

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
Daisy Brown	Policy and Engagement Officer Adults' Health and Care	daisy.brown@hants.gov.uk

Title:	Hampshire Dementia Strategy
Related EIAs:	None
EIA for Savings Programme:	No
Service affected	Adults' Health and Care Dementia Strategy
Description of the service/policy/project/project phase	This project provides strategic direction and coordination for the development of a joint Hampshire Dementia Strategy, setting out a shared, system wide approach to improving outcomes for people affected by dementia and their carers across Hampshire. The Strategy will be structured around the NHS England Dementia Well Pathway: Preventing Well, Diagnosing Well, Living Well, Supporting Well and Dying Well. A multiagency Steering Group, including Health, VCSE and the County Council, has been established to oversee the development of the Strategy. The group will ensure that the Strategy is evidence based and informed by data to improve understanding of current and future demand, capacity, and variation in access or outcomes. All members share responsibility for ensuring that equality considerations are embedded throughout and that the Strategy supports fair and consistent access to services at every stage of the dementia journey. Meaningful

	co production is central to the project. The group will steer engagement with people with lived experience of dementia, including carers, as well as professionals from health and social care and the Voluntary and Community Sector.
New/changed service/policy/project	This project introduces a new, system level programme to develop a Hampshire Dementia Strategy. Unlike operational service changes, the project does not create, remove, or immediately alter individual dementia services. Instead, it establishes a coordinated strategic framework to shape how services are planned, commissioned, and improved going forward. Currently, dementia support is delivered across a range of organisations and service areas, which can result in variation in access, experiences, and outcomes. The new approach brings these elements together under a single, shared strategy, providing clearer system wide priorities, improved alignment between partners, and a more consistent approach to the dementia pathway. The key difference introduced by this project is the move from a largely fragmented system to a more coordinated and integrated model, with shared principles, improved pathway clarity, and a stronger emphasis on equity and consistency across Hampshire.

Engagement
A range of methods have been used and are planned, including: <ul style="list-style-type: none"> • Formal Survey – A survey run by Hampshire County Council, was open from 9 March to 12 April 2026. The survey was designed to understand what matters most to Hampshire residents across the five dementia pathway chapters. A total of 775 responses were received. • Community Researchers – The Community Researchers have been tasked to engage with ethnic minority community groups across the county. • Engagement via established groups – Engagement is taking place through existing partner and community networks, including VCSE organisations and groups linked to Chapter Group members. This enables insight to be gathered from people in familiar and trusted settings, particularly those less likely to engage through formal consultation methods. Feedback is being collated and shared across partners to inform Strategy development. • Focus groups, workshops, and individual meetings – A number of workshops have already taken place as part of early engagement activity, led by Chapter Groups and partner organisations. Further focus groups and engagement sessions are planned and will continue to be delivered collaboratively across organisations, both virtually and face-to-face in accessible settings, throughout Spring and Summer 2026. These sessions will provide more detailed qualitative insight to complement survey findings.

Equalities considerations - Impact Assessment

Age

Impact on public	Positive
Impact on staff	Neutral
Rationale	Dementia predominantly impacts older people, making age a key factor in considering the Strategy's impacts. The Strategy aims to

improve equity, consistency, and access across the dementia pathway, offering benefits through earlier diagnosis, clearer pathways, and better-coordinated services. It may also benefit younger people with early onset dementia, who can face exclusion from age-specific services.

Hampshire has an older population profile than England overall. In 2021, its population was 1,400,899. A smaller proportion are aged 0–19 (22% vs. 23.1% in England) and 20–34 (16.6% vs. 19.6%), while a higher proportion are aged 65+ (21.7% vs. 18.3%). This includes more of the ‘oldest old’, with around 304,000 residents aged 65+. This highlights the likely scale of benefit if the Strategy improves access and coordination.

Dementia prevalence increases significantly with age, rising sharply from around 65 and particularly in those aged 80+. Areas with older populations therefore face higher demand for diagnosis, support, and care. Hampshire’s population structure, including its older age profile, has implications for current and future demand across the pathway.

There is also variation locally. For example, the proportion aged 65+ ranges from 29.3% in New Forest to 15.1% in Rushmoor, indicating uneven demand and reinforcing the need for consistent multi-agency delivery alongside local tailoring.

There remains a risk that older people—particularly those with frailty, cognitive impairment, sensory loss, or limited digital access—could be disadvantaged where systems rely on independence or online access. This affects engagement, information access, referrals, and service navigation.

The Strategy’s five chapters are expected to reduce age-related inequalities over time. Preventing Well supports healthier ageing and risk reduction. Diagnosing Well improves timely access to diagnosis. Supporting Well strengthens coordinated care. Living Well promotes independence and social connection. Dying Well improves person-centred end-of-life care.

Staff impacts are expected to be neutral overall, though there may be indirect positive effects through prevention, including improved awareness and reduction of risk factors such as cardiovascular disease among working-age adults.

Data Sources:

- [Equality Act 2010](#)
- [2021 Census](#) | [Environment](#) | [Hampshire County Council](#)

Mitigation

Disability

Impact on public	Positive
Impact on staff	Neutral

Rationale	<p>Dementia is recognised as a progressive disability under the Equality Act 2010. Individuals are considered disabled from the point symptoms have a substantial and long-term impact on day-to-day activities, regardless of formal diagnosis. This includes cognitive impairment and related mental health conditions. People living with dementia are therefore protected under disability legislation, and the Strategy’s focus on earlier access, reasonable adjustments, and coordinated pathways is expected to have a positive impact.</p> <p>Census 2021 data highlights the scale of disability. Across the Hampshire and Isle of Wight ICB, 17.2% of residents are classified as disabled, in line with England (17.3%). In Hampshire, around 17.0% of residents are disabled, reflecting a substantial population experiencing limitations from long-term conditions. There is local variation, with higher rates in Gosport (20.4%) and Havant (19.9%), and lower rates in Hart (12.9%), demonstrating inequalities across the system.</p> <p>Dementia is a significant and growing contributor to disability, particularly in older populations, and its impact will increase as the population ages. Nationally, around 483,000 people aged 65+ had a recorded dementia diagnosis in 2024 (4.2% prevalence). As dementia progresses, individuals experience increasing limitations, underlining the need for accessible, coordinated, and responsive support.</p> <p>These factors indicate the potential scale of benefit. Effective delivery of earlier diagnosis, reasonable adjustments, and coordinated care is likely to have a net positive impact for disabled residents.</p> <p>The Strategy aims to improve outcomes for people living with dementia, unpaid carers, and those affected by cognitive decline. It supports disabled people by reducing barriers, improving access, and delivering more personalised care.</p> <p>Its five chapters contribute to improved outcomes:</p> <ul style="list-style-type: none"> • Preventing Well: Reduces risks and supports healthier ageing, helping delay disability impacts. • Diagnosing Well: Improves timely, accessible diagnosis and enables earlier access to rights and support. • Supporting Well: Strengthens joined-up services, particularly for those with complex needs. • Living Well: Promotes independence and inclusive, dementia-friendly communities. • Dying Well: Improves coordinated, person-centred end-of-life care. <p>Hampshire’s ageing population means many people with dementia also have additional conditions or disabilities. A consistent focus on accessible communication and multi-agency working can reduce inequalities and improve outcomes.</p> <p>There remains a risk that, without consistent implementation of reasonable adjustments, disabled people—particularly those with</p>
-----------	---

	<p>complex communication, behavioural, or sensory needs—may continue to face barriers in access, engagement, and support.</p> <p>Data sources:</p> <ul style="list-style-type: none"> • Equality Act 2010 • 2021 Census Environment Hampshire County Council • Dementia maps - Dementia Statistics Hub
Mitigation	

Gender Reassignment

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>In Hampshire, 95.0% of residents aged 16+ reported that their gender identity was the same as their sex registered at birth. Around 0.5% reported a different gender identity, while 4.6% did not respond. This is slightly lower than England overall (0.6% and 6.0%). The small size of this group, alongside disclosure limitations, means dementia-related impacts are likely to affect relatively few individuals and cannot be reliably quantified at local level.</p> <p>However, evidence highlights specific challenges for people undergoing gender reassignment who develop dementia. Cognitive decline may affect awareness of gender identity or transition history, potentially causing confusion or distress if not appropriately supported. Individuals may forget they have transitioned or revert to earlier life experiences where their identity was not affirmed. There is also a risk of unintended disclosure, as people may forget who they have shared information with, leading to anxiety or vulnerability.</p> <p>Memory difficulties may affect the management of hormone therapy, with potential health implications. As dementia progresses, individuals may also relive earlier experiences of stigma or discrimination, which can impact wellbeing and interactions with services. While numbers are small, these factors indicate a risk of indirect disadvantage where services do not take account of identity and personal history.</p> <p>The Strategy is therefore assessed as having a neutral overall impact, dependent on inclusive, person-centred implementation that avoids assumptions about gender identity.</p> <p>The five chapters support this:</p> <ul style="list-style-type: none"> • Preventing Well: Population-level approach; neutral if messaging is inclusive. • Diagnosing Well: Improves access and consistency; neutral, with inclusive practice important.

	<ul style="list-style-type: none"> • Supporting Well: Promotes coordinated, person-centred care that respects identity. • Living Well: Encourages inclusive communities and avoids gendered assumptions. • Dying Well: Emphasises dignity and respectful recognition of identity. <p>While overall impact is neutral, implementation must reinforce inclusive and non-discriminatory practice. Engagement and communication approaches should remain accessible and welcoming to all communities to minimise unintended barriers.</p> <p>Data sources:</p> <ul style="list-style-type: none"> • Equality Act 2010 • 2021 Census Environment Hampshire County Council – Gender Identity TS078 • Memory problems LGBTQ+ people with dementia may experience Alzheimer's Society
Mitigation	

Pregnancy and Maternity

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>The Strategy is designed to improve coordination, consistency, and quality across the dementia pathway. It does not introduce eligibility criteria, service changes, or engagement requirements that differentiate based on pregnancy or maternity status. Consequently, no direct or indirect differential impact is anticipated, and the overall public impact is assessed as neutral.</p> <p>While dementia most commonly occurs later in life, a small number of people experience young-onset dementia (typically defined as diagnosis under the age of 65). In rare cases, individuals with young-onset dementia may be of child-bearing age, pregnant, post-natal, or have caring responsibilities for young children. These circumstances are expected to be uncommon and would be addressed through existing health, maternity, safeguarding, and family support pathways alongside dementia services. They do not constitute a structural or disproportionate impact on pregnancy or maternity as a protected characteristic and therefore do not alter the neutral assessment.</p> <p>The relevance of pregnancy and maternity to the Strategy is limited across its five chapters:</p> <p>Preventing Well</p> <ul style="list-style-type: none"> • Focuses on long-term population health and dementia risk reduction.

	<ul style="list-style-type: none"> • No specific interaction with pregnancy or maternity, resulting in a neutral impact. <p>Diagnosing Well</p> <ul style="list-style-type: none"> • Aims to improve access, timeliness, and consistency of dementia diagnosis. • Pregnancy or maternity status is not a determining factor in diagnostic pathways. <p>Supporting Well</p> <ul style="list-style-type: none"> • Emphasises coordinated, person-centred support for people living with dementia. <p>Living Well</p> <ul style="list-style-type: none"> • Focuses on promoting independence, inclusion, and quality of life. • No anticipated impact related specifically to pregnancy or maternity. <p>Dying Well</p> <ul style="list-style-type: none"> • Addresses end-of-life care and coordination. • Pregnancy and maternity are not relevant considerations in the design or delivery of these services. <p>Overall, the neutral impact assessment reflects the absence of evidence linking pregnancy or maternity to increased dementia-related need, the age profile of the affected population, and the high-level nature of the Strategy.</p> <p>Data Sources:</p> <ul style="list-style-type: none"> • Equality Act 2010 • Primary Care Dementia Data, January 2025 - NHS England Digital • Dementia statistics - Office for National Statistics
Mitigation	

Race

Impact on public	Positive
Impact on staff	Neutral
Rationale	Race and ethnicity are protected characteristics under the Equality Act 2010. National evidence shows that people from some ethnic minority backgrounds are less likely to receive a timely dementia diagnosis and may face barriers in accessing support. These inequalities are linked to cultural perceptions, stigma, language barriers, differing help-seeking behaviours, and unequal access to services, rather than lower need. Studies also indicate lower recorded diagnosis rates among some groups, including Black and South Asian

communities, despite comparable or higher prevalence of key risk factors such as hypertension and diabetes.

Cultural attitudes towards dementia vary, and symptoms may sometimes be viewed as a normal part of ageing or managed within families, delaying diagnosis and access to care. Language barriers and limited culturally appropriate information can further restrict engagement with services.

Census 2021 data shows Hampshire is less ethnically diverse than England overall, with 92.6% of residents identifying as White (81.0% nationally). However, there are smaller but locally significant ethnic minority populations, including 3.8% Asian and 1.0% Black residents, concentrated in areas such as Rushmoor, Basingstoke and Deane, and Eastleigh.

The Strategy's focus on equity, consistency, and earlier access provides an opportunity to address these inequalities and support improved outcomes for ethnic minority residents.

Across the five chapters:

- **Preventing Well:** Supports inclusive risk reduction through culturally appropriate messaging.
- **Diagnosing Well:** Improves timely and consistent diagnosis, with potential to reduce disparities through clearer pathways and outreach.
- **Supporting Well:** Strengthens multi-agency coordination, reducing complexity that can disproportionately affect those less familiar with services.
- **Living Well:** Promotes inclusive, dementia-friendly communities and improves access to local support.
- **Dying Well:** Supports person-centred care that reflects cultural values, communication needs, and family roles.

Overall, the Strategy is expected to have a positive impact by improving equity of access and reducing barriers to diagnosis and support. This is particularly important in Hampshire, where smaller but locally concentrated ethnic minority populations may otherwise be at risk of under-representation in services. Delivering culturally appropriate engagement will be key to achieving these benefits.

Data Sources:

- [Equality Act 2010](#)
- [2021 Census | Environment | Hampshire County Council](#) – TS021 Ethnic group and TS022 Ethnic group (detailed)
- [Dementia Profile | Fingertips | Department of Health and Social Care](#)
- [Primary Care Dementia Data - NHS England Digital](#)
- [NHS England » RightCare dementia scenario](#)
- [Ethnicity and dementia risk - Alzheimer's Research UK](#)
- [ethnic minorities increasing access to diagnosis.pdf](#)

Mitigation

Religion or Belief

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>Census 2021 data shows that Hampshire’s population is broadly reflective of national patterns but with a higher proportion of residents identifying as Christian or having no religion, and smaller proportions identifying with minority faiths compared with England overall. Minority faith populations (including Muslim, Hindu, Sikh, Buddhist and Jewish communities) are smaller at county level but geographically concentrated in specific localities such as Rushmoor and areas within the wider system footprint (including Southampton). This pattern is consistent with England-level settlement trends and does not indicate differential need in relation to dementia prevalence itself.</p> <p>The Strategy’s five chapters support a neutral but responsive approach:</p> <p>Preventing Well</p> <ul style="list-style-type: none"> • Focuses on population-level risk reduction. • No interaction with religion or belief; neutral impact. <p>Diagnosing Well</p> <ul style="list-style-type: none"> • Promotes timely and consistent diagnosis. • Cultural and faith contexts may influence help-seeking, but no differentiation is introduced by the Strategy. <p>Supporting Well</p> <ul style="list-style-type: none"> • Emphasises person-centred, coordinated support. • Provides scope to recognise spiritual preferences, family decision-making, and belief-based needs where relevant. <p>Living Well</p> <ul style="list-style-type: none"> • Supports inclusion, independence, and quality of life. • Enables individuals to continue faith or belief practices where meaningful to them. <p>Dying Well</p> <ul style="list-style-type: none"> • Focuses on compassionate, person-centred end-of-life care. • Supports recognition of religious or spiritual preferences without imposing standardised approaches. <p>Overall, the neutral impact assessment reflects the absence of evidence of disproportionate effect by religion or belief, combined with the Strategy’s explicit emphasis on personalised care that can accommodate individual faith or belief preferences as part of routine practice.</p>

	<p>Data Sources:</p> <ul style="list-style-type: none"> • Equality Act 2010 • 2021 Census Environment Hampshire County Council – Religion (TS030 and TS031) • NHS England » Dementia – Dementia Well Pathway guidance • Alzheimer’s Society – Culture, faith and dementia (UK)
Mitigation	

Sex

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Sex is a protected characteristic under the Equality Act 2010 and reflects the sex recorded in the Census (female or male). Hampshire’s overall profile broadly mirrors England, with a small female majority (51.1% female; 48.9% male), similar to national patterns.</p> <p>Differences become more pronounced in older age groups. In Hampshire, 54.3% of those aged 65+ are female, increasing to 61.7% among those aged 85+. A similar pattern is seen nationally. This reflects longer female life expectancy and means women make up a larger proportion of the population most affected by dementia.</p> <p>While the overall sex split is consistent, some local variation exists, with areas such as New Forest having a slightly higher proportion of females and others, such as Rushmoor, more evenly balanced.</p> <p>These patterns indicate that dementia will affect women in greater numbers, particularly in later life, although both sexes are impacted across the pathway. The Strategy’s focus on prevention, earlier diagnosis, coordinated support, and accessible services is expected to have a positive impact for both women and men by improving access and navigation.</p> <p>At this strategic stage, impacts are indirect and will be realised through future service delivery. There is a risk that assuming a standard pathway could overlook sex-related differences, including variations in caring roles, service engagement, and support needs. Ongoing monitoring of access, experience, and outcomes by sex will therefore be important to ensure equitable delivery.</p> <p>The Strategy’s five chapters support this by:</p> <ul style="list-style-type: none"> • Preventing Well: Promotes risk reduction and healthier ageing across the population, with potential greater benefit for women due to older age profiles. • Diagnosing Well: Improves timely and accessible diagnosis, particularly relevant for older populations. • Supporting Well: Strengthens coordinated, multi-agency support for individuals and families.

	<ul style="list-style-type: none"> • Living Well: Promotes independence and inclusion for people living with dementia. • Dying Well: Supports coordinated, person-centred end-of-life care. <p>Staff impacts are expected to be neutral overall. While dementia mainly affects older populations, staff may benefit indirectly from prevention and health promotion supporting healthier ageing.</p> <p>Data Sources:</p> <ul style="list-style-type: none"> • Equality Act 2010 • 2021 Census Environment Hampshire County Council – specifically TS008 population by sex and TS009 sex by single year of age.
Mitigation	

Sexual Orientation

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>Census 2021 data shows that in Hampshire, 91.3% of residents aged 16+ identified as straight or heterosexual, compared with 89.4% in England. Around 2.6% identified as lesbian, gay, bisexual or another sexual orientation (3.1% nationally), with 6.2% not responding. While the LGBT+ population is slightly smaller than the national average, it remains a measurable group, with higher concentrations in some urban areas.</p> <p>Evidence indicates that LGBT+ individuals may face specific challenges when living with dementia. These include stigma, discrimination, and fear of judgement when accessing services, particularly where there have been prior negative experiences. This may reduce engagement with services and delay diagnosis.</p> <p>LGBT+ people are also more likely to live alone or experience social isolation, meaning early symptoms may go unnoticed and support networks may be more limited. Dementia can affect a person’s ability to maintain identity and relationships, potentially leading to distress if sexual orientation is not recognised or respected. There is also a risk that important relationships may be overlooked, particularly where individuals rely on “families of choice” rather than biological relatives.</p> <p>These factors highlight a risk of indirect disadvantage in access, engagement, and person-centred care if services are not inclusive.</p> <p>The Strategy is therefore assessed as having a neutral overall impact, dependent on implementation that promotes inclusive practice and recognises diverse identities and relationships.</p> <p>The five chapters support this by:</p>

	<ul style="list-style-type: none"> • Preventing Well: Population-level approach; neutral impact. • Diagnosing Well: Improves access and consistency; neutral, though inclusive practice remains important. • Supporting Well: Promotes coordinated, person-centred support with recognition of diverse relationships and support networks. • Living Well: Encourages inclusive communities and addresses social isolation. • Dying Well: Supports dignity, communication, and recognition of significant relationships in end-of-life care. <p>Overall, while there is no evidence of disproportionate dementia prevalence by sexual orientation, there remains a risk of inequality if services are not delivered inclusively. The Strategy emphasises person-centred approaches, inclusive communication, and recognition of diverse identities and relationships, alongside monitoring of lived experience to address any unintended barriers.</p> <p>Data Sources:</p> <ul style="list-style-type: none"> • Equality Act 2010 • 2021 Census Environment Hampshire County Council – Sexual orientation (TS077) • Dementia in the LGBT+ community - Dementia UK
Mitigation	

Marriage and Civil Partnership

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>The Dementia Strategy does not introduce eligibility criteria, service pathways, or access mechanisms that differentiate on the basis of marriage or civil partnership status. On this basis, the overall public impact is assessed as neutral.</p> <p>Census 2021 data on legal partnership status provides a robust population-level context. In Hampshire, around 50.9% of residents are married or in a registered civil partnership, compared with 44.7% in England, reflecting the county’s older age profile and settlement patterns. Approximately 30.7% of Hampshire residents have never been married or in a civil partnership, and 9.7% are divorced or have had a civil partnership dissolved, with 6.6% widowed. Same-sex marriages and registered civil partnerships represent a small proportion of the total population, consistent with national patterns, and are distributed across the county.</p> <p>Household-level data indicates that Hampshire has a relatively high proportion of couple-based households, with 64.3% of residents aged 16 and over living in as a couple and 50.4% married or in a civil partnership (Census 2021). 35.7% are not living in as a couple, including single, divorced, and widowed residents, with higher proportions in urban areas.</p>

At a strategic level, the Dementia Strategy neither advantages nor disadvantages any group based on marriage or civil partnership status. Its emphasis on coordinated support, carers' needs, and personalised planning provides a framework that can respond flexibly to different household and relationship arrangements.

The Strategy's five chapters support a neutral impact:

Preventing Well

- Applies at a population level without reference to marital or partnership status.
- Neutral impact.

Diagnosing Well

- Focuses on timely and equitable access to diagnosis.
- Legal partnership status does not influence diagnostic pathways.

Supporting Well

- Recognises the role of carers and informal support networks.
- Able to respond to diverse household and relationship circumstances.

Living Well

- Supports independence, inclusion, and community engagement.
- Neutral impact across different household compositions.

Dying Well

- Emphasises dignity and person-centred end-of-life care.
- Supports recognition of legally significant relationships and nominated decision-makers without imposing assumptions.

Overall, the neutral impact assessment reflects the absence of evidence of disproportionate effect by marriage or civil partnership status, alongside recognition of varied informal support arrangements that are addressed through person-centred practice rather than differential service design.

Data Sources:

- [Equality Act 2010](#)
- [2021 Census | Environment | Hampshire County Council](#) – Legal partnership status (TS002) Household composition (TS003) and Household size (TS017)

Mitigation

Poverty

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Poverty is not a protected characteristic under the Equality Act 2010; however, it is a key socioeconomic factor influencing health outcomes, access to services, and lived experience of dementia.</p> <p>The Dementia Strategy does not define eligibility based on income, employment, or deprivation. However, it operates within a wider system where socioeconomic conditions affect how people access and benefit from services. The overall public impact is therefore assessed as positive, reflecting the Strategy’s potential to reduce barriers to diagnosis, support, and care.</p> <p>Census 2021 provides proxy indicators of socioeconomic variation across Hampshire. While Hampshire is relatively affluent overall, there are notable differences between districts and communities.</p> <p>Housing indicators show variation in financial security and living conditions. Areas with higher levels of rented housing and smaller or higher-density accommodation may face greater challenges in adapting homes for dementia-related needs. Central heating type also indicates differences in housing quality and exposure to fuel poverty.</p> <p>Educational attainment highlights longer-term inequality. Hampshire has a lower proportion of residents with no qualifications than England overall; however, some areas have higher levels, which are associated with reduced health literacy and more difficulty navigating services.</p> <p>These factors suggest that people experiencing socioeconomic disadvantage may face:</p> <ul style="list-style-type: none"> • Barriers to accessing and navigating services • Reduced financial resilience to manage care needs • Increased reliance on publicly provided or community support <p>The Strategy’s five chapters provide mechanisms to mitigate these risks:</p> <p>Preventing Well</p> <ul style="list-style-type: none"> • Population-level prevention efforts can reduce long-term inequalities by targeting risk factors more prevalent in deprived communities. <p>Diagnosing Well</p> <ul style="list-style-type: none"> • Commitment to timely and equitable diagnosis helps counter the tendency for later diagnosis in lower-income groups. <p>Supporting Well</p> <ul style="list-style-type: none"> • Emphasis on coordinated, accessible services supports people who may lack private resources.

	<p>Living Well</p> <ul style="list-style-type: none"> • Community-based and voluntary sector support can reduce isolation and financial pressure. <p>Dying Well</p> <ul style="list-style-type: none"> • Person-centred, needs-based end-of-life care helps ensure dignity regardless of ability to pay or advocate. <p>Overall, the Strategy is expected to have a positive impact by reducing socioeconomic barriers to accessing dementia care. While wider structural inequalities remain beyond its direct control, its universal and needs-based approach is likely to provide proportionately greater benefit to those experiencing poverty.</p> <p>Data Sources:</p> <ul style="list-style-type: none"> • Equality Act 2010 • 2021 Census Environment Hampshire County Council – Car or van availability (TS045), Accommodation type (TS044), Housing tenure (TS054), Central heating type (TS046) and Highest level of qualification (TS067)
Mitigation	

Rurality

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Rurality is not a protected characteristic under the Equality Act 2010. However, geographic location is a recognised determinant of access to services, experience of care, and outcomes. Hampshire includes significant rural and semi-rural areas, meaning access to dementia support varies by location.</p> <p>Census 2021 data highlights how rural living shapes service access. Rural areas tend to have dispersed populations, greater travel distances, and more limited public transport. These factors can contribute to delayed diagnosis, reduced access to services, and increased reliance on informal care.</p> <p>In Hampshire, 13.3% of households (approx. 1 in 8) have no access to a car or van, compared with 23.5% in England (almost 1 in 4). While this is lower overall, rural areas remain highly car-dependent due to limited alternative transport options. When individuals with dementia lose the ability to drive, this can significantly reduce independence and access to support.</p> <p>Living arrangements also differ. Rural areas tend to have higher proportions of older couples and older people living alone. This can increase risks of social isolation, delayed identification of need, and</p>

greater pressure on informal carers, particularly where family support is distant.

Additionally, rural areas have fewer communal establishments and more people living in private households, meaning fewer routine contact points with services. This increases the importance of proactive outreach and clear, accessible pathways.

The Dementia Strategy is expected to have a positive impact in rural areas by improving coordination, access, and clarity of support. This is particularly important where services are geographically dispersed.

The Strategy's five chapters are relevant to rural equity:

Preventing Well

- Community-based and place-based approaches support rural engagement.

Diagnosing Well

- More consistent pathways reduce variation and delays.

Supporting Well

- Better coordination reduces complexity across services.

Living Well

- Community and voluntary support to help address rural isolation.

Dying Well

- Coordinated care supports equitable end-of-life experiences regardless of location.

Overall, while rurality presents structural access challenges, the Dementia Strategy is expected to deliver a positive public impact by reducing geographic inequalities and improving consistency of support for people living with dementia in rural areas.

Data Sources:

- [2021 Census | Environment | Hampshire County Council](#) – Car or van availability (TS045), Living arrangements (TS010), Household composition (TS003) and Residents in households and communal establishments (TS001).

Mitigation

Geographical Impact: All Hampshire

Equality Statement

Additional information:

The Hampshire Dementia Strategy is being developed as a joint, system-wide strategy rather than a single-organisation initiative. While Hampshire County Council has a key role in leading and coordinating the work, the Strategy is intended to be jointly owned and influenced by partners across health and social care, including the NHS and the Voluntary and Community Sector.

This shared approach recognises that responsibility for addressing inequalities experienced by people affected by dementia sits across the wider system and cannot be achieved by one organisation alone. Equality considerations will therefore need to be embedded consistently across partner organisations involved in the planning, commissioning, and delivery of dementia-related services.

Governance arrangements for the development and oversight of the Strategy will support joint accountability and provide opportunities to review equality impacts as the work progresses and as further evidence and engagement findings become available. Oversight is expected to sit with the Dementia Strategy Steering Group, with reporting into appropriate governance structures (to be confirmed).

The impacts of the Strategy, including equality considerations, will be monitored on an ongoing basis through these governance arrangements. Monitoring is expected to take place on a regular basis (quarterly, to be confirmed), with flexibility to respond to emerging risks or identified inequalities.

A combination of quantitative and qualitative indicators is likely to be used to assess impact, including:

- Access to services (referral rates, diagnosis rates, waiting times)
- Experience and outcomes for people with dementia and unpaid carers
- Variation in access and outcomes across localities and population groups
- Reach and inclusivity of engagement and co-production activity
- Feedback and insight from lived experience

Where possible, data will be analysed by protected characteristics and other groups identified within this assessment (rurality, deprivation) to identify any emerging inequalities. Findings will inform ongoing implementation, helping to ensure the Strategy delivers equitable outcomes and to identify where further action may be required.

The Equality Impact Assessment will be treated as a live document and reviewed alongside the Strategy as it develops, with updates made as new data, evidence, and engagement findings become available.

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: 01152

Date of production of EIA for publication: 29/05/2026