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):	Infant Feeding 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
	Service Change – *operational changes in the way we deliver the service to people.*
	Service Redesign – *restructure, new operating model or changes to ways of working*
	Project/Programme – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.*
	Commissioning/Procurement – *means commissioning activity which requires commercial judgement.*
Yes	**Strategy /Policy** – *includes review, refresh or creating a new document*
	Other – Please add details of any other activity type here.

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.

The Kent and Medway Interim Integrated Care Strategy identifies breastfeeding as one of the key health outcomes for children that vary between population groups and that can affect health and wellbeing outcomes in later life. It states a commitment to developing a Family Hub model that will include access to universal infant feeding services and will enable improved integration of services including in relation to infant feeding. This draft infant feeding strategy sets out how Kent County Council will develop support for infant feeding through implementation of Start for Life and the Family Hubs Transformation programme.

Start for Life focuses on the first 1001 days of life, from conception to the age of 2, and is part of the

core offer that all local authorities provide. In addition, KCC is receiving funding to develop a Family Hub model, providing multiagency, open access, community-based provision. Infant feeding advice and specialist breastfeeding support are part of the essential Start for Life offer for all families and the Family Hub model is intended to deliver enhanced infant feeding support. The strategy also incorporates system-wide actions for Kent as part of the implementation of Kent and Medway Local Maternity and Neonatal System's (LMNS) Equity and Equality Strategy. In its Equity and Equality Action Plan, the LMNS has committed to "making sure all of our maternity and neonatal services achieve the standards of infant feeding support recommended by the UNICEF UK baby friendly initiative" and "working in partnership with other organisations in Kent and Medway to improve the range of breastfeeding support across communities, including through development of family hubs." NHS England's 3 Year Delivery Plan for Maternity and Neonatal Services sets an ambition that "Women ... are provided with practical support and information that reflects how they choose to feed their babies" and says it is the responsibility of maternity and neonatal trusts to "Achieve the standard of the UNICEF UK Baby Friendly Initiative (BFI) for infant feeding, or an equivalent initiative, by March 2027.

The purpose of this strategy is to give babies in Kent the best start in life and to support the health and wellbeing of mothers, with a focus on reducing health inequalities.

It aims to reduce the barriers to breastfeeding so that mothers can breastfeed for as long as they would like to and to ensure that all mothers and families get the support they need with feeding their babies.

Section B – Evidence

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*	Yes
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.

As part of the engagement process for developing this IF strategy there were:

- 394 survey responses from mothers
- 88 survey responses from staff and volunteer infant feeding supporters
- 20 individual meetings with infant feedings leads, service managers, researchers and staff
- 6 co-production meetings with groups of staff and mothers
- 36 national standards and guidelines reviewed as part of gap analysis comparing current provision against good practice
- 6 steering group meetings with membership including maternity and neonatal commissioner and providers, community service commissioner and providers, and voluntary sector breastfeeding support coordinators.

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
Early awareness and subsequent engagement during the ante natal period of the new service offer
Uptake of the new service increasing confidence in mums fully or partially breastfeeding.

Staff and Volunteers
Knowledge and assurance that there is additional support which is available up to the first 12 weeks of life.

Pregnancy and maternity Reassurance that there is an additional service offer available to them and not necessarily needing them to seek it out.	
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? *Answer: Yes/No* *(If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Age	**Young Mothers** In April 2023, all NHS Trusts (except Maidstone & Tunbridge Wells NHS Trust) reported having more mothers aged 19 years and under than the national average (3%). For those mothers between 20-24 yrs, most Trusts (except Medway Foundation Trust) had fewer mothers than the national average (13%). Evidence suggests that the lowest incidence of breastfeeding was found among mothers aged under 30 Children of out of home care mothers (OHC) (care leavers) are less likely to breastfeed for greater than 3 months than non -OHC mothers.
c) Mitigating Actions for age	Peer counselling is the most successful intervention for increasing breastfeeding rates in young women. Prenatal education has some benefit for increasing breastfeeding in younger women. Care leavers are likely to require increased support with breastfeeding. Measures are needed to provide a secure and safe housing for care leavers , in which effective breastfeeding can occur.
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	It has been estimated that 9.4% of women giving birth in the UK have one or more limiting longstanding illness which may cause disability, affecting pregnancy, birth and early parenting.

	In a study by Redshaw et al (2013) most disabled women were positive about their care and reported sufficient access and involvement, but were less likely to breastfeed at least once or breastfeed partially or exclusively during the first few days. This was particularly evident in women who were physically disabled, mentally disabled and for women with more than one disability. 0.2% of women and girls in the UK have Autism Spectrum Disorder (though is likely to be an under-estimation). A study by Grant et al (Aug, 2022) found that many autistic women wanted to breastfeed, however they found it difficult. Because: (1) services were inaccessible and unsupportive to autistic mothers, meaning they did not receive help when needed. (2) becoming a mother was challenging because of exhaustion, loss of control over routines and lack of social support. (3) sensory challenges, such as being touched out and pain, which could feel unbearable.
c) Mitigating Actions for Disability	Training for staff and improving aspects of maternity care for disabled women, namely in support, communication (particularly for autistic women), and infant feeding. For autistic women in particular: Training of staff on not touching women (to show latch for example) without explicit consent Staff should receive training and tools related to autism, but this also needs to be specific to infant feeding and able to be tailored to each mothers need. Autistic mothers require continuity of care (due to social anxiety difficulties) Guidance on communication and sensory needs to be included in any notes.
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	In 2021, there were 16,632 registered live births

	in Kent. **Mothers and geographical variation** There is wide variation in breastfeeding prevalence in Kent. Swale (38.9%), Thanet (44.8%), Dover (45.4%), Gravesham (48.9%), Tonbridge & Malling (51.1%) all have lower than Kent average (51.3%) prevalence of breastfeeding (full/partial) at 6-8 wk review (2022/23) **Mothers and deprivation** All of the top 20 most deprived areas in Kent are in coastal areas according to the IDACI. Those living in the most deprived areas of the UK were less likely to breastfeed (11%). **Mothers and employment** Mothers working in managerial and professional occupations are more likely to breastfeed as they are likely to have the practical means to support breastfeeding. However, women who were returning to work for financial reasons were less likely to initiate breastfeeding than those who returned for other reasons. **Mothers and education** Those who left education under 18 (9%) are less likely to breastfeed. More educated mothers might be more up to date with the recommendations made by health authorities and spending more time in formal education might render mothers more willing, more likely and more able to pursue breastfeeding. **Mothers and Prison** There are two prisons locally that serve women from Kent and across England. Research shows that women from prisons have a lower rate of breastfeeding initiation and continuation than women from other groups. **Mothers and homelessness** There were 62,000 homeless families living in temporary accommodation in England at the end of 2018. The number of households in temporary accommodation has been on a rising trend, having reached 2,462 in Kent and Medway at the end of 2022. There are decreased breastfeeding initiation rates and duration in the homeless population.

	Mothers and sex work There are approx 72,800 people selling sex for money in the UK. These are mostly women, of whom approx 70% are mothers. Very little is known about parenting in this context. Whilst there are no specific studies on breastfeeding and sex workers, studies show that sex workers cite opening hours and location of services as barriers to them accessing health services. **Mothers and substance misuse** The estimated number of adults with alcohol dependence living with children in Kent (2018 to 2019) was 2 per 1000 of the population as compared to 3 per 1000 in England. 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 or adult living with children is 3% and are a parent not living with children is 4% There is a dearth of information cited in UK alcohol guidelines in relation to alcohol use whilst breastfeeding. There is debate in the research literature about the safety of alcohol consumption and breastfeeding. In one study in UK, 8.5% of BF mothers drank alcohol whilst breastfeeding. **Fathers and Breastfeeding** Fathers positive attitude, involvement and support greatly influenced breastfeeding decision and commitment among mothers and was associated with increased breastfeeding rates and duration. The exclusion of fathers from breastfeeding support and preparation may result in decreased quality of life and self-efficacy among fathers.
c) Mitigating Actions for Sex	**Mothers** Breastfeeding peer support interventions are nationally (and internationally) recommended to increase breastfeeding rates and address inequalities. More targeted interventions to bolster the breastfeeding knowledge, skills, and emotional and practical support for the groups of mothers with unmet needs (financial, social), particularly mothers in areas of deprivation.

	Policies to increase breast feeding should address how both the time and circumstances of a mother's return to employment postpartum influence whether she decides to start breast feeding. Increased investment in formal education could address low BF rates. Make antenatal classes more accessible in more disadvantageous areas. Make information more easily available to those with limited access to the Internet. Improve support by qualified midwives at time of birth and in the following days. Require action to prevent homelessness. Need to invest in house building for affordable homes. Homeless BF mothers should be referred to nutritional programmes (Healthy Start). Provide early breastfeeding education for vulnerable mothers Promote breastfeeding initiation within one hour of birth for vulnerable mothers Encourage peer support groups for vulnerable mothers Specialist staff are needed to provide outreach for sex workers, in places/ways that are more accessible to them. Health care professionals need to take the time to listen to breastfeeding mothers experiencing drug and alcohol dependence and determine their individual needs. For breastfeeding mothers living in prison provide: • A regular supply of disposable breast pads • Access to a good quality breast pump • Access to private, comfortable place to express • Permission to keep personal baby items • A supply of breast milk storage bags • A fridge/freezer with lock to store expressed

	breast milk • Staff to support making appointments with midwives/GP • Opportunities and support to breastfeed and express milk during visits **Fathers** Focus on fathers as a major part of the breastfeeding family and engaging them in the preparation and support process would certainly impact positively on breastfeeding rates.
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	In a Swedish study on gender diverse individuals and pregnancy, delivery and nursing, infant feeding preferences from Transgender individuals can vary- some breast feed and others don't. Participants that had undergone chest masculinisation surgery can be surprised to find that breast growth occurred during pregnancy and that they start lactating after birth. Medical staff were unable to provide guidance of how chest masculinisation surgery would affect their breast feeding capacity. This study (and in agreement with others) showed that breastfeeding was not associated with gender dysphoria.
c) Mitigating actions for Gender identity/transgender	Guidance from health care staff on how chest masculinisation surgery can affect breast growth and lactation in the perinatal period. More research into gender diverse individuals and their experiences of infant feeding
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	From Census 2021, In Kent, 89.4% of population identify as White, 4.4% Asian, 2.6% Black, 2.3% mixed ethnicity, 1.2% other ethnic group. The greatest number of Asians was in Gravesham (11.2%), followed by Dartford

	(9.9%). 0.3% of the population identifies as Gypsy or Irish Traveller, which is higher than both the National (0.1%) and SE (0.2%) averages. 0.1% of the population identifies as Roma, which is lower than the National average (0.2%) and the same as the SE average (0.1%). According to data from the 2010 National Infant Feeding Survey, the highest incidences of breastfeeding were found from minority ethnic groups (97% for Chinese or other ethnic group, 96% for Black and 95% for Asian ethnic group). White women are among the most disadvantaged in the UK with respect to breastfeeding practices. Some studies have shown that breastfeeding rates are extremely low in England's Gypsies. Whilst national studies show relatively higher rates of breastfeeding in Roma communities, this has not been found to be the case in Kent, where breastfeeding rates are particularly low. Migrant women who move to new countries compared to those who remain in their home countries, often result in earlier discontinuation or no breastfeeding. Migrant women experience challenges to BF in host countries including public shaming, easy access to formula, and changes in their social support network (along with lower rates of BF in host population)
c) Mitigating Actions for Race	Targeted interventions to improve breastfeeding in white British native women should consider the role that culture can play in encouraging positive health behaviours. Breastfeeding support and training needs to be in line with cultural norms found in Gypsy, Roma and Traveller communities and migrant communities. Train site liaison managers in breast feeding. Provide early, inclusive, and accessible conversations antenatally about breastfeeding to encourage uptake.
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*	Yes

also complete sections b, c,and d).	
b) Details of Negative Impacts for Religion and belief	From the Census 2021, In Kent, 48.5% of the population identify as Christian, 1.6% Muslim, 1.2% Hindu, 0.8% Sikh, 0.6% Buddhist, 0.1% Jewish, 0.6% other Religion and 40.9% No religion. **Religious Customs and Infant Feeding** Some women may not breastfeed in public. Some women prefer female health professionals. In some religions, there is a postnatal period where mothers should stay home. This means that mothers are unlikely to seek infant feeding support unless its provided in the home or by other methods (telephone/ online).
c) Mitigating Actions for Religion and belief	Training in person centred and cultural awareness for staff. Provide breastfeeding support at home or online for some cultures. Training women community ambassadors to support women with information, appointments and translation at hospital.
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 the Census 2021, In Kent, 90.6% of the population identify as straight or heterosexual. 1.3% of the population in Kent identify as Gay or Lesbian which is lower than the national and SE regional average (1.5%), with the greatest % of Gay or Lesbian people living in Canterbury (1.8%) and the lowest % living in Tonbridge & Malling (0.9%) . 1.1% of the population of Kent identify as Bisexual which is lower than both the national and SE regional average (1.3%). In a US study infants born to lesbian identified women were less likely to be breastfed than those born to their heterosexual counterparts. Disparities might be due to healthcare stigma- with such women experiencing difficulty accessing health care. (Jenkins et al, 2021).
c) Mitigating Actions for Sexual Orientation	Training for professionals on reducing stigma, using Inclusive language and involving non birthing parent.

	Involving LGBTQ+ parents in the co-production of services/support. Deliver community based breastfeeding educational interventions from HC professionals and peer groups.
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	Premature birth, infant ill health, domestic abuse and multiple births (twins) can all reduce rates of breastfeeding.
c) Mitigating Actions for Pregnancy and Maternity	Breastfeeding programmes should include support for breastfeeding women's emotional needs to promote positive interactions. For breastfeeding mothers experiencing premature birth/infant ill health: • Prevent mother/infant separation • Increase access to breast pumps • Provide support for milk expression • Enable skin to skin contact & kangaroo mother care • Provide lactation consultants • Provide neonatal outreach service to support premature babies to breastfeed Professionals and parents of multiples needed information and guidance about breastfeeding, bottle-feeding and weaning onto solids for multiples.
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	A British study of 17,308 mothers, showed that there is an association between exclusive breastfeeding at 3 months and being a mother with a partner. Single mothers were significantly less likely to breastfeed than mothers with a partner.
c) Mitigating Actions for Marriage and Civil Partnerships	Additional problem solving and assessment of barriers is needed for at risk populations such as single parents.
d) Responsible Officer for Mitigating Actions	Dr Anjan Ghosh

- **Marriage and Civil Partnerships**	
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	Pregnancy and birth are not absolute prerequisites for lactation and so it is possible for women to breastfeed adopted babies. Rates of adoptive breastfeeding are unknown in the UK, but are considered to be much lower than developing countries. It is thought that a lack of knowledge and support for breastfeeding and ways to maximise breastfeeding frequency are contributing to the low rates of adoptive breastfeeding.
c) Mitigating Actions for Carer's responsibilities	Developing increased knowledge and having support for breastfeeding will assist adoptive mothers to successfully breastfeed their adopted babies.
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	Dr Anjan Ghosh