

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):	Parent Infant Mental Health Service
2. Directorate	Adult social care and health
3. Responsible Service/Division	Public health

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	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 v	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
Yes	Strategy /Policy – includes review, refresh or creating a new document
v	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.

KCC have identified that nearly 3000 parent infant relationships could be strengthened by additional support every year. Evidence shows that a good parent infant relationship is a prerequisite for an infants development in the first 1001 days from conception and a time of rapid brain development. Our experiences in this period lay the foundations for a wide range of future health outcomes.

Given this, KCC would like to commission a new Parent Infant Mental Health Service which will provide additional specialist support for those families struggling with their parent infant relationship.

The overall aims of this new multi-disciplinary parent-infant mental health service are to:

- support families who are finding it difficult to develop a positive relationship with their baby or young child to:
- rectify and strengthen parent-infant relationships for families experiencing moderate-severe difficulties.
- support colleagues in a range of universal and targeted services to promote and strengthen parent-infant

relationships for families experiencing mild-moderate difficulties.

- work with a range of multi-agency colleagues to promote healthy development of parent-infant relationship difficulties.
- provide parent-infant relationship expertise across the system.

The overall objectives of the service are to:

- Undertake clinical specialist assessment for families with moderate to severe difficulties.
- Deliver specialist therapeutic evidenced based interventions for those assessed which directly address and rectify and strengthen parent and infant relationships.
- Provide group and individual therapeutic interventions to parents/carers and their babies from conception to a child's second birthday.
- Improve the outcomes of parent infant relationships where there are difficulties.
- Provide specialist parent infant mental health case consultation and supervision for the workforce who are offering a programme of sensitive evidence-based parent infant relationship interventions.
- Design and deliver relevant workforce development and training to build capacity across the system.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

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 and 180 professionals were engaged in the development of the PMH/PIR strategy. They told us that there was more support for specialist perinatal mental health support than for parent infant relationship support. Only 5% of parents and carers reported that they were well-served by the current parent-infant relationship offer. In particular dads and co-parents were raised as a group that were not well served by the current parent infant relationship offer in Kent.

In addition, we have consulted with the Local Midwifery Neonatal Service, the Kent & Medway Specialist Perinatal Mental Health Community Service and the Parent infant Foundation. We commissioned the Parent Infant Foundation to help us put some detail into the development of the service and understand the requirements from a clinical perspective.

We also consulted with PIMHS services in the South East including Surrey and Essex PIMHS to understand how the service might operate locally.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>		Yes PMH/PIR strategy EqIA	
15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i>		Yes	
Uploading Evidence/Data/related information into the App <i>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.</i>		See accompanying evidence.	
Section C – Impact			
16. Who may be impacted by the activity? Select all that apply.			
Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	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? <i>Answer: Yes/No</i>			Yes
18. Please give details of Positive Impacts			
<p>The positive impacts that we anticipate:</p> <p>Service Users/Clients Strengthening relationships between babies and their caregivers Improving the mental health of caregivers Supporting babies early development and wellbeing (including those most at risk)</p> <p>Staff and Volunteers Improved awareness of parent infant relationship difficulties and the confidence to have conversations about it. Upskill family hub workforce to deliver parent infant relationship interventions Increased capacity for reflective practice, collaboration and team working</p> <p>Residents/Communities/Citizens Reduction in the numbers of infants going into care and a de-escalation of child protection status following treatment. In Liverpool, a social impact study found that for every £1 invested in a parent infant relationship team and postnatal depression service, £13.18 is saved in public costs (health, social care, education and criminal justice) and £59.91 is created in social value (also including social and emotional benefits like quality of life and potential future earnings).</p>			
Negative Impacts and Mitigating Actions 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? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>		Yes	
b) Details of Negative Impacts for Age		Young mothers are at increased risk of experiencing perinatal mental health difficulties compared to older mums and this will likely impact on the young mother-	

	<p>infant relationship. Younger mothers are less likely to engage with services and are likely to not benefit from the PIMHS service unless specifically targeted.</p> <p>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. These difficulties could lead to impacts on the care leaver infant relationship although there is scant evidence for this.</p>
c) Mitigating Actions for age	Will need to promote and provide different ways of accessing the PIMHS service for young mothers/care leavers in Kent.
d) Responsible Officer for Mitigating Actions – Age	Anjan Ghosh
20. Negative Impacts and Mitigating actions for Disability	
a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Disability	<p>Children with severe learning disabilities demonstrate challenges in social communication which may impact the parent infant relationship.</p> <p>Neurodivergent parents have difficulties with multitasking demands of parenting and experiencing ‘burnout’</p>
c) Mitigating Actions for Disability	<p>There is insufficient evidence of relationship focused interventions being effective for individuals with severe learning disabilities. It’s unlikely the PIMHS service will meet the needs of this group and so would not meet the criteria for entry to the service.</p> <p>Will need to respond to the different presentations from neurodivergent parents and offer/ present assessment and interventions.</p>
d) Responsible Officer for Mitigating Actions - Disability	Anjan Ghosh
a) Are there negative impacts for Sex? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Sex	<p>Mothers & Deprivation. There is evidence of the effectiveness of relationship focused interventions on mothers-infants experiencing socioeconomic deprivation. However, flexible and creative approaches will be needed to ensure the new PIMHS service is accessible to this group.</p>

Mothers and employment

Mothers who are unemployed during pregnancy have an increased risk of postnatal depression compared with employed women. Postnatal depression is a risk factor for a poor parent infant relationship.

Mothers and education

Limited parental education level is a risk factor for parental mental health difficulties. PNMH difficulties in themselves are a risk factor for a poor parent infant relationship.

Mothers/Fathers and Prison

Mother or father absence through imprisonment does influence infant mental health and emotional development.

There is no definitive data to determine who should oversee the care of infants affected by paternal imprisonment, thereby leading them to become an 'invisible population.' In being an invisible population, children are at risk of becoming victims of a lack of mainstream provision, unrecognised as a distinct group and often falling between the guidelines of various departments (health, justice system and social care).

Mothers and homelessness

Homeless children aged 0-5 experience more internalising and externalising behaviour problems and overall mental health problems, than non-homeless children. Little research has been undertaken to determine the effectiveness of relationship focused interventions on homeless infants or on their uptake.

Mothers and sex work

Sex workers have been associated with mental health difficulties (due to previous trauma/abuse) some of which have been shown to affect maternal bonding. Sex workers may not engage in the new PIMHS service due to mistrust and stigma.

Mothers/Fathers and substance misuse

Parental substance misuse is a risk factor for poor mental health in infants.

Mothers and modern slavery

Pregnant women who have been trafficked are at risk of multiple health issues particularly mental health. Poor PNMH can lead to poor parent infant relationship, although the evidence is poor. Trafficked individuals are unlikely to access services due to mistrust and will require identification and referral by trusted community providers to the PIMHS service.

	<p>Fathers. There is very little evidence of the effectiveness of relationship focused interventions between father and infant. However, we do know there is a need as determined by needs analysis in the PMNH/PIR strategy. The strategy also shows that fathers have not been accessing either perinatal mental health support or parent infant relationship support in Kent. Since fathers are less likely to access services in general, they may not access the new PIMHS service.</p>
c) Mitigating Actions for Sex	<p>The new PIMHS service will need to use flexible and creative approaches to engage mothers experiencing disadvantage and from diverse communities (including mothers living in deprived communities, unemployed mothers, mothers with little education, mothers in prison, homeless mothers, sex workers, mothers with substance misuse, trafficked pregnant women and mothers</p> <p>The new PIMHS service will need to train and supervise community members to deliver some of the programmes, provide home based support and deliver psychotherapeutic interventions as part of a wider package of social, economic and psychoeducational support- as offered by the Family Hubs.</p> <p>The new PIMHS service will need to identify infants affected by the criminal justice system at the earliest opportunity to enable early intervention strategies for those in need- this might require an intensive home visiting package.</p> <p>The new PIMHS service may need to provide outreach for parents with substance misuse issues who may then need to refer to appropriate substance misuse treatment services.</p> <p>The new PIMHS service will need to be promoted and provided in different ways for fathers in Kent perhaps via digital access or outreach.</p>
d) Responsible Officer for Mitigating Actions - Sex	Anjan Ghosh
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Gender identity/transgender	<p>Transgender and non binary parents. Gender diverse individuals report higher risk of PNMH difficulties which could lead to poorer parent infant relationships (though there is little evidence to this). There is very little evidence of the effectiveness of relationship focused interventions with transgender and non binary parents.</p>

	Such individuals report low trust in health care professionals which may limit health seeking behaviour.
c) Mitigating actions for Gender identity/transgender	<p>The new PIMHS service will be available for all persons however they identify themselves.</p> <p>FH workforce will need to proactively assess and refer gender diverse individuals to the new PIMHS service.</p>
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	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	<p>Race/ethnicity are factors that influence rates of adverse maternal and infant mental health outcomes.</p> <p>There are several studies showing the effectiveness of relationship focused interventions with ethnic minority parents and infants, though most were with black parents.</p> <p>Evidence suggests that black mothers and women from gypsy, Roma and traveller groups are less likely to seek support and access services in general due to stigma and discrimination and so may not access the new PIMHS service.</p>
c) Mitigating Actions for Race	Will need to promote and provide different ways of accessing support for people from the different ethnic minority groups in Kent perhaps via community leaders and outreach.
d) Responsible Officer for Mitigating Actions - Race	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	<p>In a maternity report about Muslim women in 2022, 22% of women said that their mental health was affected in maternity. This was higher than the average of 20%.</p> <p>Given that PNMH difficulties can lead to poor parent infant relationships, its likely that Muslim women may experience more than the average of such difficulties.</p> <p>There are many reasons which may prevent Muslim mothers from accessing the new PIMHS service including cultural sensitivity, language barriers, lack of knowledge of the service.</p>
c) Mitigating Actions for Religion and belief	Ensure staff in the new PIMHS service have training in cultural sensitivity, use translation services and promote the service to Muslim women specifically via community leaders.
d) Responsible Officer for Mitigating Actions - Religion and belief	Anjan Ghosh
25. Negative Impacts and Mitigating actions for Sexual Orientation	

a) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Sexual Orientation	The rates of PNMH problems are slightly higher in lesbian mothers than heterosexual mothers. Given that higher PNMH difficulties is a risk factor for poorer parent infant relationships, its likely (but there is no research to prove this) that lesbian mothers will be more likely to experience more parent infant relationship difficulties.
c) Mitigating Actions for Sexual Orientation	Ensure staff in the new PIMHS service have training in cultural sensitivity and that LGBTQ+ mothers are included in the design of the service.
d) Responsible Officer for Mitigating Actions - Sexual Orientation	Anjan Ghosh
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	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. Given that PNMH is a risk factor for a poor parent infant relationship, its likely (though research evidence is minimal) that women experiencing these difficulties may have a poor parent infant relationship and be less likely to seek help for it.
c) Mitigating Actions for Pregnancy and Maternity	<p>The new PIMHS service will need to offer a range of ways that interventions might be delivered for example by telehealth, internet or outreach.</p> <p>The new PIMHS service will need to engage with the voluntary sector/peer support groups to identify women who may require the service but would not normally access it.</p> <p>The new PIMHS service will need to develop relationships with the psychotherapy/psychology teams in the neonatal intensive care unit [NICU] and neonatal services.</p> <p>The new PIMHS service staff may need training in domestic abuse challenges for mothers.</p>
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	Anjan Ghosh
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Marriage and Civil	Single mothers have higher rates of

Partnerships	psychological/emotional distress than married /partnered mothers. Given that PNMH is a risk factor for poor parent infant relationships, its likely that single mothers will be experiencing poorer parent infant relationships- though there is little research evidence to support this. Single mothers may experience difficulties accessing the new PIMHS services and if they do they may be less likely to complete treatment.
c) Mitigating Actions for Marriage and Civil Partnerships	The new PIMHS service will need to offer a range of ways that interventions might be delivered for example by telehealth, internet or outreach to enable single mothers to access the service.
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	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	Infants in foster care and those adopted are showing higher levels of infant mental health problems compared with the general population. There is some evidence of the effectiveness of relationship focused interventions targeting foster and adoptive parents and their children.
c) Mitigating Actions for Carer's responsibilities	<p>The new PIMS service will need to be targeted to foster carers and adoptive parents.</p> <p>KCC will need to increase adopters awareness and understanding of the challenges of adoptive family life in order to reduce the stigma associated with seeking support and empower parents to access the new PIMHS service.</p>
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	Anjan Ghosh