



H&F Equality Impact Analysis Tool

Conducting an Equality Impact Analysis

An EIA is an improvement process which helps to determine whether our policies, practices, or new proposals will impact on, or affect different groups or communities. It enables officers to assess whether the impacts are positive, negative, or unlikely to have a significant impact on each of the protected characteristic groups.

The tool is informed by the [public sector equality duty](#) which came into force in April 2011. The duty highlights three areas in which public bodies must show compliance. It states that a public authority must, in the exercise of its functions, have due regard to the need to:

- 1. Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited under the Equality Act 2010**
- 2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it**
- 3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it**

Whilst working on your Equality Impact Assessment, you must analyse your proposal against these three tenets.

General points

1. In the case of matters such as service closures or reductions, considerable thought will need to be given to any potential equality impacts. Case law has established that due regard cannot be demonstrated after the decision has been taken. Your EIA should be considered at the outset and throughout the development of your proposal, it should demonstrably inform the decision, and be made available when the decision is recommended.
2. Wherever appropriate, the outcome of the EIA should be summarised in the Cabinet/Cabinet Member report and equalities issues dealt with and cross referenced as appropriate within the report.
3. Equalities duties are fertile ground for litigation and a failure to deal with them properly can result in considerable delay, expense, and reputational damage.
4. Where dealing with obvious equalities issues e.g. changing services to disabled people/children, take care not to lose sight of other less obvious issues for other protected groups.
5. If you already know that your decision is likely to be of high relevance to equality and/or be of high public interest, you should contact the Strategy & Communities team for support.

Further advice and guidance can be accessed online and on the intranet:

<https://www.gov.uk/government/publications/public-sector-equality-duty>

<https://officesharedservice.sharepoint.com/sites/Governance/SitePages/Reports.aspx>

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Overall Information	Details of Full Equality Impact Analysis
Financial Year and Quarter	Q4 / 2026
Name and details of policy, strategy, function, project, activity, or programme	<p>Title of EIA: Intention to Award for Health Visiting Services (0-5). Short summary: Approval is sought in the Award Report to intent to award a contract for the delivery of the Health Visiting service (0-5).</p> <p>Local Authorities have responsibilities to commission various Public Health services. These services should also work to address health inequalities by targeting resources to vulnerable groups and promoting healthy lifestyles.</p> <p>The new service will continue to deliver the Healthy Child Programme 0-5 which is a statutory programme. The Healthy Child Programme will offer every family a programme of developmental reviews, information and guidance to support parenting and promote healthy choices and identifies families that need additional support. This is currently delivered to all children and young people by health visitors, school nurses, and a range of other professionals such as maternity services, early year's services and education services.</p> <p>This report seeks approval of the intent to award for the delivery of a high quality and ruthlessly efficient, Public Health Nursing Health Visiting service for ages 0-5.</p>
Lead Officer	Name: Charis Champness Position: Programme Lead Email: charis.champness@lbhf.gov.uk
Date of completion of final EIA	19/12/2025

Section 02	Scoping of Full EIA
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Plan for completion	Timing: 2026-2027 Resources: Public Health Commissioners		
Analyse the impact of the policy, strategy, function, project, activity, or programme	Analyse the impact of the policy on the protected characteristics (including where people / groups may appear in more than one protected characteristic). You should use this to determine whether the policy will have a positive, neutral, or negative impact on equality, giving due regard to relevance and proportionality.		
	Protected characteristic	Analysis	Impact: Positive, Negative, Neutral
	Age	All resident parents and children aged 0–5 will be entitled to receive support from the Health Visiting Service, starting from the antenatal stage (28 weeks gestation) through to the child’s fifth birthday. The service provides universal and proportionate support, ensuring early intervention and improved outcomes in the critical early years. This early intervention is critical for reducing health inequalities and improving lifelong outcomes in health, education, and wellbeing.	Positive
	Disability	The service will ensure equity of access for all children aged 0–5, including those with Special Educational Needs and Disabilities (SEND). The model includes proactive identification of needs, reasonable adjustments for appointments and venues, and multi-agency collaboration to secure timely specialist support.	Positive
Gender reassignment	The service will operate within an inclusive framework that respects gender identity and supports families in a non-discriminatory	Neutral	

		manner. Staff will receive training on inclusive language and safeguarding against discrimination,	
	Marriage and Civil Partnership	There are no identified impacts for marriage and civil partnerships.	Neutral
	Pregnancy and maternity	All pregnant people and families with children aged 0–5 will be offered the Healthy Child Programme (HCP). Health Visitors will provide antenatal contact, breastfeeding support, and maternal mental health interventions, ensuring comprehensive care during pregnancy and early parenthood.	Positive
	Race	The service will be expected to ensure equality of access for all residents; provide culturally sensitive services and deal robustly with all incidents of racially motivation harassment, violence and/or abuse. Health Visitors will lead in ensuring that families know about a range of health services for children, young people and their families and that these services and that they are made accessible to everyone. There will be a particular focus on Black Maternal Health that will inform the practice of the service.	Positive
	Religion/belief (including non-belief)	The service will respect and accommodate religious and cultural practices during home visits and group sessions, ensuring inclusivity in service delivery, in scheduling and sensitivity in health advice.	Neutral
	Sex	There are no identified impacts on sex. The service will monitor engagement by sex to ensure equitable access for fathers and male carers, promoting involvement in early years health.	Neutral
	Sexual Orientation	No identified negative impact. The service operates inclusively and supports families regardless of sexual orientation, promoting equality and respect. Staff will receive training on inclusive	Neutral

		language and safeguarding against discrimination, ensuring that LGBTQ+ parents and carers feel supported and respected.	
	Care Experienced as a Protected Characteristic	Health Visitors play a key role in supporting children in care aged 0–5, ensuring continuity of care, early identification of health needs, and emotional support. This helps reduce health inequalities and promotes positive outcomes for vulnerable children.	Positive
	Intersectionality	The service recognises that families may experience overlapping vulnerabilities (e.g., disabled parents from multi ethnic backgrounds or LGBTQ+ parents with mental health needs). Health Visitors will adopt a holistic approach, supported by integrated pathways and culturally competent practice.	
<p>Human Rights or Children’s Rights If your decision has the potential to affect Human Rights or Children’s Rights, please contact your Equality Lead for advice</p> <p>Will it affect Human Rights, as defined by the Human Rights Act 1998? No</p> <p>Will it affect Children’s Rights, as defined by the UNCRC (1992)? Yes safeguarding and early intervention indirectly advance these rights and will have a positive impact</p>			

	Examples of data can range from census data to customer satisfaction surveys. Data should involve specialist data and information and where possible, be disaggregated by different equality strands.
Documents and data reviewed	    H&F 0-19 Local HNA Maternity Report Black Maternal Maternity report - H&F Health Watch.pdf Health report.pdf Quality & Equality in I
New research	N/a

Section 04	Consultation
Consultation	<p>The Council has undertaken formal consultation in respect of these services in accordance with the legal obligations. A range of stakeholders' views have been and are currently being sought. Their feedback is central to the development the service model. The new service model is being developed in the light of:</p> <ul style="list-style-type: none"> • Findings/themes emerging from the 0-19 public health nursing services review via an online consultation and further face to face and online consultation sessions. • Support from the 0-19 steering group. • Engagement through workshops, utilising the Family Hubs and the "Family Voices" group, the Youth Council, talking to young people at Summer In The City, SENCO Forum, Integrated Neighbourhood Steering Group and other professional consultations with teachers and headteachers. • Work with the Institute of Health Visiting. • National guidance. • Learning from other London Boroughs and other areas in the country.
Analysis of consultation outcomes	<p>Feedback from stakeholders has been instrumental in shaping the service model to ensure it is inclusive, equitable, and responsive to diverse needs. Key equality-related themes emerging from the consultation include:</p> <ul style="list-style-type: none"> • Cultural Competence: Stakeholders emphasized the importance of culturally sensitive approaches in service delivery. This includes ensuring that health information is accessible in multiple languages, staff are trained in cultural awareness, and services reflect the diverse backgrounds of families in the borough.

	<ul style="list-style-type: none"> • Clarity on Health Visitor Role: Feedback indicated that families and professionals require clearer communication about the role and responsibilities of Health Visitors. This has informed the development of materials and engagement strategies to improve understanding and trust in the service. • Accessibility and Inclusion: Consultation responses stressed the need for services to be physically and digitally accessible, with consideration for families with disabilities and those experiencing digital exclusion. • Targeted Support for Vulnerable Groups: Insights from SENCO forums and youth engagement highlighted gaps in support for children with special educational needs and disabilities (SEND) and those from disadvantaged backgrounds. The new model incorporates targeted interventions and closer collaboration with education and social care partners.
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Section 05	Analysis of impact and outcomes
Analysis	<p>Stakeholder consultation showed the following themes which informed the service specifications development:</p> <ul style="list-style-type: none"> • A progressive, universal approach to transition needs to be taken with clear pathways for those needing additional support; • There is a need to develop protocols for robust sharing of information between social care, health and learning services, maternity, hospitals and the Health Visiting and School Nursing Service which should limit bureaucracy and be seamless enabling support rather than hindering it and ensuring compliance with the Data Protection Act; • There are other professionals working with young people who deliver elements of the HCP and who are currently unrecognized; • Quality assurance and evaluation of services should be given priority so that there is a stronger focus on outcomes and quality rather than just on activity. <p>Health Visitor Service:</p> <ul style="list-style-type: none"> • That there needs to be more clarity around the role of a health visitor and expectations of the service through contact antenatally as well as throughout the 0-5 pathway. • That contact with a Health Visitor face to face or by phone is valued over digital solutions.

	<ul style="list-style-type: none"> • That mental health needs are increasing and there needs to be more evidence-based support around mental health postnatally. • That the service needs to be more clear, consistent, and responsive with appointments, visits, clinics and access to advice. • That the service needs to be culturally competent. • That staff need to be up to date in their knowledge base and practice. • That health visitors should be enabled to exercise clinical judgement in the timing of the New Birth contact. • That greater access to community breastfeeding support is needed.
Section 06	Reducing any adverse impacts and recommendations
Outcome of Analysis	No adverse impacts are anticipated. The Council will ensure ongoing monitoring and escalation process if equality gaps emerge.

Section 07	Action Plan					
Action Plan	Note: You will only need to use this section if you have identified actions as a result of your analysis					
	Issue identified	Action (s) to be taken	When	Lead officer and department	Expected outcome	Date added to business/ service plan
	Need to embed cultural competence and inclusive practice	Mandatory equality and cultural competence training for	During mobilisation period	Programme Lead – Public Health	Improved confidence and capability in supporting diverse families.	06/01/26

		Health Visitors.					
	Monitoring equality outcomes.	Collect and report KPI data disaggregated by protected characteristics	Quarterly contract reviews.	Programme Lead – Public Health	Evidence-based improvements and accountability.	06/01/26	
	Engagement with seldom-heard groups	Establish co-production forums with parents from multi ethnic, LGBTQ+, and disabled communities.	Within first 6 months of service.	Programme Lead – Public Health	Service improvements informed by lived experience.	06/01/26	

Section 08	Agreement, publication and monitoring
Senior Managers' sign-off	Name: Mayada Abuaffan Position: Director of Public health Email: Mayada.Abuaffan@lbhf.gov.uk Considered at relevant DMT: 13/01/2026
Key Decision Report	Date of report to Cabinet Member: 9/02/2026

(if relevant)	Key equalities issues have been included: Yes
Equalities Advice (where involved)	Name: Yvonne Okiyo Position: Strategic Lead Equity, Diversity and Inclusion Date advice / guidance given: Email: yvonne.okiyo@lbhf.gov.uk Telephone No: 07824 836 012

