

Equality Impact Assessments Toolkit

EqlA Template



You must consider the [Equality Impact Assessment Guidance](#) when completing this template.

The EDI team can provide help and advice on undertaking an EqIA and also provide overview quality assurance checks on completed EqIA documents.

EDI team contact email: edi_team@sandwell.gov.uk

Quality Control	
Title of proposal	0-19 Healthy Child Programme
Directorate and Service Area	Adult Social Care and Health Public Health
Officer completing EqIA	Holly Layton, Children and Young People Project Manager Lydia Dunne Children and Young People Project Officer
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Other officers involved in completing this EqIA	
Date EqIA completed	05/01/2026
Date EqIA signed off or agreed by Director or Executive Director	28/01/2026
Name of Director or Executive Director signing off EqIA	Dr Frances Howie, Interim Director of Public Health
Date EqIA considered by Cabinet	EqIA linked to Cabinet report (scheduled at March 2026 Cabinet)

Where the EqlA is Published (please include a link to the EqlA and send a copy of the final EqlA to the EDI team)	Online via moderngov.uk
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Section 1.

The purpose of the project, proposal or decision required

Name of proposal: 0-19 Healthy Child Programme

This cabinet report proposes that the Interim Director of Public Health be authorised to commence a competitive procurement process for the provision of the 0-19 Healthy Child Programme service including: Health Visiting, School Nursing and Child Vision Screening to start on 1st April 2027 for a 3 year period to 31st March 2030.

That the Interim Director of Public Health be authorised to award and enter into a contract and licence agreement with the successful bidder, on terms to be agreed with the Interim Director of Public Health for the provision of the 0-19 Healthy Child Programme for a period of three years with an option for the Council to extend for a further period of up to two years (total) in increments of up to one year each until 31st March 2032.

Aim, Objectives, Outcomes

The universal reach of the Healthy Child Programme (HCP) provides an invaluable opportunity from early on in a child's life to identify families that may need additional support and children who are at risk of poor outcomes. It provides a framework to support collaborative work and more integrated delivery.

It aims to:

- Help parents, carers or guardians develop and sustain a strong bond with children
- Support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- Protect children from serious disease, through screening and immunisation
- Reduce childhood obesity by promoting healthy eating and physical activity
- Promote oral health
- Support resilience and positive maternal and family mental health
- Support the development of healthy relationships and good sexual and reproductive health
- Identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- Make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5'.

The HCP reflects a modern society with a 'Universal in reach – Personalised in response' approach. The service model is based on 4 levels of service – community, universal, targeted and specialist, depending on individual and family need.

The national specification for 0-19 Healthy Child Programme identifies the following key high impact areas:

Early years

- supporting the transition to parenthood
- supporting maternal and family mental health
- supporting breastfeeding
- supporting healthy weight, healthy nutrition
- improving health literacy; reducing accidents and minor illnesses
- supporting health, wellbeing and development: Ready to learn, narrowing the ‘word gap’

School age years

- building resilience and improving emotional health and wellbeing
- keeping safe, managing risk and reducing harm
- healthy lifestyles including reducing childhood obesity and increasing physical activity
- maximising achievement and learning
- helping children to realise their potential and reducing inequalities
- supporting additional health needs
- transition and preparing for adulthood

These are universal services that benefit the entire children and young people population of Sandwell, by enabling children and their families to access advice and support on a wide range of health issues and by early identification of health problems.

How does this deliver objectives in the council plan?

Council Plan Theme	
Growing Up in Sandwell	The services commissioned will support the delivery of the 0-19 Healthy Child Programme. In particular, the service is essential for giving children the best start in life. Early identification of developmental and safeguarding needs helps reduce long-term health inequalities and supports school readiness, ensuring every child has a strong foundation for reaching a good level of development.
Healthy in Sandwell	Through the delivery of statutory public health services, the service will contribute directly to improved health outcomes and reduced inequalities. It enables early intervention, prevention of long-term chronic conditions, and ongoing support tailored to local needs. These services are integral to the Sandwell Story ambition - to celebrate, champion and bring people together in making Sandwell a great place to live, learn, work and visit.

Business Case

Sandwell has an estimated population of 353,860, with 97,519 between 0-19 years old (124,133 between 0-25 years old) (2024 mid-year estimate, ONS). In 2022, the estimated overall population was 344,210, with 94,255 between 0-19 years old (118,947 between 0-25 years old). Sandwell has a younger population than the England and Wales average with more 0-19 year old boys and girls in each of the age categories 0 to 4, 5 to 9, 10 to 14 and 15 to 19.

Relationship to other policies, strategies, procedures or functions.

The recent health needs assessment identifies the local and national strategies and policies that align to the 0-19 Health Child Programme.

Issues or likely impact on equality groups

A robust equality impact assessment (EIA) has been completed, based on a recent children and young people health needs assessment and positive impacts have been identified for the majority of protected groups if the recommendation is approved.

Other service areas/directorates or partners involved in or likely to be impacted upon by the proposals

The 0-19 Healthy Child Programme Service plays a critical role in safeguarding children, identifying vulnerabilities, and supporting families in care proceedings. Continuity of service ensures the Council meets its Corporate Parenting responsibilities through effective safeguarding and early help pathways.

The main impact will be on the Children and Education Directorate as they benefit directly from the additional support provided to children, young people and families.

The service provides advice and early intervention that can prevent escalation to specialist services such as specialist CAMHS and Children's Social Care.

Section 2.**Evidence used and considered. Include analysis of any missing data**

The service delivers the evidence-based 0-19 Healthy Child Programme, <https://www.gov.uk/government/collections/healthy-child-programme>

The need for this service is evidenced through demographic and health needs data from the Sandwell Joint Strategic Needs Assessment, available at; <https://www.sandwelltrends.info/jsna-2/>

and the Child Health profile, available at; <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e08000028.html?area-name=sandwell>

Sandwell SHAPE young peoples survey 2025 influences key areas of service priority.

A 0-19 Health Needs Assessment has been conducted with the following aims:

- a) To understand the health needs of Sandwell 0-19 CYP population (up to 25 with Special Educational Needs and Disabilities (SEND))
- b) To identify if the existing Public Health commissioned service provision meets the needs of this population

and

- c) To inform the commissioning intentions and service specification for 0-19 services

Health outcomes of the Sandwell 0-19 population are poor, with worse outcomes compared to England averages, and evidence of widening health inequalities linked to deprivation and ethnicity.

Key public health outcomes data in Sandwell include:

- Smoking status at time of delivery is 7.1% in Sandwell in comparison to the 6.1% England average.
- Stillbirth rates in Sandwell are 6.9 per 1,000 in comparison to 3.9 per 1,000 nationally.
- The proportion of low birth weight of term babies (below 2.5kg) is 4.1% in Sandwell in comparison to the 3.0% England average.
- The infant mortality rate in Sandwell is higher than the national average, with 7.4 deaths per 1,000 live births compared with the 4.2 per 1,000 England average.
- Sandwell's under-18 conception rates have fallen significantly from 38.5 per 1,000 in 2012 to 17 per 1,000 in 2022. The West Midlands and England saw similar decreases for the same period but remain higher in Sandwell.
- The rate of emergency hospital admissions for injuries among children under four is higher in Sandwell (945 per 1000) than the England average (750.7 per 1000).
- The percentage of 5 year olds with visually obvious dental decay is 28.9% in Sandwell, higher than the percentage (22.4%) nationally.
- In 24/25, the proportion of overweight including obesity in Sandwell was 24.6% at Reception compared to 45.6% at Year 6. The general trend is increasing over time, in 2022/23 - 24/25, the proportion of obesity including severe obesity in Sandwell was 12.8% at Reception compared to 30.7% at Year 6.
- Mental health-related hospital admissions have decreased, however there continues to be unmet need and pressure on early intervention services.

Section 3.

Consultation

To understand the need for a 0-19 Healthy Child Programme we have consulted regularly with key partners and stakeholders including children and young people, local services including schools, health and social care, and parents and carers which is important to ensure that we capture different perspectives and identify and understand need. Consultation allows us to identify emerging needs, ensures services are designed to be accessible and relevant. Consultation ensures that the voices of all groups are listened to, including those with disabilities, minority communities and reducing health inequalities.

Key findings from the consultation were:

Strengthen public health support for children and young people by improving collaboration, communication, and accessibility across services.

Consultation with schools, families, and partner agencies has identified several priority areas requiring action to ensure that public health provision is inclusive, responsive, and reflective of the needs of the local population, including those with Special Educational Needs and Disabilities (SEND).

For parents there needs to be clear, evidence-based guidance on child development milestones, promoting age-appropriate responsibility and independence in children.

Adopt a holistic definition of school readiness that includes emotional regulation, social skills, and independence—not just academic ability.

Provide targeted support at key transition points and ensure consistent messaging across services. Ensure parental support services are inclusive, culturally sensitive, and accessible.

Targeted workforce development, ensuring that school staff, healthcare professionals, and partner agencies have the knowledge and confidence to identify health needs early, support mental health, and deliver inclusive health promotion.

Strengthen multi-agency partnerships; including the co-production of a refreshed Healthy Schools Programme with children, families, and frontline practitioners to ensure it is relevant, accessible, and evidence-informed.

Improve communication channels between healthcare providers, schools, and families to achieve timely information exchange and coordinated care. Clearer pathways, named link professionals, and unified digital tools would help streamline support and reduce fragmentation across the system.

Access to services to improve. Families report challenges accessing mental health support, specialist therapies, and SEND assessments due to limited capacity, variable investment, and long waiting times.

There is a need for sufficient funding to ensure appropriate equipment, resources, and adjustments are available across educational settings.

SEND needs feature strongly throughout the consultation. Early identification and timely intervention remain inconsistent across early years, primary, and secondary settings, with significant barriers to assessment and specialist support. Ensuring that health promotion activities and awareness campaigns are inclusive and accessible for children with disabilities is vital to addressing inequalities.

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The views collated through this consultation have influenced the service proposal. These changes included:

- An emphasis on Universal support through improved communication and promotion of services including online resources.
- Improved promotion of services within school teams and with parents and carers.

During this procurement we envisage including stakeholder panel for an aspect on the tender submission evaluation panel. It is important for us to ensure that stakeholders have a voice as part of this decision-making process and supported the selection of the successful service provider.

The service provider will be expected to undertake ongoing consultation and engagement activities throughout the contract duration to ensure that the needs of children and young people are met. Considering the above consultation, the service provider will also be expected to engage with stakeholders throughout the contract duration to aid promotion and support health concerns.

Section 4.

Summary assessment of the analysis at section 4a and the likely impact on each of the protected characteristics (if any)

It is assessed that the proposals in the report will not have an adverse impact on groups or individuals with protected characteristics.

The service to be delivered will not discriminate against individuals or groups with protected characteristics.

Age – Positive impact has been identified.

Disability – Positive impact has been identified.

Gender reassignment – impact is likely to be neutral.

Marriage and civil partnership – Positive impact has been identified.

Pregnancy and maternity – Positive impacts have been identified.

Race – Positive impact has been identified.

Religion or belief – Positive impact has been identified.

Sex – Neutral impacts have been identified for both women and men.

Sexual orientation – Positive impact has been identified.

Care Experienced- Positive impact has been identified.

Carers- Positive impact has been identified.

Low income groups- Positive impact has been identified.

Veterans/Armed Forces Community- Neutral impact has been identified.

Section 4a - What are the potential/actual impacts of the proposal on the protected characteristics?

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Age	P	<p>The service's key aim is to improve the health and wellbeing of 0-19 children, young people and families through delivery of the evidence based Healthy Child Programme.</p> <p>This service is designed to see school aged young people. Those who are under the age of 16 and want to access this service are supported by a clinician to safeguard the individuals whilst also protecting their anonymity and not requiring parental consent. This comes under the Gillick competence and Fraser guidelines.</p>	<p>The service model includes both face to face and a digital support offer. This will enhance reach and support young people and families who want a more anonymised/ non face to face option.</p> <p>The service specification requirements will ensure a service offer that use of various and relevant communication methods such as social media.</p>	<p>Ensure provider address service delivery requirements and continue to manage delivery throughout regular review meetings</p>

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Disability	P	<p>The Service provides support for children with additional medical needs in school.</p> <p>The service will be well equipped to support people with disabilities. We will check accessibility with providers and consider mitigations if needed.</p> <p>However, the services will be expected to use the NHS Reasonable Adjustment Digital Flag Information Standard to inform the service.</p> <p>Reasonable adjustments are a legal requirement to make sure health services are accessible to all disabled people.</p> <p>In 2023, NHS England built the Digital Flag in the NHS Spine (on the National Care Records Service) to enable health and care professionals to record, share and view</p>	<p>Delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.</p> <p>Reasonable adjustments will be made including home visits to ensure access to the service. The provider will be expected to share with PH commissioning team if the reasonable adjustments impact the service to the individual and this would be looked at on an individual circumstance.</p>	<p>Ensure provider address service delivery requirements and continue to manage delivery throughout regular review meetings</p>

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		details of Reasonable Adjustments across the NHS, wherever the person is seen and /or treated.		
Gender Reassignment	Ne	This is a universal service for all children and young people. School nurses provide wellbeing support to young people on the pathway to gender re-assignment.	<p>Communications plan: ensure service promotion and engagement is undertaken in a sensitive non-judgmental manner and will remain entirely optional.</p> <p>Data: continue to monitor the newly introduced national dataset field which captures an expanded set of gender data field options to monitor presentations/usage for this group.</p> <p>Continue to ensure the range of service delivery mediums is advertised to meet personal preference (e.g. phone based/ digital/ in person options).</p>	Ensure provider address service delivery requirements and continue to manage delivery throughout regular review meetings

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Marriage and civil partnership	P	This is a universal service for children and young people. Health visitors lead the universal Healthy Child Programme, which enables them to build trusted relationships with parents and explore more sensitive, personal issues. Understanding the quality of relationships is important to their work, using active listening to identify early signs of relationship distress, and offering advice and brief interventions to help parents to understand how to reduce or avoid conflict. This would apply if the parents are married or in a civil partnership.	Delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.	Ensure provider address service delivery requirements and continue to manage delivery throughout regular review meetings
Pregnancy and maternity	P	The first mandated component of the Healthy Child Programme delivered by Health Visitors is the antenatal health promotion visit. They will complete the health needs assessment covering physical health (such	Delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.	Ensure provider address service delivery requirements and continue to manage delivery

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>as not smoking and the benefits of breastfeeding), mental and emotional health. The health visitor will also discuss the transition to parenthood, how to enhance the parent-child bonding experience and how parents can help their baby's early development.</p> <p>This is a universal service for all children and young people' including additional support for pregnant school pupils and school-aged parents.</p>		throughout regular review meetings
Race	P	<p>Racism is a known risk factor for health in children, ranging from preterm birth and low birthweight, to major depression and asthma. However, investing in the early years can help to address health inequalities.</p>	<p>Delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.</p> <p>People who do not speak or understand English well – we will work with community groups and Sandwell Language Network to</p>	<p>Ensure provider address service delivery requirements and continue to manage delivery throughout</p>

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>This is a universal service for all children and young people.</p> <p>People who do not speak or understand English well – evidence shows that people who don't speak English have more difficulty in accessing health services.</p>	<p>meet people where they're at and ensure they understand the services available.</p> <p>All services provided will be required to use translation and interpreting services for people who don't speak English.</p>	<p>regular review meetings</p>
Religion or belief	P	<p>This is a universal service for all children and young people.</p> <p>Individuals may have specific barriers to engagement due to religious or cultural beliefs which will need to be considered and reasonable adjustments made.</p>	<p>Delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.</p> <p>The service will be required to have CPD and can access cultural competence e-learning programme for healthcare professionals in the NHS.</p> <p>And reading: The Department of Health and Social Care Religion or belief: A practical guide for the NHS, and The Royal College of Nursing created A guide to cultural and spiritual awareness.</p>	<p>Ensure provider address service delivery requirements and continue to manage delivery throughout regular review meetings</p>

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
			Regular consultation to be completed with users to understand any barriers underserved groups may be experiencing.	
Sex	Ne	This is a universal service for all children and young people.	Delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.	Ensure provider address service delivery requirements and continue to manage delivery throughout regular review meetings
Sexual Orientation	P	This is a universal service for all children and young people. The service will provide wellbeing support to young people in relation to sexual orientation.	Delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.	Ensure provider address service delivery requirements and continue to manage delivery throughout

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
				regular review meetings
Care Experienced (as per SMBC commitment from January 2025)	P	<p>For children that we care for the service will provide 6 month health review for children under 5's and annual health reviews for children over 5's.</p> <p>Children we care for will have unique challenges which will need to be considered and reasonable adjustments made.</p>	<p>Delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.</p> <p>STAR practice model to be followed and embedded within service.</p> <p>Work with the wider system to support individual's needs.</p> <p>Flexible approach, including appointments, locations and outreach.</p> <p>Regular consultation to understand the needs of users and to support co-production.</p>	<p>Ensure provider address service delivery requirements and continue to manage delivery throughout regular review meetings</p>

How could other socio-economic groups be affected?

<ul style="list-style-type: none"> • Carers • Low-income groups • Veterans/Armed Forces Community • Other 	P	<p>Carers – individuals who are carers for family member may face challenges accessing services, including financial hardship, accessing travel and suitable times for appointments.</p>	<p>Delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.</p> <p>We will request basic demographic details of the baseline eligible population through the service specification so that we can more effectively monitor inequalities in uptake.</p>	<p>Ensure provider address service delivery requirements and continue to manage delivery throughout regular review meetings</p>
	P	<p>Low-income groups – individuals on a low income may face additional barriers in accessing the service – for example, in terms of costs to attend (such as travel) or competing priorities.</p>	<p>We will require providers to address inequalities in uptake.</p> <p>If needed, the service will provide tailored advice/support to providers to increase uptake.</p>	
	Ne	<p>Veterans/Armed Forces Community – individuals may face unique challenges, including financial hardship, mental and physical health and accessing services.</p>	<p>The service will explore provision outside of normal working hours to provide greater choice and flexibility for those with work, childcare or carers’ responsibilities.</p> <p>Home visits and flexible locations.</p> <p>Digital offer.</p> <p>Role in prevention of early identification of low-income groups, carers and veterans/armed forces community to ensure support is offered as soon as need is recognised. If a specialist mental or physical health issue is raised signposting and onward referral will be made.</p>	

			Regular consultation to understand the needs of users.	
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If there are no adverse impacts or any issues of concern or you can adequately explain or justify them, then please move to Sections 6.

5. What actions can be taken to mitigate any adverse impacts?

We will require providers to address inequalities in uptake.

If needed, the service will provide tailored advice/support to providers to increase uptake.

The service will explore provision outside of normal working hours to provide greater choice and flexibility.

Home visits and flexible locations.

Digital offer.

Role in prevention of early identification of low-income groups to ensure support is offered as soon as need is recognised.

Regular consultation to understand the needs of users.

Individuals may have specific barriers to engagement which will need to be considered and reasonable adjustments made.

For service users with disabilities reasonable adjustments will be made including home visits to ensure access to the service.

If a specialist mental or physical health issue is raised signposting and onward referral will be made.

The provider will require to have CPD and access cultural competence e-learning programme for healthcare professionals.

6. Section 6: Decision or actions proposed

The impact of the service on equality, diversity and inclusion will be monitored and evaluated using the Health Equity Assessment Tool (HEAT) and a health inequalities dashboard as part of routine service monitoring.

7. Monitoring arrangements

Service performance will be monitored at quarterly contract review meetings with regular reporting on key performance indicators, service quality improvements, audit recommendations and service user feedback. In addition informal monthly meetings and project specific meetings occur between the provider and commissioning team. A full service evaluation will take place towards the end of the contract.

Section 8 Action planning (if required)

Question no. (ref)	Action required	Lead officer/ person responsible	Target date	Progress

If you have any suggestions for improving this process, please contact EDI_Team@Sandwell.gov.uk