

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	WALSALL CHILDREN AND FAMILIES HEALTHY EATING PROGRAMME		
Directorate	Adult Social Care and Public Health		
Service	Public Health		
Responsible Officer	Esther Higdon/Paulette Myers		
Proposal planning start	September 2023	Proposal start date (due or actual date)	1 st April 2024
1	What is the purpose of the proposal?	Yes / No	New / revision
	Policy	No	
	Procedure	No	
	Guidance	No	
	Is this a service to customers/staff/public?	Yes	Revision
	If yes, is it contracted or commissioned?	Commissioned	
	Other - give details		
2	What is the business case for this proposal? Please provide the main purpose of the service, intended outcomes and reasons for change?		



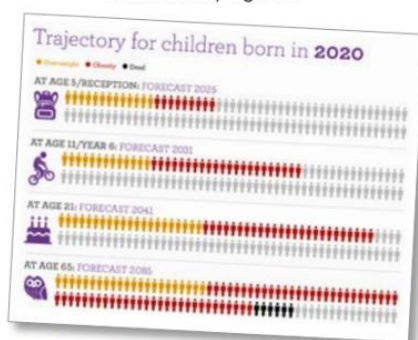
National Food Strategy - Youth Consultation report

AN EPIDEMIC OF OBESITY AND DIET-RELATED ILLNESS

1 in 10 children in **RECEPTION**
are **OBESSE**, rising sharply to
1 in 5 in **YEAR 6**³

Without action to change this trajectory,

25% children
born in 2020 will be
obese by age 21
and 57% by age 65⁴



SOURCE: THE BROKEN
PLATE 2020 REPORT

Aim of the Walsall Children and Families Healthy Eating Programme

To develop and deliver a Healthy Eating Programme that supports Walsall Council corporate plan objectives and workstreams (including Walsall's Food Plan, Walsall Wellbeing Outcomes Framework and the [Walsall Joint Local Health & Wellbeing Strategy 2022-25](#)) and links to relevant National strategies including:

[The Government's 2020 Obesity Strategy](#)

[The Government's 2022 Food Strategy.](#)

[Royal Society for Public Health's Routing out Childhood Obesity Report](#)

[The Independent Review of the National Food Strategy](#)

Ensuring that Walsall children in early years settings and at school including special schools and homeschooled children have access to a programme that supports healthy eating and physical activity both in school and beyond the school gate into the community (including faith organisations, resident associations, family hubs, VCS organisations, retailers etc)

“80% of processed food sold in the UK is unhealthy”

- National Food Strategy – The Plan – 2021

Objectives

The new contract will look to build on the good work of the current Healthy Eating Service in Schools contract that expires in 31st March 2024 and go further as the programme will implement and deliver an evidence-based approach to develop a good food environment and increase good food choices across early years, primary (infant, junior and special) schools, outside the school gate and in community settings.

This evidence-based model will complement the wider work taking place across Walsall to embed a whole population food plan, drive quantifiable and sustainable behaviour changes and improve the wider determinants of health

Walsall Council Public Health are proposing a broader approach to healthy eating in children and families, with work to be done in both the school and community environment.

General Principles

The aims of the new service have been developed to align with the themes of Walsall's Food Plan:

- Good Food Choice - Increase appeal of good food available in communities and in schools
- Communities/Good Food Environment - Increase access to good food in places where children and families go
- Responsible/Sustainable - Protect Walsall families from hunger and increase local food production
- Exemplars/Procurement - Build community advocacy

The service will have objectives covering policy development, promotion, training & development, and direct (evidence-based) delivery.

Partnership Principles

The proposed partnership principles for the Children and Families Healthy Eating Programme are:

- Work with local community organisations to promote healthy eating approaches
- Support organisations through training of staff, volunteers, residents in key aspects of nutrition, health promotion, food hygiene, growing and sourcing of food.
- Advocate for Walsall at local, regional and national level to influence policies on food
- Support schools and early years' settings in the delivery of a positive dining room experience, experience for children in growing and preparing food and knowledge of the food environment.
- Support schools and early years' settings in developing whole school policies and actions which meet the standards for Early Years Foundation and contribute to evidence for Ofsted reviews.

- To be a significant contributor to wider strategic work across Walsall such as policies on advertising of foods high in salt, fat, sugar.

Delivery Principles

- Effective links with community associations and networks to provide an integrated approach to improving the food environment
- Optimise existing individual and community assets
- Responsive and flexible to local need
- Leadership and management – Increase ownership of good food provision by local Leaders and Management
- Tailored support and education – development and provision of appropriately tailored community, curricular and extra-curricular practical support.
- Sharing of Good Practice – Development and promotion of a learning network
- Communications- leading local tailored and culturally appropriate campaigns and promoting national initiatives (e.g. Start for Life) on good food.
- Health inequalities- ensuring additional support, engagement, and targeted work in deprived areas and targeted groups (e.g. SEND children)
- Align with Marmot Principles
- Monitoring impact and identifying need - including qualitative and quantitative evaluation and subsequent programme development when required.

Evaluation Principles

Evaluated through a consistent set of measures aligned to the local wellbeing outcomes framework and will be formally monitored at quarterly commissioner/provider meetings.

The new service is due to start April 2024.

The cost of the service is approximately £220k per annum with approximately £50k additional 1st year mobilisation funding.

3	Who is the proposal likely to affect?		
	People in Walsall	Yes / No	Detail
	All	N	.
	Specific group/s	Y	This service, in its broadest sense, is a universal offer to Children (aged 2-11) and their families within the borough and will encompass a whole school (including Early Years settings) approach as well as delivery with and into communities. However, whilst the broad offer is universal, given the resource available, more detailed work will need to be undertaken in a targeted way (see final row of this table)
	Council employees	N	Council employees will not be directly affected; however, a proportion of staff will live in Walsall and therefore would be able to access and benefit from the service if they are parents of or

		have care responsibilities for Children in the borough.
Other (identify)	Y	Individual elements of the service will be targeted based on data to ensure we are addressing health inequalities. These are detailed in the following sections but include: Children living in poverty, Black, Asian and other minority ethnic communities, Children living with cognitive or physical disabilities and communities with a higher prevalence of overweight and obesity.

4 Please provide service data relating to this proposal on your customer's protected characteristics.

This is a universal offer (in the broadest sense of the service) to Children and their families and therefore reflects the demographics of Walsall. However there will be individual elements of the service which will be aimed at different high-risk groups such as Disabled Children, Children living in poverty and Children of Black and Asian ethnicity, who are nearly twice as likely to be living in poverty and where there is a higher prevalence of overweight and obesity (National Child Measurement Programme (NCMP)). This targeting will also be important given the resource available for the service.

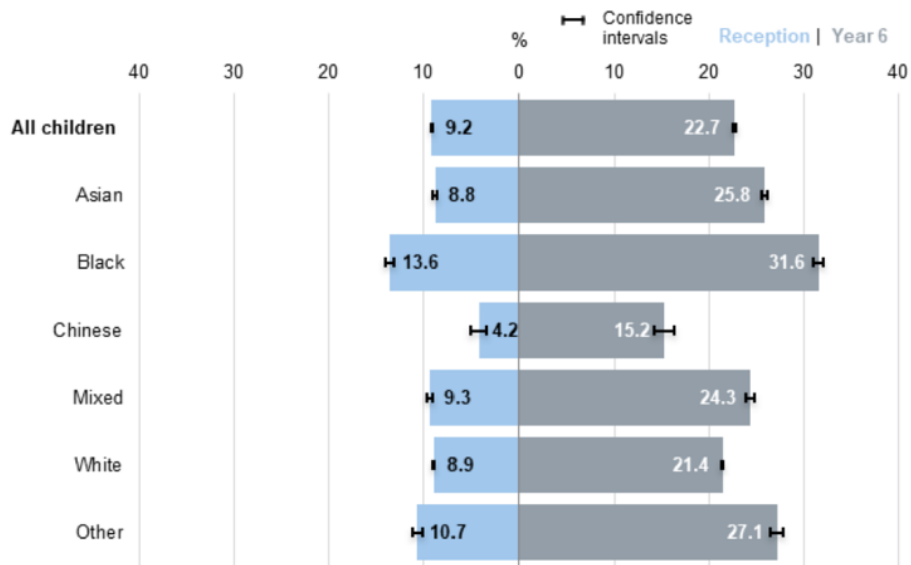
ECONOMIC DISRUPTION AND WEALTH INEQUALITY

Before Covid-19,
4.2 million children
were **LIVING IN POVERTY** in the UK
- 9 in every classroom of 30⁹

Children from **BLACK AND MINORITY ETHNIC GROUPS** are more likely to be in poverty:
46% are now in poverty, compared with
26% of children in **WHITE BRITISH** families⁹

National Food Strategy - Youth Consultation report 2022

Obesity prevalence by school year and upper level ethnic group, 2022/23

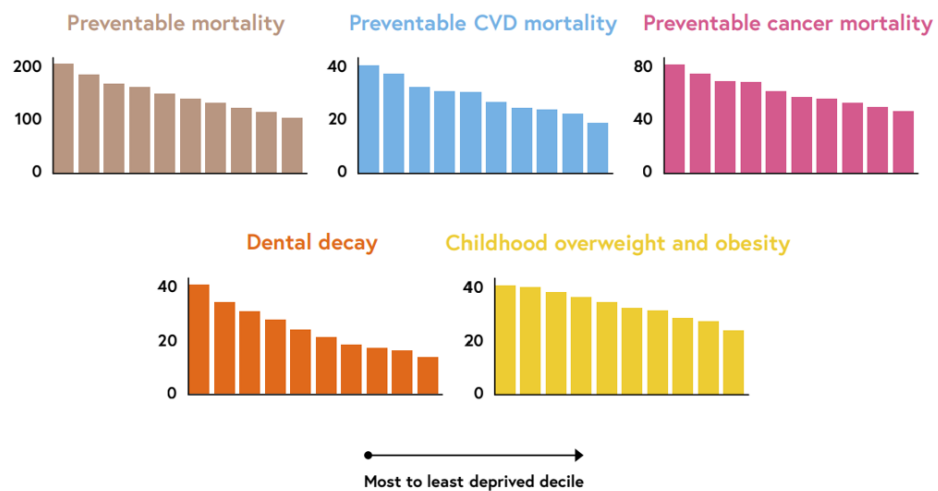


For more information: Table 4 National Child Measurement Programme, England, 2022/23 School Year

The National Food Strategy - Youth Consultation report estimates that 9 Children in every classroom of 30 live in poverty which would have a significant impact on health and life chances.

People on low incomes are more likely to suffer, and die from, diet-related conditions

National Food Strategy YOUTH CONSULTATION REPORT



Y axis in all charts shows relative risk, expressed as percentages, rate per 100,000 people, or mortality per 100,000 people.

Source: National food Strategy 2022

“Children from the least well-off 20% of families consume around 29% less fruits and vegetables, 75% less oily fish, and 17% less fibre per day than children from the most well off 20%.

The effects of this dietary disparity are all too predictable. People living in the most deprived decile are almost twice as likely to die from all preventable causes, compared to those in the richest decile.

They are

- *2.1 times more likely to die from preventable heart disease;*

- 1.7 times more likely to die from preventable cancer;
- 3 times more likely to have tooth decay at age 5.
- Nearly twice as likely to be overweight or obese at age 11."

Local Context

Deprivation is closely linked to poor diet quality, being overweight and obesity. The 2019 Index of Multiple Deprivation ranked Walsall as the 25th most deprived English local authority (out of 317), placing Walsall within the most deprived 10% of districts in the country (33rd in 2015, 30th in 2010 and 45th in 2007).

Some of the key local issues associated with food are detailed in the service specification but include;

- Lack of Balanced Food Consumption

Public Health Outcomes Framework shows that only 51.3% of adults in Walsall meet the recommended '5 a day' on 'a usual day'. Research has demonstrated that eating well in childhood will often be continued into adulthood.

- Too Much Food

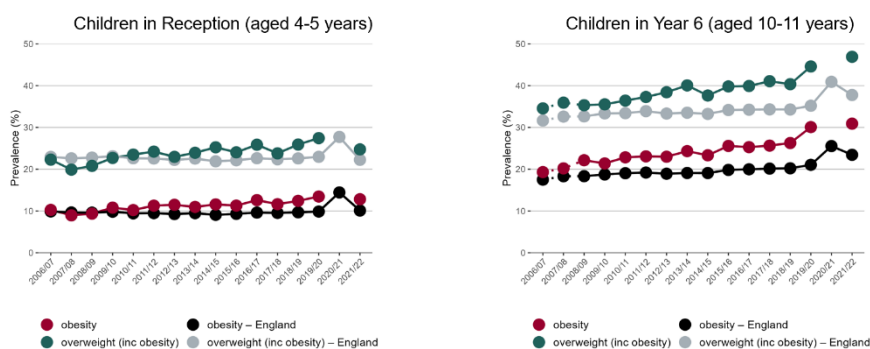
Public Health Outcomes Framework shows an increase from 22.3% in 2006/7 to 24.7% in 2021/22 in proportion of reception children who are overweight or obese.

For year 6, 34.6% children were overweight or obese in 2006/7 and this rose to 46.9% in 2021/22.

This is significantly above the 2021/22 national average for both reception (22.3%) and year 6 (37.8%)

Trend in the prevalence of obesity and overweight (including obesity) by age in Walsall

National Child Measurement Programme 2006/2007 to 2021/2022



Note: for Year 6, comparisons are not possible with the first years of the NCMP (2006/2007 to 2008/2009) as low participation levels led to underestimation of obesity prevalence

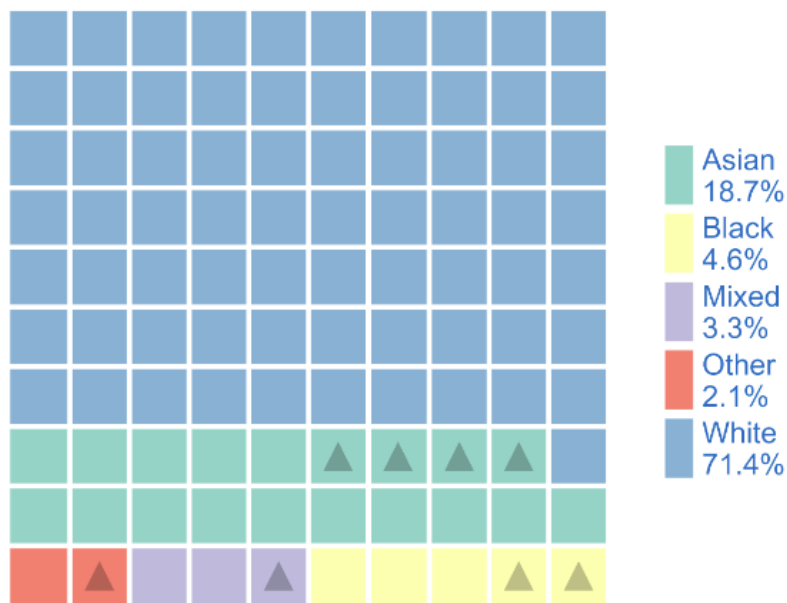
5 Please provide details of all engagement and consultation undertaken for this proposal. (Please use a separate box for each engagement/consultation).

Consultation Activity

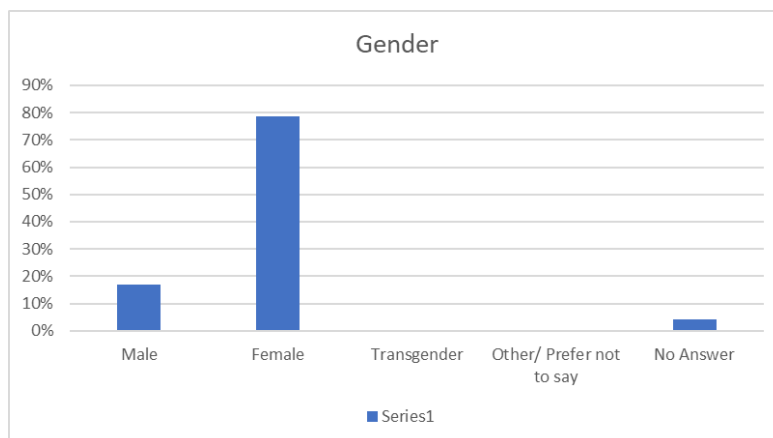
Complete a copy of this table for each consultation activity you have undertaken.

<p>Type of engagement/consultation</p>	<p>Various focus groups, survey, drop in, local, area panels, local resident engagement.</p>	<p>Date</p>	<p>Throughout September 2023</p>														
<p>Who attended/participated?</p>	<p>Parents and carers within Family Hubs, Community Groups and Faith Settings.</p> <p>Age of children ranged from infant to teenage years.</p> <div data-bbox="496 719 1394 1256" data-label="Figure"> <p>Age of C&YP represents by parent/carer responses</p> <table border="1"> <caption>Age of C&YP represents by parent/carer responses</caption> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>0-3 Years</td> <td>38%</td> </tr> <tr> <td>4-6 Years</td> <td>23%</td> </tr> <tr> <td>7-10 Years</td> <td>15%</td> </tr> <tr> <td>11-15 Years</td> <td>15%</td> </tr> <tr> <td>16+</td> <td>5%</td> </tr> <tr> <td>No Answer</td> <td>3%</td> </tr> </tbody> </table> </div> <p>e.g. general public, service users (specify if it was for a protected characteristic group e.g. Disability Forum).</p>			Age Group	Percentage	0-3 Years	38%	4-6 Years	23%	7-10 Years	15%	11-15 Years	15%	16+	5%	No Answer	3%
Age Group	Percentage																
0-3 Years	38%																
4-6 Years	23%																
7-10 Years	15%																
11-15 Years	15%																
16+	5%																
No Answer	3%																
<p>Protected characteristics of participants</p>	<div data-bbox="496 1473 1278 1906" data-label="Figure"> <p>Ethnicity</p> <table border="1"> <caption>Ethnicity</caption> <thead> <tr> <th>Ethnicity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>64%</td> </tr> <tr> <td>Black</td> <td>13%</td> </tr> <tr> <td>Asian</td> <td>17%</td> </tr> <tr> <td>Mixed</td> <td>0%</td> </tr> <tr> <td>Other</td> <td>2%</td> </tr> <tr> <td>No Answer</td> <td>4%</td> </tr> </tbody> </table> </div>			Ethnicity	Percentage	White	64%	Black	13%	Asian	17%	Mixed	0%	Other	2%	No Answer	4%
Ethnicity	Percentage																
White	64%																
Black	13%																
Asian	17%																
Mixed	0%																
Other	2%																
No Answer	4%																

Walsall Population by Ethnicity Census 2021



▲ Arrows indicate increase since 2011 (1 square = 1% pop)



[Summary of the protected characteristic monitoring data.](#)

Feedback

Less than half respondents (49%) felt that they and their family ate a healthy diet

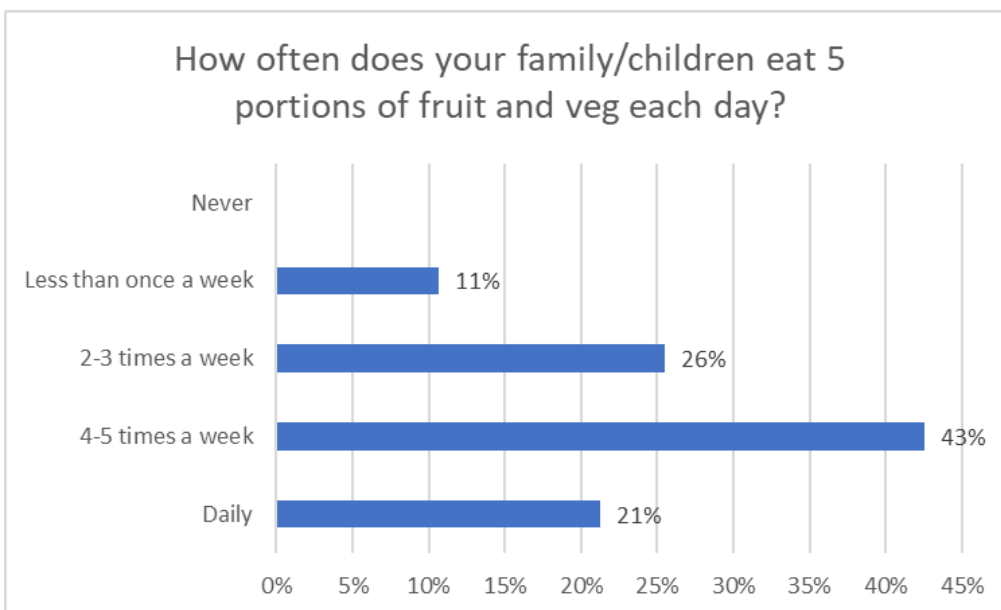
There were a broad range of barriers highlighted with multiple barriers to eating healthily

What are the barriers to you and your family eating healthily



79% of respondents were not managing to achieve the recommended 5 portions of fruit and veg per day

11% managed 5 portions of fruit and veg less than once in a week

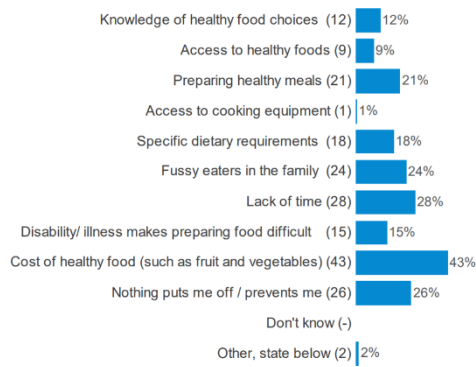


Tab

	Barriers to Healthy Eating	What would support Healthy Eating
Time Pressure/Convenience/Habit	<p><i>"Sometimes struggle as too busy to cook"</i></p> <p><i>"Takeaway is often easy."</i></p> <p><i>"Habit of eating ready-made food"</i></p> <p><i>"Easy access to fresh fruit and veg"</i></p>	<p><i>"Need food ideas"</i></p> <p><i>"Promote eating as a family"</i></p> <p><i>"Help to create good routine"</i></p> <p><i>"Cooking Classes/Support"</i></p>
Knowledge Gaps	<p><i>"Knowing what to cook - easy to cook and cheap"</i></p> <p><i>"Understanding issues around diabetes and health"</i></p> <p><i>"Help with easy quick recipes/ideas"</i></p> <p><i>"Understanding what bad lifestyles may lead to"</i></p> <p><i>"Advice on what to feed a nine year old. What meals can a 9 year old cook himself"</i></p> <p><i>"Understanding what bad lifestyles may lead to"</i></p> <p><i>"More ideas to reduce food waste"</i></p>	<p><i>"School support/help promote healthy food"</i></p> <p><i>"Eating together as a family"</i></p> <p><i>"Education on what is good food"</i></p> <p><i>"Education on what is good food"</i></p> <p><i>"Improved labelling from supermarket"</i></p> <p><i>"Provide healthy eating advice for parents and not just children"</i></p> <p><i>"Knowledge"</i></p> <p><i>"Learning"</i></p> <p><i>"Cooking Classes"</i></p>
Cost/Perceived Expense	<p><i>"Too expensive to cook for myself and family"</i></p> <p><i>"Cheaper to buy takeaway ready meals"</i></p> <p><i>"You can't afford to always eat healthy food"</i></p> <p><i>"The bills are too high to the extent that you have to put your families healthy eating as a second priority."</i></p> <p><i>"High cost of cooking for 2 people (parent and child)"</i></p> <p><i>"Cheaper to eat frozen/takeaway sometimes"</i></p> <p><i>"Fresh food is expensive"</i></p>	<p><i>"Provide healthy eating vouchers as not getting vouchers now as started back to work"</i></p> <p><i>"Make vegetables/healthy eating more appealing and cheaper"</i></p> <p><i>"Greater access to Food Bank vouchers"</i></p> <p><i>"Budgeting help and support"</i></p> <p><i>"Raise the minimum wage whilst reducing food costs - that will go a long way"</i></p>

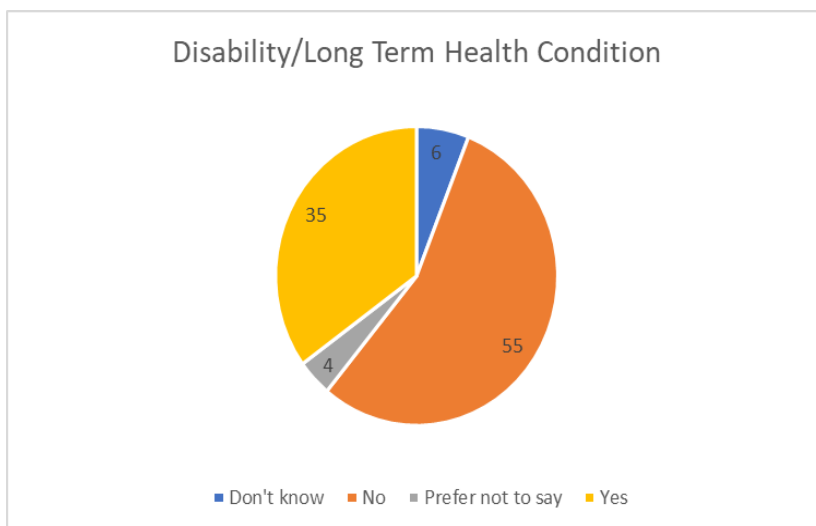
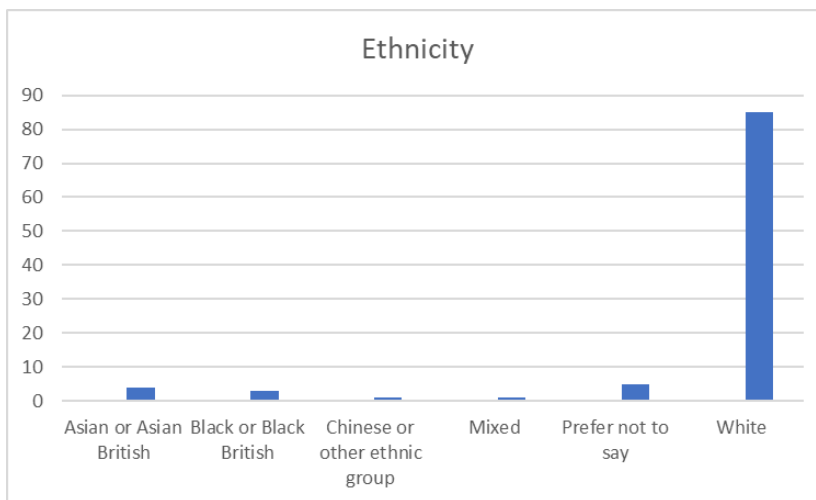
Type of engagement/consultation	Wellbeing Service Residents Survey	Date	Throughout July 2023								
Who attended/participated?	99 Walsall Residents										
Protected characteristics of participants	Summary of the protected characteristic monitoring data.										
<p>Feedback</p> <p>20% of respondents felt it was difficult or very difficult to find support for weight management</p> <p>Accessibility of wellbeing related support</p> <table border="1"> <thead> <tr> <th>Wellbeing Issue</th> <th>Fairly/ Very Easy</th> <th>Difficult/ V.Difficult</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>Weight Management</td> <td>61%</td> <td>20%</td> <td>18%</td> </tr> </tbody> </table> <p>Nearly three quarters (74%) of respondents felt they had barriers to eating healthily</p>				Wellbeing Issue	Fairly/ Very Easy	Difficult/ V.Difficult	Don't know	Weight Management	61%	20%	18%
Wellbeing Issue	Fairly/ Very Easy	Difficult/ V.Difficult	Don't know								
Weight Management	61%	20%	18%								

Do any of the following prevent or put you off you and / or your family from eating more healthily?



Top 3:

- Cost of Healthy Food
- Lack of time
- Fussy eaters in the family



Type of engagement/c onsultation	Aston University Research	Date	Throughout September 2023
Who attended/parti cipated?	Parents on low incomes who are eligible for the Healthy Start Scheme from an original pool of 21 people registered an interest.		

Protected characteristics of participants

All participants were on low incomes
Participants ages ranged from 22 to 36 years, 88.9% of participants were female, and 88.9% participants were of White British Ethnicity. Four parents were educated to A level or equivalent, 2 parents had GCSE's, only 2 were educated to university level, and 1 had no qualifications.

A deep dive was undertaken into understanding perceptions from parents who qualify for the Healthy Start Scheme will allow for an insight into the food choices they make for their children

6 main themes emerged:

- 1) The Complexity of the Social Environment,
- 2) The Pressures in the Physical Environment,
- 3) The Healthy Start Scheme: The Good, The Bad, The Uncertainty,
- 4) The Impact of the Child,
- 5) Perceived Barriers to Healthy Eating, and
- 6) Parental Strategies



6 Concise overview of all evidence, engagement and consultation

“In England 1 in 3 children leaving primary school are overweight or living with obesity”

- Office Health Improvement and Disparities

Children and Families in Walsall are experiencing poor health outcomes, are at risk of serious ill health, poor life chances and early death due to the impact of poor diet.

Whilst this is a national issue. The trends outlined in all the data and studies show that the situation is currently deteriorating in Walsall at a quicker rate the most.

There are a number of socio- economic factors which impact upon this including finance/poverty, knowledge, access, learned behaviours, social and physical environments and there is no one size fits all solution. There need to be both Local and national approaches to address this.

This programme is one part of reversing Walsall's negative trends, by developing the offer beyond the school gate and into communities we are looking to have a broader impact on Walsall families.

At risk groups will be targeted and feedback from consultation acted upon to support children and families in a way that is both meaningful and long term. Developing residents' knowledge around food choice, promoting healthy eating, challenging ingrained behaviours and working in partnership with community stakeholders as outlined in the service specification.

7 How may the proposal impact each protected characteristic or group? The impact may be positive, negative, neutral or not known. Give reasons and if action is needed.

Characteristic	Impact Yes / No	Reason	Action needed Yes / No
Age	Yes – Positive Impact	Positive impact on children with secondary positive impact on other age groups within families as children advocate healthy eating options impacting family habits and health or when family members attend community-based healthy eating events.	No
Disability	Yes – Positive Impact	Children with cognitive and/or physical disabilities are more likely to	No

		<p>suffer from health inequalities, poor outcomes and shorter life expectancy due to poor nutrition, poor oral health and unhealthy eating.</p> <p>The government paper-</p> <p><u>Disability and nutrition programming: evidence and learning</u></p> <p>Suggests that disabled people are often invisible in healthy eating programmes This contract will ensure that the provider utilises data and best practice to reach and offer bespoke targeted support for children with disabilities in Walsall both in mainstream and special schools</p>	
Gender reassignment	Neutral	No Foreseen Impact	No
Marriage and civil partnership	Neutral	No Foreseen Impact	No
Pregnancy and maternity	Yes – Positive Impact	Expectant parents who also have children in educational settings will be impacted by messaging and will have access to information, training and advice via community activities such as cooking or growing sessions.	No

Race	Yes – Positive Impact	<p>There is agreement from the BMA, Social Care Institute for Excellence and the NHS Race and Health Observatory that Black & Asian minority ethnic communities are impacted by inequalities in health and social circumstances and experience poorer outcomes.</p> <p>We are addressing this by developing a community offer through this service and ensuring data is captured and gaps identified acted upon. Black & Asian minority ethnic communities are specifically identified as a target group by providing healthy eating services within those communities. (challenging inequalities by providing services that are culturally appropriate and community sensitive). Advocates will be used whenever possible who can speak the same language and understand an communities' cultural needs and potential barriers to engagement.</p>	No
Religion or belief	Neutral	No Foreseen Impact	No
Sex	Yes – Positive impact	Women in the most deprived 10% of neighbourhoods in England (see above) have a life expectancy that is 7.7 years shorter than that of women in the richest areas. This programme	No

			will impact on the health of girls into the future.	
	Sexual orientation	Neutral	No Foreseen Impact	No
	Armed Forces	Neutral	No Foreseen Impact	No
	Care responsibilities	Yes – Positive Impact	It is likely that there will be a secondary positive impact on those with caring responsibilities for Children	No
	Health, Social and economic inequalities	Yes – Positive Impact	Ensuring additional support, engagement, and targeted work in deprived areas and targeted groups (e.g. SEND children)	No
	Other (Give Detail)			
	Further information			
8	Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details.			(Delete one) Yes
	<p>This cross-curriculum approach to healthy eating model works in a complementary way with other key services to improve their health and to achieve their goals i.e. Walsall Borough Council's Healthy Spaces and Clean & green teams, locality hubs, and the wellbeing service. It will also support staff working with children including SEND to maintain a healthy lifestyle</p> <p>This service will also complement the work undertaken in schools and early years settings to embed a whole food school plan and so builds on the support already gained in schools</p> <p>The emerging Walsall Public Health Food Plan will also support whole community healthy eating and this proposal is closely linking to achieving common objectives.</p>			
9	Which justifiable action does the evidence, engagement and consultation feedback suggest you take?			
	A	No major change required When no potential for discrimination or adverse impact is identified and all opportunities to promote equality have been taken.		
	B	Adjustments needed to remove barriers or to better promote equality Are you satisfied that the proposed adjustments will remove the barriers identified?		

C	<p>Continue despite possible adverse impact</p> <p>For important relevant proposals, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.</p> <p>Consultation may suggest a change of action, but some actions will be required regardless of consultation e.g. budget savings. Mitigating actions may be required to minimise impact identified through consultation.</p>
D	<p>Stop and rethink your proposal</p> <p>Actual or potential unlawful discrimination is identified; the proposal will need reviewing immediately. You may need to consult with appropriate officers including your executive director, finance or Equality, Safety and Wellbeing.</p>

Action and Monitoring Plan				
Action Date	Action	Responsibility	Due Date	Detail
September 2023	Undertake stake holder and public consultations	Esther Higdon /Paulette Myers	September 2023	Responses to inform design of new service specification
October 2023	Undertake thorough, robust and legally compliant reprocurement process	Esther Higdon /Paulette Myers	January 2023	Work with colleagues (procurement, legal, finance and other stakeholders) To ensure compliance.
April 2025	Annual review of contract to deep dive into service data and EQIA to identify and address gaps with Quarterly contract meetings to	Esther Higdon /Paulette Myers	April 2025	Provider to collect, share and utilise data as per service specification to enable delivery against any gaps in service provision

Update to EqIA	
Date	Detail

Contact us

Community, Equality and Cohesion
Resources and Transformation

Telephone 01922 655797

Textphone 01922 654000

Email equality@walsall.gov.uk

Inside Walsall: http://int.walsall.gov.uk/Service_information/Equality_and_diversity