acknowledge higher rates of anxiety, low mood &amp; self-harm among transgender young people.</li> <li>• <b>Integration with specialist services:</b> Collaboration with CAMHS, sexual health services &amp; voluntary organisations supports timely referral &amp; continuity.</li> <li>• <b>Workforce competence:</b> Training equips staff to deliver respectful, informed, non-judgemental care &amp; challenge stigma or bias.</li> </ul> <p><b>Future enhancements:</b> Co-production with young people will shape digital resources &amp; ensure communication reflects the needs of transgender &amp; non-binary young people. Best Start Family Hubs will continue offering inclusive spaces for families seeking advice or support.</p> <p><b>Impact on staff:</b> Practitioners require confidence in discussing gender identity &amp; supporting young people sensitively. The future model will provide training &amp; guidance to support work involving safeguarding, confidentiality &amp; emotional wellbeing needs. Providers will ensure full compliance with responsibilities for recruitment &amp; ongoing support of staff with gender reassignment.</p>
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## Pregnancy and Maternity

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Supporting families during pregnancy &amp; the early years is a cornerstone of the Hampshire PHN service. This stage shapes a child's physical, emotional &amp; cognitive development &amp; influences long-term wellbeing. The service prioritises early engagement, continuity of care &amp; personalised support across the perinatal period. Pregnancy is also a high-risk time for domestic abuse &amp; safeguarding concerns, requiring sensitive, coordinated intervention.</p> <p><b>Population context &amp; need:</b> Hampshire records around 14,000 births annually. National evidence shows up to 1 in 5 women &amp; 1 in 10 fathers experience mental health challenges during pregnancy or in the first year postpartum. Smoking in pregnancy remains a priority, &amp; domestic abuse risk increases, highlighting the need for proactive, accessible support.</p> <p><b>Future service approach:</b></p> <ul style="list-style-type: none"> <li>• <b>Early identification:</b> Liaison with maternity &amp; primary care, along with mandated antenatal &amp; postnatal contacts, supports effective assessment of pregnant women &amp; babies. These enable early advice, promotion of secure parent–infant attachment &amp; timely referral to specialist services.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Practical support:</b> Healthy Start helps eligible families access essential nutrition. Breastfeeding support is delivered face-to-face &amp; through partnerships with the voluntary sector. Parent–infant relational concerns are triaged into infant mental health pathways. Parents experiencing low mood are supported through group interventions such as <i>Knowing Me, Knowing You</i>.</li> <li>• <b>Reducing risks:</b> ICON (Infants Cry, You Can Cope) &amp; safe sleep guidance are provided at relevant contacts. Referral pathways, including smoking cessation, run alongside safeguarding arrangements for families experiencing domestic abuse.</li> <li>• <b>Integrated care:</b> Close working with maternity services, perinatal mental health teams, Family Help &amp; Best Start Family Hubs creates seamless pathways, reduces duplication &amp; strengthens early intervention for families with additional needs.</li> <li>• <b>Digital innovation:</b> Engagement feedback was positive about the digital offer but highlighted the need for clearer navigation &amp; more flexible contact options. These insights will inform future digital developments &amp; expand opportunities for timely advice.</li> </ul> <p><b>Impact on staff:</b> The service provides an inclusive environment for staff during pregnancy &amp; maternity, including flexible working, reasonable adjustments &amp; phased returns. Clear policies support fair workloads &amp; progression. Staff have access to occupational health, wellbeing resources &amp; digital learning. The future model will continue to offer high-quality training &amp; clinical supervision to support responsive, emotionally informed perinatal care.</p>
Mitigation	

## Race

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>The 0-19 service Health services focuses on the needs of every family, regardless of ethnicity or cultural background. The Hampshire PHN service promotes equitable access to the Healthy Child Programme &amp; supports babies, children &amp; young people from all ethnic groups. This is vital in a county which is becoming more ethnically diverse, especially in Rushmoor &amp; Eastleigh, which have growing Asian communities alongside Hampshire’s predominantly White British (89%) population.</p> <p><b>Population context &amp; need:</b> While Hampshire is less ethnically diverse than many regions, minority communities are increasing. National evidence shows some minority ethnic groups experience higher maternal mortality, lower breastfeeding rates &amp; more difficulty accessing services. JSNA data show diversity concentrated in Rushmoor, Basingstoke &amp; Eastleigh, where mobility, migration &amp; language needs reduce engagement. The PHN workforce model allocates higher staffing where need is</p>

greatest. In Rushmoor, larger numbers of asylum seeker & refugee families require translation support & often present with wider needs (e.g. food, toys, nappies & safeguarding).

**Future service:**

- **Accessible communication:** Written & digital materials in multiple languages, with interpretation including BSL.
- **Culturally sensitive care:** Training ensures practitioners understand cultural norms in infant feeding, immunisation & family roles. Providers must evidence cultural competence & deliver equitable care, including for asylum seeker & refugee families.
- **Addressing disparities:** Tailored engagement, earlier identification & proactive follow-up support families affected by language, deprivation & cultural factors.
- **Community partnerships:** Collaboration with faith, cultural & voluntary organisations strengthens trust, supports key health messages & increases participation in NCMP & breastfeeding support.
- **Digital inclusion:** Online resources will include culturally relevant content & meet accessibility standards.
- **Safeguarding & equality:** Practitioners balance cultural awareness with safeguarding responsibilities.

**Specification requirements:**

Ensure equitable access for protected groups, Provide interpretation/translation, Undertake annual Health Equity Audits, Improve engagement with under-represented groups & Report equality insights quarterly. Parent/carer panels will be replaced with routine insight-gathering from under-represented groups to guide service improvement & accessibility.

**Staff:**

Training covers cultural awareness, anti-discriminatory practice & working with interpreters. Staff development builds confidence in engaging diverse communities, & the service aims to grow a workforce reflecting Hampshire’s population.

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## Religion or Belief

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Faith &amp; belief systems shape family life, health decisions &amp; expectations of care. The Hampshire Public Health Nursing service recognises these influences &amp; ensures services are delivered in ways that respect religious practices while safeguarding health &amp; wellbeing. This approach is essential for building trust, reducing inequalities &amp; improving engagement across Hampshire’s communities.</p> <p><b>Population context &amp; need:</b> Hampshire is predominantly Christian, but diversity is increasing,</p>

with growing Muslim, Hindu, Sikh & Jewish communities, alongside families with no religious affiliation. National & local evidence shows that faith & cultural beliefs can influence decisions around infant feeding, immunisations, attendance at health appointments & acceptance of health advice. The JSNA highlights that families from minority faith groups may experience practical barriers such as language needs, limited familiarity with local services & different cultural expectations of health professionals, which can affect early engagement & uptake of preventive services.

**Future service approach:**

- **Respect for religious practices:** Flexible scheduling accommodates prayer times, fasting such as Ramadan & modesty needs, supporting person-centred care for protected groups.
- **Choice in care:** Families can request same-sex practitioners for sensitive interventions where possible.
- **Tailored health messaging:** Advice on nutrition, infant feeding & physical activity reflects dietary restrictions & cultural norms.
- **Community engagement:** The service works with faith-based organisations & leaders to share health messages & co-design approaches relevant to diverse communities.
- **Inclusive communication:** Materials avoid assumptions about belief systems & use culturally respectful language.
- **Safeguarding balance:** Practitioners are trained to respect beliefs while ensuring safeguarding remains central.

To address JSNA-identified barriers, the service will strengthen interpretation support, improve digital information clarity & expand staff training on faith-related needs. Engagement strategies include proactive outreach to communities with lower uptake, helping identify families earlier & offer support in accessible ways. These actions reflect PHN requirements for culturally competent care, equitable access, annual Health Equity Audits & active work with communities experiencing inequalities.

**Impact on staff:**

The service fosters an inclusive workplace by respecting staff religious beliefs through flexible scheduling, reasonable adjustments & clear anti-discriminatory policies. Training strengthens understanding of faith-related needs & effective work with interpreters, supporting a culture where diversity is valued & staff feel confident assisting families from varied religious backgrounds.

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Sex

Impact on public	Positive
Impact on staff	Neutral
Rationale	Health needs & experiences often differ between sexes, & the Hampshire Public Health Nursing service ensures these differences

inform care without creating barriers. The service delivers interventions that recognise biological & social factors while maintaining fairness, dignity & consistency for all families.

**Population context & need:**

National evidence shows women are more likely to experience perinatal mental health conditions, while adolescent boys more often present with speech & language delays or behavioural concerns. Girls have higher self-harm rates, & boys are more likely to engage in risky behaviours. Mothers remain more likely to attend appointments, despite both parents usually holding parental responsibility. These patterns require a service that responds appropriately without reinforcing stereotypes.

**Future service approach:**

- **Universal provision:** Mandated contacts & health reviews are delivered consistently. Video consultation cannot replace mandated contacts but can involve dads/partners remotely.
- **Targeted support:** Targeted & specialist interventions are based on assessed need. The service will identify if any sex is under-represented & adapt communications accordingly (e.g. tailoring where different sexes typically seek information).
- **Choice & privacy:** Families may request same-sex practitioners for sensitive discussions where operationally possible, & digital platforms offer discreet advice routes.
- **Balanced messaging:** Health education avoids gender stereotypes & uses evidence-based guidance for all children & young people.
- **Integrated pathways:** Links with sexual health services, CAMHS & safeguarding partners ensure timely support for issues disproportionately affecting one sex, including domestic abuse, eating disorders & sexual exploitation.

The PHN specification requires equitable access & consistent delivery of the Healthy Child Programme for all sexes. Implementation is supported through training on sex-specific health needs, standardised assessment tools, digital engagement options enabling fathers & non-birthing parents to participate, & referral pathways for needs more common in one sex. Quarterly reporting & Health Equity Audits monitor differences in access, engagement & outcomes & whether targeted support reduces disparities.

**Impact on staff:**

Practitioners need confidence addressing sex-specific needs while remaining impartial. The service ensures equality of opportunity for staff of all sexes through fair recruitment, progression & workload allocation. While men remain under-represented, the model supports diversity without bias. Training helps staff address sex-specific needs sensitively, while flexible working & wellbeing resources support all practitioners.

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Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Sexual orientation can shape how people experience health services, particularly regarding confidentiality, emotional wellbeing and access to advice. The PHN service ensures all children, young people and families, whether heterosexual, lesbian, gay, bisexual or questioning, receive inclusive, respectful and non stigmatising support.</p> <p><b>Population context and need:</b> National evidence shows LGBTQ+ young people are more likely to face mental health challenges, bullying and barriers to sexual health advice, increasing vulnerability and reducing engagement with services. Same sex parents and carers may also have distinct experiences during pregnancy and early parenthood. The PHN specification does not require routine collection of sexual orientation data, but details of primary carers and significant adults can be recorded when relevant to care.</p> <p><b>Future service:</b></p> <ul style="list-style-type: none"> <li>• <b>Confidential support:</b> Digital platforms such as ChatHealth offer discreet advice and appointment access, and the future specification strengthens digital navigation.</li> <li>• <b>Inclusive health education:</b> Materials reflect diverse relationships and identities, avoiding hetero normative assumptions.</li> <li>• <b>Mental health pathways:</b> Stronger links with emotional wellbeing and mental health teams acknowledge higher rates of anxiety, depression and self harm among LGBTQ+ young people.</li> <li>• <b>Sexual health advice:</b> School nursing teams and digital resources provide inclusive guidance on contraception, STI prevention and healthy relationships, with referrals to specialist services when needed.</li> <li>• <b>Workforce competence:</b> Training promotes non judgemental care, challenges bias and supports safe spaces, covering inclusive communication, diverse family structures and support for young people exploring sexual orientation.</li> </ul> <p>The specification requires providers to ensure equitable access for protected groups, use inclusive communication and deliver care that responds to diverse family structures. Implementation includes targeted workforce training, standardised tools for confidential conversations, strengthened digital pathways and clear referral routes to emotional wellbeing or sexual health services. Quarterly reporting, annual Health Equity Audits and local intelligence such as BeeWell survey data will monitor engagement, outcomes and needs for LGBTQ+ children, young people and families.</p> <p><b>Impact on staff:</b> Practitioners need confidence supporting LGBTQ+ young people and parents or carers, addressing sensitive issues without assumptions. The service ensures all staff are treated with dignity and respect. Policies protect against discrimination and support fairness in recruitment, progression and daily practice. Training and supervision help practitioners manage sensitive conversations, address</p>

	unconscious bias and support colleagues experiencing discrimination. Managers are equipped to respond to staff needs and promote inclusion. Flexible working and wellbeing resources provide practical support for all staff.
Mitigation	

## Marriage and Civil Partnership

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Family structures vary, the PHN service ensures care is inclusive of all parents &amp; carers, regardless of marital or civil partnership status. The service recognises that health needs &amp; caregiving roles may be shared across different arrangements &amp; provides support that reflects this diversity.</p> <p><b>Population context &amp; need:</b> Hampshire families include married couples, civil partners, cohabiting parents &amp; single parents or carers. National evidence shows assumptions about family structure can create barriers to engagement, especially when communication targets one parent or shared responsibility is not recognised. The service is aware of parental conflict &amp; prioritises child health, wellbeing &amp; safety. There is no Hampshire dataset linking PHN use with marital or civil partnership status, but ONS data reports 49.5% of people aged 16+ are married or in a civil partnership.</p> <p><b>Future service:</b></p> <ul style="list-style-type: none"> <li>• <b>Inclusive communication:</b> Correspondence includes all with parental responsibility where appropriate</li> <li>• <b>Flexible engagement:</b> Appointments &amp; digital access allow either parent or carer to join reviews &amp; interventions</li> <li>• <b>Safeguarding awareness:</b> Practitioners recognise risks in complex situations, ensuring child safety remains central</li> <li>• <b>Digital tools:</b> Secure platforms support access to information &amp; booking for more than one parent or carer</li> <li>• <b>Workforce competence:</b> Training strengthens recognition of diverse family structures &amp; reduces bias</li> </ul> <p>Digital access, including ChatHealth &amp; online booking, supports discreet, flexible contact. Parent feedback shows digital tools help both parents stay informed, especially when work patterns or family arrangements limit joint attendance. PHN practice recognises all with parental responsibility, supported by guidance on information sharing &amp; safeguarding. Engagement highlighted the need for clearer digital navigation, consistent inclusion of both parents &amp; better visibility of access routes, which the future specification strengthens.</p> <p>The specification requires equitable access for protected groups, inclusive communication, flexible engagement &amp; stronger digital pathways. Implementation includes staff training, communication protocols capturing details for all with parental responsibility,</p>

	<p>development of digital routes &amp; monitoring through quarterly datasets &amp; the annual Health Equity Audit. Routine insight gathering from under-represented groups will identify needs, such as dads &amp; partners who struggle to attend appointments due to work patterns or separation.</p> <p><b>Staff:</b> Staff need confidence when supporting families with varied roles &amp; responsibilities. The PHN service promotes equality for staff regardless of marital or civil partnership status. Policies ensure relationship status does not affect recruitment, progression or workload. Training &amp; managerial guidance help staff address unconscious bias, manage sensitive dynamics &amp; maintain inclusive practice. Flexible working &amp; wellbeing support are available to all.</p>
Mitigation	

## Poverty

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Economic disadvantage is a strong predictor of poor health outcomes in childhood. The PHN service works to reduce the impact of poverty by embedding equity across delivery. This includes ensuring families facing financial hardship can access high quality care &amp; are supported to engage with wider services such as benefits advice, housing support &amp; community based provision.</p> <p><b>Population context &amp; need:</b> Hampshire is among the least deprived counties in England, but has significant deprivation in Havant, Gosport &amp; Rushmoor. Around 10% of children under 16 live in low income families, more than 30,000 children locally. These families face greater barriers to services, poorer nutrition &amp; increased vulnerability to adverse childhood experiences. The specification does not require routine collection of socioeconomic status, but does require equality reporting where available &amp; an annual Health Equity Audit using indicators such as area level deprivation, Healthy Start uptake, digital engagement &amp; targeted service usage.</p> <p><b>Future service approach:</b></p> <ul style="list-style-type: none"> <li>• <b>Targeted support:</b> Mandated contacts help identify families experiencing financial difficulty, enabling tailored interventions &amp; signposting.</li> <li>• <b>Healthy Start:</b> PHN supports eligible families to access Healthy Start vitamins &amp; vouchers.</li> <li>• <b>Supervised Toothbrushing:</b> Delivered in early years settings in the most deprived areas.</li> <li>• <b>Digital inclusion:</b> Online resources are free. Families experiencing digital poverty can access tools via public libraries &amp; community settings.</li> <li>• <b>Community partnerships:</b> Work with Best Start Family Hubs, baby banks, food banks &amp; voluntary groups strengthens support.</li> </ul>

	<p>• <b>Workforce awareness:</b> Training helps staff recognise financial hardship &amp; respond without stigma.</p> <p>Several measures, including Healthy Start delivery, Supervised Toothbrushing &amp; partnership work with Best Start Family Hubs &amp; voluntary groups, are already in place. Engagement showed digital access helps families with limited time or transport, but clearer navigation &amp; visibility of support routes will improve reach.</p> <p>The PHN specification requires equitable access, targeted support for families with greater vulnerability &amp; stronger digital pathways. Implementation includes workforce training, screening during mandated contacts, strengthened referral routes to welfare services &amp; monitoring through quarterly datasets &amp; the Health Equity Audit. These mechanisms help track whether interventions reduce disparities &amp; improve access for families experiencing socio economic disadvantage.</p> <p><b>Impact on staff:</b> Practitioners need confidence discussing financial challenges &amp; linking families to support. The future model provides referral pathways &amp; tools to address poverty related risks. The service recognises financial hardship may impact staff wellbeing. Policies ensure fair pay structures, access to support schemes such as travel or childcare assistance &amp; visibility of wellbeing resources.</p>
Mitigation	

## Rurality

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Living in a rural area can affect how families access health services. Distance from clinics, limited transport &amp; patchy digital connectivity can make engagement harder. The PHN service works to ensure geography does not determine health outcomes. It adapts to rural contexts through flexible delivery, digital options &amp; local partnerships so the Healthy Child Programme is delivered consistently. Health visiting is mainly a home visiting offer, with some contacts in community clinics to support inclusion &amp; reduce isolation, particularly for families living far from towns. School nursing is delivered in schools or through home visits where this better meets need.</p> <p><b>Population context &amp; need</b> Hampshire includes extensive rural areas, with 22% of residents living in remote communities. These families may experience longer travel, fewer facilities, limited transport &amp; reduced access to specialist support, increasing missed appointments &amp; slower identification of concerns. The JSNA highlights rural transport, distance from services, digital connectivity &amp; community infrastructure as contributors to inequality. The specification includes</p>

measures that respond directly to these needs so rural families receive equitable support.

**Future service approach**

- **Flexible delivery:** Home visits remain central, supported by clinics in community venues & schools. Locality based teams bring PHN services closer to families & improve responsiveness.
- **Digital solutions:** ChatHealth offers discreet support without travel. Video contact, secure accounts, online ASQs, online booking & remote options widen access for those who face frequent travel barriers.
- **Community partnerships:** Work with Best Start Family Hubs & local organisations creates accessible rural support points. Using early years settings, schools & other assets reduces travel & provides familiar places for families to seek help.
- **Transport considerations:** PHN will work with partners to identify options, including signposting to community schemes. When barriers arise, staff adapt delivery through home visits, digital follow up or mixed models.
- **Workforce planning:** Teams will be deployed efficiently across rural areas. Mobile working tools & mapped caseloads support timely contact & continuity across dispersed communities.

**Impact on staff**

Rural delivery requires flexibility, confidence using technology & awareness of lone working. Recruitment will prioritise practitioners able to work in mixed models combining home visits, clinics & digital engagement. Digital scheduling, mapping tools & mobile working equipment reduce travel burdens & support efficient caseload management. Training & policies support remote communication, safety & wellbeing, especially for staff working across isolated locations. The specification’s emphasis on digital infrastructure, mobile working & locality based teams ensures rural workloads remain manageable & service continuity is maintained.

Mitigation

Geographical Impact:All Hampshire

Equality Statement

Additional information:

The Hampshire Public Health Nursing service is universally open to all babies, children, young people and families in Hampshire, and provides equitable service delivery ensuring those with protected characteristics and/ or specific vulnerabilities are supported to achieve the same positive health outcomes as those without them.

Equality information: quarterly datasets will include service user case studies. These provide the opportunity to highlight areas of learning and areas of good practice to share more widely enabling continual quality improvement. Routine audits including the annual health equity audit and routine quality assurance visits result in identified actions that are then monitored through routine contract management. Where learning is relevant to groups with protected characteristics these will be recorded and monitored to ensure the expected improvements are realised with a continual learning ethos.

## 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: 01016

Date of production of EIA for publication: 08/01/2026