



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] - Family hubs
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.	Wendy Jeffreys
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.

Since the inception of EHPS in 2015, Kent County Council (KCC) has been able to maintain a comprehensive Open Access offer, including both universal and targeted provision, delivered through internal staff and settings and commissioned services across 0-19 years.

Open Access services work closely with partners including public health services such as Health Visiting services through co-location. There are also currently two Commissioned Children's Centre in Kent (Millmead and Seashells) and 12 district-based commissioned youth service contracts.

In his budget announcement in October 2021, the then Chancellor, Rishi Sunak, outlined his plans for the roll out of a national Family Hubs programme launching the programme in November 2021. The programme is led by the

Department for Education (DfE) in collaboration with the Department of Health and Social Care (DHSc) to ensure there is policy integration at national level to develop an enhanced multiagency partnership. The framework was developed following the Early Years Healthy Development Review published in 2021 (The Best Start for Life, A Vision for the 1001 Critical Days). The in-depth research and engagement was conducted by a review team including parents, carers, sector professionals, volunteers and academics.

KCC is committed to the implementation of Family Hubs in Kent as part of its ambition to deliver the best outcomes for all children, young people, and their families, delivering services identified through the Family Hub guidance.

The DfE launched the national Family Hub Programme Framework in August 2022 alongside an application for 75 Local Authorities to apply for transformation funding to create multiagency community-based provision. Kent was identified as one of the eligible Local Authorities for funding aligned to the Family Hub and Best Start for Life strategy.

The DfE sets out key funded areas as part of the Family Hubs model and transformation within the Start for Life offer. This includes Perinatal mental health and parent infant relationships.

The analysis from the available evidence suggests that the development and implementation of Family Hubs in Kent with the breadth of workforce development re PMH and PIR, implementation into practice and pilot delivery of parent infant relationships interventions may have impacts for all protected characteristic groups due to the mixed client base:

- Age
- Disability
- Sex
- Race
- Religion and Beliefs
- Pregnancy and Maternity
- Carer Responsibilities

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? <i>Answer: Yes/No</i>	No
10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i>	No
11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i>	No
12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>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.</i>	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.

Initial informal engagement with staff, and partners including health visiting, PMH leads, and commissioners.
 Shared with range of partners in system PMH workshop and engaged with PMH/PIR steering group members.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No
 Yes family hubs EqIA

15. Do you have evidence/data that can help you understand the potential impact of your activity? Answer: Yes/No
 Limited

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.

'There is no robust data on the number of babies experiencing poor relationships with their primary caregivers in the UK but a range of research suggests that a significant number are living in circumstances that might put their emotional wellbeing and development at risk. Around 15% of children in the general population have a disorganised attachment with their primary caregiver, although prevalence depends on the social profile of the community and is much higher in vulnerable groups.'
 Source: <https://parentinfantfoundation.org.uk/tools/implementation-toolkit/chapter-2/>

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	
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

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).	No
b) Details of Negative Impacts for Age	
c) Mitigating Actions for age	
d) Responsible Officer for Mitigating Actions – Age	

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	Potential emotional and regulation needs may impact upon access and communication regards PMH and PIR.
c) Mitigating Actions for Disability	Assurance of up to date awareness and understanding of autism and ADHD in the provider organisation.
d) Responsible Officer for Mitigating Actions - Disability	

a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Sex	
c) Mitigating Actions for Sex	
d) Responsible Officer for Mitigating Actions - Sex	

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).	No
b) Details of Negative Impacts for Gender identity/transgender	
c) Mitigating actions for Gender identity/transgender	
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	

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	Different ways of 'feeling' expressing emotional mental health needs
c) Mitigating Actions for Race	Including this in training on PMH and encouraging the workforce to listen to the cues and enable individuals to articulate their needs which may be presented as physical symptoms.
d) Responsible Officer for Mitigating Actions - Race	
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	Faith may preclude access to and engagement with support and services available.
c) Mitigating Actions for Religion and belief	Promote and provide different ways of accessing support.
d) Responsible Officer for Mitigating Actions - Religion and belief	
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).	no
b) Details of Negative Impacts for Sexual Orientation	
c) Mitigating Actions for Sexual Orientation	
d) Responsible Officer for Mitigating Actions - Sexual Orientation	
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).	no
b) Details of Negative Impacts for Pregnancy and Maternity	
c) Mitigating Actions for Pregnancy and Maternity	
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	
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).	no
b) Details of Negative Impacts for Marriage and Civil Partnerships	
c) Mitigating Actions for Marriage and Civil Partnerships	
d) Responsible Officer for Mitigating Actions -	

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).	
b) Details of Negative Impacts for Carer's Responsibilities	
c) Mitigating Actions for Carer's responsibilities	
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	