

Equality and Children's Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,
- the UNCRC (Incorporation) (Scotland) Act 2024,

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children's Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Infant Mental Health Service (IMHT) Fife HSCP

Question 2a: Lead Assessor's details

Name	Sarah Hallam Stewart	Tel. No	01592 648060
Job Title:	Change and Improvement Manager Perinatal and Infant Mental Health	Ext:	
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Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

No

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	To develop a new service of a specialist team to work with families with children under the age of three years to support infant emotional wellbeing and caregiver/infant relationships. Note: This EQIA is being completed retrospectively for the development of the service, however is inclusive of future improvement plans.
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p>The patient group is infants between 0-3 years and their parents/carers. The team also sees some birth parents in the antenatal period.</p> <p>As this is a children's service, parents/carers are required to bring the patients. There will be no "did not attend" strike rule for this service to ensure access for children. This is managed on a case by case basis and in joint decision making with the parent/carer.</p>
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>Mental Health needs of the infant and parents/caregivers are the focus of the work.</p> <p>Learning disabilities are considered as part of care planning. Clinical space is set up in accordance with the needs of the infant.</p> <p>Sensory needs for infants are considered when the team are setting up the space for appointments.</p> <p>Hearing and visual difficulties would be considered whilst planning interventions. BSL interpreters would be included if the infant or families require.</p> <p>Home visiting is offered where families cannot access clinical settings.</p> <p>The IMHT works from 2 clinical sites in Fife. Both are wheelchair accessible with accessible toilets for parents/carers who have disabilities.</p> <p>Literacy issues for parents/carers are considered. While letters are standard in terms of arranging appointments and sharing care plans, phone calls can replace this is if more accessible for them.</p> <p>Future appointments can be arranged at the end of an appointment and texts can be used as requested to meet the needs of parents/carers.</p>

<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>The IMHT accesses and welcomes all children requiring the service in Fife via its referral pathway. Social media platforms and NHS website are used for information sharing to ensure equal access for all communities.</p> <p>The IMHT links in with 3rd sector agencies working with young children throughout Fife to identify areas of need including ethnic community groups where/when required.</p> <p>The IMHT utilises NHS Fife’s interpreting and translation service. Parent/carer leaflets and posters will be made available in Fife’s most common languages.</p>
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>All parents/carers of children referred to the service are welcomed to focus on infant/caregiver attachment.</p> <p>The impact of gender based violence is considered as appropriate to the needs of the infant/caregiver/s and the IMHT liaises with relevant services with the consent of service users accordingly.</p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>All parents/caregivers are welcomed to the service. The IMHT does not consider sexual orientation as important to assessment or outcome unless this is stated as a potential factor by parents/carers.</p>
<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>The IMHT is sensitive to religious beliefs as part of its work in partnership with the service users.</p> <p>The IMHT takes into account the value placed by families of religious beliefs and culture when working in partnership with them and is accommodating of cultural practices within the work.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i></p> <p><i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>All parents/caregivers are welcomed to the service regardless of gender reassignment. The IMHT does not anticipate any impact on this group, however, if a parent/carer is undergoing gender reassignment, the service would work to ensure that appropriate support and considerations are made within its interventions to reduce negative impact.</p>

<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>The IMHT has a focus on pregnancy and postnatal parents as part of the wider Perinatal and Infant Mental Health service in terms of emotional wellbeing for infants.</p> <p>This includes providing input for families where there are difficulties with parent/caregiver bond with their baby in the pre-birth period.</p> <p>Workforce will be accommodated in accordance with NHS Fife’s pregnancy/maternity and breastfeeding policies.</p>
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>All parents/caregivers are welcomed to the service and same sex marriage or civil partnership is not considered as important to assessment or outcome for infants.</p> <p>Workforce considerations will be made in accordance with NHS Fife’s policy.</p>

Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>The work of the IMHT is based on supporting the adults in the infant’s life to hear their views through picking up on cues and non verbal communication and to take action accordingly.</p>

<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>The IMHT have close links with professionals around the infant, eg Social Workers, Health Visitors, Midwives, Family Nurses and work with them in partnership with parents/carers to protect children receiving input from our service from emotional and physical harm.</p>
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>The “Infant Pledge” as set out by the Scottish Government’s Perinatal and Infant Mental Health Programme Board in March 2023 in accordance with the UNCRC, is central to the work of the IMHT. This pledges that the infant’s voice will be heard through their cues and non verbal communication to ensure the upholding of their rights.</p>
<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>Within the work of the IMHT, the principles from The Promise are used to ensure that all children are listened to and responded to appropriately in order to have their emotional and physical needs met. They are meaningfully involved in all assessment and care planning. The IMHT have strong links with the Springfield, Beeches and Kinship projects to support the focus on needs of children who are looked after.</p>
<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i> <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>Within IMHT clinical areas, the environment is set up specifically to the needs of each individual child. Home visiting can be provided if this is more appropriate to the needs of the child where relevant.</p>
<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i> <i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>IMHT clinical environments comply with NHS health and safety standards. As part of input with children, the IMHT works closely with Health Visitors and Social Work and liaise with them having told parents/carers of concerns in the first instance about home environment, safety and nutrition.</p>
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

Voice of the Infant Best Practice Guidelines, including the Infant Pledge (Scottish Government, May 2023)

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts? (Please tick)

Yes	✓	No	
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Staff, service users via the Hopes for Change questionnaire used in the clinical work of the IMHT.

Evaluations for Solihull Postnatal Plus groups.

Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
<p>1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children’s Rights and Wellbeing Impact Assessment. (CRWIA)</p>	<p>Any identified impacts have above listed mitigations. This project is anticipated to impact all groups positively.</p>
<p>2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	
<p>3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively</p>	

justified. Stage 2 EQIA /full CRWIA) may be required.	
4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.	

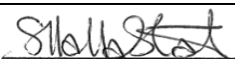
PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
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Signature	
Date	26/07/24

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
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Date	2/8/24

Return to Equality and Human Rights Team at
Fife.EqualityandHumanRights@nhs.scot