EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App. You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA. Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Perinatal mental health [PNMH] and parent-infant relationships [PIR] Strategy
2. Directorate	Adult social care and health
3. Responsible Service/Division	Public health

Accountability and Responsibility

4. Officer completing EQIA	Sarah Deakin
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Wendy Jeffreys
6. Director of Service Note: This should be the name of your responsible director.	Dr Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
Yes	**Service Change** – *operational changes in the way we deliver the service to people.*
Yes	**Service Redesign** – *restructure, new operating model or changes to ways of working*
Yes	**Project/Programme** – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.*
Yes	**Commissioning/Procurement** – *means commissioning activity which requires commercial judgement.*
Yes √	**Strategy /Policy** – *includes review, refresh or creating a new document*
	Other – workforce development

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Early intervention is an opportunity to give every baby the best start for life.

The government has a vision to give every baby the best start for life[1]. The Family Hubs and Start for Life programme was launched to support the implementation of this vision[2]. Kent is a 'trailblazing' local authority as part of this programme. Being a trailblazer provides us with an opportunity to build on our work through the Healthy Child Programme and to share best practice in early intervention across England. As the largest county in England with more babies born each

year than any other county, we have a unique opportunity to support more babies at scale.
The largest funded element of the Family Hubs and Start for Life programme is supporting mild-to-moderate perinatal mental health and parent-infant relationships difficulties, with a particular focus on supporting families as early as possible. The funding for perinatal mental health support compliments the existing perinatal mental health funding for specialist community perinatal mental health services, as set out in the NHS Long Term plan[3].

This strategy outlines how we can best improve our perinatal mental health and parent-infant relationship support offer across Kent.
This strategy sets out our ambition to improve perinatal menta health and parent-infant relationship support across Kent. It is in-line with the scope of the perinatal mental health and parent-infant relationship strand of the Family Hubs and Start for Life programme, focusing on early intervention and prevention. Given the uncertainty of funding for this programme, this strategy balances setting an ambitious target for improvements in outcomes and care that do not necessarily require a large financial investment. We have not included ideas for actions that will be completed by other elements of the Family Hubs and Start for Life programme.

Although this strategy has been commissioned by Kent County Council, it has been co-produced with colleagues across the health and care sector in Kent. To this end, it should be viewed as a collective strategy that encourages working together across the system of support for babies, parents, and carers.

[1] The Early Years Healthy Development Review (2021): Giving Every Baby the Best Start for Life.
[1] Family Hubs and Start for Life programme: Local Authority Guide (2022).
[1] NHS England (2019): The NHS Long Term Plan.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continuing working on

9. Do you have data related to the protected groups of the people impacted by this activity? *Answer: Yes/No*	Yes
10. Is it possible to get the data in a timely and cost effective way? *Answer: Yes/No*	N/A
11. Is there national evidence/data that you can use? ***Answer:*** *Yes/No*	Yes
12. Have you consulted with Stakeholders? *Answer: Yes/No* *Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.*	Yes
13. Who have you involved, consulted and engaged with? *Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.*	
130 parents and carers (46 parents and carers completed an online survey, 27 completed in depth	

interviews, 46 spoke through outreach activities in children's centres and other public spaces in Kent., 11 parents joined two co-production workshops where the themes and recommendations action plan were presented back to them for review.

180 professionals (107 professionals joined two webinars, representing 38 different organisations across all sectors in Kent, 44 professionals completed an online survey, with 34 different roles, representing 17 different organisations, 29 senior leaders joined one to one or roundtables, representing 13 different organisations.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*	No
15. Do you have evidence/data that can help you understand the potential impact of your activity? *Answer: Yes/No*	Yes
Uploading Evidence/Data/related information into the App *Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.*	See accompanying evidence.

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients *Answer: Yes/No*	Yes	Residents/Communities/Citizens *Answer: Yes/No*	Yes
Staff/Volunteers *Answer: Yes/No*	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*	Yes

18. Please give details of Positive Impacts

The principles and framework for the Family Hubs model, as set out by central government, are built based on improving user experience by :
1. increasing access to a wider range of services in one place or under one shared umbrella;
2. improving the interface and join-up between services; and
3. having services working within practice that builds on strengths and puts families at the centre of services.

The positive impacts that we anticipate:
Service Users/Clients
Increased communication and support regards PNMH and PIR

Staff and Volunteers
Improved awareness about low to moderate perinatal mental health and confidence to have conversations about it.

Negative Impacts and Mitigating Actions

[Type here]

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.	
19.Negative Impacts and Mitigating actions for Age	
a) Are there negative impacts for age? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Age	Young mothers are at increased risk of experiencing perinatal mental health difficulties compared to older mums. Younger mothers are less likely to engage with services and are likely to not benefit from perinatal mental health support/services unless specifically targeted. Young people leaving care, are likely to experience a range of mental health issues that may continue into adulthood, leading to an increased risk of perinatal mental health difficulties.
c) Mitigating Actions for age	Development of perinatal mental health support/services must be targeted for younger mothers. Young mothers must be involved in the co-design of services. Care leavers may benefit from the support of the supporting family's partnership or perinatal mental health services for their perinatal mental health. They require quick access to in particular to Talking Therapies.
d) Responsible Officer for Mitigating Actions – Age	Dr Anjan Ghosh
20. Negative Impacts and Mitigating actions for Disability	
a) Are there negative impacts for Disability? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Disability	Studies show that women with disabilities are at an increased risk of perinatal mental illness compared to women without disabilities. Risks are greatest among women with intellectual/developmental disabilities and those with multiple disabilities. Autistic people may be at higher risk of perinatal mental health conditions given that autism and mental health conditions commonly co-occur and that autistic people face additional stressors

	that may prevent access to appropriate maternity care.
c) Mitigating Actions for Disability	Assurance of up to date awareness and understanding of autism and ADHD in family hub workforce Training for workforce to screen and support for perinatal mental health conditions for women with disabilities but particularly for autistic people.
d) Responsible Officer for Mitigating Actions - Disability	Dr Anjan Ghosh
a) Are there negative impacts for Sex? *Answer: Yes/No* *(If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Sex	**Mothers and deprivation** There is inconsistent evidence of an association between perinatal mental illness and greater socioeconomic deprivation however perinatal women in the most deprived groups are at a higher risk of mental health difficulties. **Mothers and employment** Studies show that mothers who are unemployed during pregnancy have an increased risk of postnatal depression compared with employed women. **Mothers and education** There is a negative association between women's low education level and their maternal depression. **Mothers and Prison** There are two prisons locally that serve women from Kent and across England. Women in prison experience high rates of mental health problems and pregnant and postpartum women may be particularly vulnerable. Longer periods of incarceration follow higher levels of postpartum depression. **Mothers and homelessness** There were 2,462 households in Kent and Medway in temporary accommodation in 2022. There is a positive association between housing

	insecurity and poor mental health outcomes. However, the extent to which homelessness and postnatal depression co-occur is relatively unknown. **Mothers and sex work** 70% of the female sex workers in the UK are mothers. Very little is known about parenting and sex workers. Studies show that sex workers have been associated with mental health difficulties (due to previous trauma/abuse) some of which have been shown to affect maternal bonding. **Mothers and substance misuse** In England the proportion of women under age 50 who are pregnant and are new presentations to drug and alcohol treatment and are a parent/adult living with children is 3%. Mental health problems during pregnancy are associated with alcohol and substance use. **Mothers and modern slavery** Pregnant women who have been trafficked are at risk of multiple health issues, particularly mental health disorders. **Dads** The percentage of men experiencing perinatal mental health difficulties varies, but in the engagement of dads for this strategy about 30-33% of dads were struggling with their mental health. Despite the need for support, 75.5% of dads did not access any support for their mental health after their babies were born. About 20% of women experience perinatal mental health difficulties.
c) Mitigating Actions for Sex	**Mothers** Support women to create and strengthen their social networks Ensure access to services doesn't require finance for example by providing free transport or outreach. Provide links to support for debt, housing,

	employment and additional support Invest in house building for affordable homes Provide peer support programmes to enable vulnerable mothers can access services Involve vulnerable mothers in the co-design of services Culturally sensitive training for the family hub workforce needs to include risks facing sex working mothers. Provide trauma informed care training for workforce Identify and provide evidence based psychotherapeutic interventions in particular for sex working mothers. Employ specialist healthcare staff to provide outreach for mothers with substance misuse issues, who can refer appropriately to drug and alcohol and/or mental health services. Training on identifying and referring people who have been trafficked is likely to benefit (mental health) care provision. Midwives and other maternity health professionals need to be aware of the multitude of physical and mental health complications that are associated with a history of human trafficking, and how these may impact upon perinatal health. There is a need for maternity specific guidelines for women who have been trafficked. **Dads** Drawing dads in to the system so that they can get support for wellbeing when they need it. Improving dads experiences in the system to improve further engagement and enable wellbeing. Providing consistent high-quality information and support

	Shifting mindsets to enable 'mature' services that involve dads as standard.
d) Responsible Officer for Mitigating Actions - Sex	Dr Anjan Ghosh
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Gender identity/transgender	There is a shortage of research on the mental health of gender diverse individuals during the perinatal period. However, small studies show that this is highly likely. This has been attributed to the stress associated with breaking gender norms and having their gender identity and right to become a parent questioned by others, anticipating discrimination, hurtful comments and fear of violence.
c) Mitigating actions for Gender identity/transgender	As the risk of mental health problems in gender-diverse individuals may increase during pregnancy and childbirth, screening for mental health concerns such as post-partum depression is warranted. Since gender-diverse individuals report a low trust in healthcare providers which may limit their health-seeking behaviour, healthcare providers need to take a proactive role in assessing and supporting their mental health during the perinatal period.
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	Dr Anjan Ghosh
23. Negative Impacts and Mitigating actions for Race	
a) Are there negative impacts for Race? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Race	Perinatal mental health disparities persist among diverse racial and ethnic groups in the UK. Women of ethnic minority background struggle to access and engage with perinatal mental health support for many reasons. For example, women might present with mental health difficulties in different ways to white women and so they remain unacknowledged. Women might experience stigma and fear of disclosing any mental health difficulties even with family, fear of being seen to not coping and difficulties in medication adherence.

	These issues are particularly concerning for women from gypsy and traveller communities where there is significant taboo around mental health in general. There is an increased risk of perinatal mental health difficulties in asylum seeking women due to trauma of displacement and other stressors. These women are likely to experience difficulties accessing services due to language barriers and lack of awareness of the services.
c) Mitigating Actions for Race	Training for Family hub staff and particularly those involved in perinatal mental health services on awareness of perinatal mental health and its different presentation with ethnic minority women. Ethnic minority women must be involved in coproduction of perinatal mental health services. Training for staff on cultural norms, knowledge and traditions is important for all ethnic minority women but particularly so for gypsy and traveller women. Produce accessible and culturally relevant resources and education on perinatal mental health for ethnic minority women. Asylum seeking women who are experiencing perinatal mental health difficulties need to be referred to specialist mental health support offered through trusted organisations who support asylum seekers.
d) Responsible Officer for Mitigating Actions - Race	Dr Anjan Ghosh
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Religion and belief	In a maternity report about Muslim women in 2022, 22% of women said that their mental health was affected in maternity. This is higher than the average of 20%. Muslim women did not always feel able to trust frontline professionals enough to disclose their anxieties because of their dismissive approach, use of insensitive language and microaggressions.

	Some professionals appear to be desensitised to the mental health needs of Muslim women and the negative attitudes of HC professionals are a barrier, which includes stereotypes of assuming women have sufficient support from extended family and networks.
c) Mitigating Actions for Religion and belief	Provide Muslim women with written information about mental health symptoms/services, including faith and cultural specialist counselling services. Improve training of workforce about how to speak about mental health and ask questions sensitively, including in a culturally appropriate manner and acquiring knowledge of barriers related to faith and culture. Triaging of mental health requests should be done by clinically trained staff. Perinatal mental health services need to be equipped to meet faith/cultural needs of Muslim women including counselling in different languages. To improve accountability, information about mental health issues should be logged in maternity records.
d) Responsible Officer for Mitigating Actions - Religion and belief	Dr Anjan Ghosh
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Sexual Orientation	From Census 2021, In Kent, 1.3% of the population identify as Gay or Lesbian. The rates of perinatal mental health problems are slightly higher in lesbian mothers in comparison to heterosexual mothers- this might be partly explained by the generally higher rates of mental health difficulties in the LGBTQ+ community. Lesbian mothers can experience poor quality relationships and social support, may be marginalised and are likely to experience stigma, discrimination and homophobia from professionals or services. The prevalence rate for perinatal mental health

	issues in LGBT+ partners is currently not known.
c) Mitigating Actions for Sexual Orientation	Cultural sensitivity training for professionals LGBTQ+ mothers included in co-design of services. Non birthing partners can be 'invisible' and need to be made more visible
d) Responsible Officer for Mitigating Actions - Sexual Orientation	Dr Anjan Ghosh
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Pregnancy and Maternity	Baby loss, baby separation, premature birth, infant ill health, domestic abuse, multiple births (twins) and negative experiences of breastfeeding, can all impact on the mental health of mothers and partners in the perinatal period.
c) Mitigating Actions for Pregnancy and Maternity	Trauma informed practice training for the workforce. This should include awareness of breastfeeding grief and trauma. Training on perinatal mental health for wider workforce including those who work with mothers experiencing baby loss, separation, domestic abuse, babies in NICU and multiple births. Training of family hub workforce in routine enquiry about perinatal mental health of mothers and partners. Awareness that this enquiry needs to be in a 'safe space.' Mothers experiencing social care require specialist perinatal mental health services, and sustained support of voluntary sector and peer support to enable engagement with services due to lack of trust with authorities. Mothers experiencing baby loss require quicker/easier referral process for perinatal mental health support An improved offer and range of perinatal mental health support which includes telehealth, internet or mobile health interventions which could be assessed at home. This will be especially appealing to mothers with multiple births who will otherwise struggle to access

	services. Training for perinatal mental health professionals in domestic abuse challenges for mothers Mental health psychotherapy support for parents with infants in NICU Workforce to provide support for mothers experiencing breastfeeding grief and trauma. Women with breastfeeding difficulties should be screened for depressive symptoms.
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	Dr Anjan Ghosh
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Marriage and Civil Partnerships	Mothers with supportive marital relationships have been reported less likely to develop depressive symptoms during the postnatal period. Single mothers have higher rates of psychological/emotional distress, for example major depression, dysthymia, suicide and low self-esteem, than married/partnered mothers.
c) Mitigating Actions for Marriage and Civil Partnerships	The introduction of routine procedures to screen/assess women for psychosocial risk factors in the antenatal period and highlight the need not only to ask pregnant women whether they have a partner, but also about levels of available support. Any screening procedures should include an assessment of the quality of the partner relationship.
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	Dr Anjan Ghosh
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Carer's Responsibilities	Rates of adoptive parent depression are estimated to be as high as 32% but this estimate varies greatly across studies and contexts. In a UK study adoptive parents indicated higher rates of depression and anxiety compared the general population.

	Both foster and adoptive parents consistently rank children's behaviour problems as the most difficult challenge and unsurprisingly, the severity of emotional and behavioural issues among children are associated with higher levels of parental depressive symptoms and parenting stress.
c) Mitigating Actions for Carer's responsibilities	Healthcare practitioners to be more attuned to the needs of adoptive families and to provide appropriate support and interventions. Increasing adopters' awareness and understanding of the challenges of adoptive family life may also reduce barriers and stigma associated with seeking support and empower parents to access mental health support more readily.
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	Dr Anjan Ghosh