NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

NHS GGC Infant Mental Health Service: Wee Minds Matter

Is this a: Current Service ☐ Service Development ☐ Service Redesign ☐ New Service ✓ New Policy ☐ Policy Review ☐

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

The Infant Mental Health Service was established in 2021 with funding for Infant Mental Health from the Scottish Government. This was in parallel to additional funding for perinatal services including the Mother and Baby Unit (MBU) and Maternity and Neonatal Psychological Interventions (MNPI).

Research has established beyond doubt that infant mental health has a major long term impact on physical and mental health and wellbeing throughout the life cycle. IMH services are required in order to put the infant at the heart of care planning and decision making, and to ensure appropriate supports are put in place on a universal and specialist basis.

MISSION STATEMENT

We share the Scottish Government ambition for Scotland to be the best place in the world for children to grow up. Our mission is 1) to ensure that families and professionals on the universal health visiting pathway are supported to understand infant mental health and the significance of primary relationships in an infant's growth, development and wellbeing, and 2) to ensure that infants and their parents or primary caregivers can access appropriate universal and specialist supports and interventions.

The IMH service is centred on the infant and recognises the critical context of all his or her primary caregiving relationships for current and future mental health. It works with the network around an infant and his or her parental or primary caregiving relationships to support and promote positive mental health and development using the national practice model described in the GIRFEC legislation. The Infant Mental Health Service aims to include those infants experiencing significant adversity, including infant developmental difficulties, parental mental illness, parental substance misuse, domestic abuse and trauma. The shared vision for infant mental health in Scotland is that:

- There is a shared understanding, and definition, of 'infant mental health' across policy and practice, families and their communities.

- Parents and carers are supported to build positive relationships with their babies.
- Prevention of later mental health and relationship problems is paramount.
- Where concerns are identified, early intervention is offered, with universal service providers being able to access specialist services via clear care pathways so that babies and families receive the right care at the right time from universal, and if necessary, specialist services.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

The Infant Mental Health Service is a newly formed service and as such requires an Equality Impact Assessment to ensure the service is equitable and accessible to all service users. The Scottish Government is mindful of the three needs of the Public Sector Equality Duty (PSED) – eliminate unlawful discrimination, harrassment and victimisation, advance equality and opportunity between people who share protected charachteristics and those who do not. The desired outcome is that every family can expect a service which meets the expectations set out in the Women and Families Maternal Mental Health Pledge. The foundation of the pledge being 'I should have the right to good care from NHS Scotland for my baby, my family and me'. The IMH service is a core service and the EQIA is a means of showing that we are showing due regard to meeting the PSED.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Jacqueline Horn - Project Manager	**Date of Lead Reviewer Training: 5th of April 2022**

Please list the staff involved in carrying out this EQIA
(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Jacqueline Horn, Jane Turner, Bea Anderson, Maliku Punukolla, Jen Mclauchlan

		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
1.	**What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	The Infant Mental Health (IMH) service has been open to referrals since November 2021. We will collect equalities data via EMIS Web for CAMHS. Data which will be collected on registering the service users is set out below Age Gender Ethnicity Language(s) spoken including if an interpreter is required Marital status Religion Disabilty data is also available on EMIS via the Problem tab The service works with mothers in pregnancy therefore the evaluation data will reflect how many interventions are with unborn infants (pregnant mothers) and how many cases there are when the baby has been born.	The Evaluation sub group will have routine review points to look at different ascpects of the data gathered. Data gathered will be gathered and reported back to the Scottish Government. Any negative findings will be addressed using an action plan. Data regarding mothers in pregnancy will be extracted manually as at the moment EMIS does not collect this information for us.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
2.	**Please provide details of how data captured has been/will be used to inform policy content or service design.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and**	***A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range***	The service have reached out to 3rd sector agencies to promote joint working with marginalised familes. Fathers network Art from the start (including AMMA birth companions) Homestart As well as taking referrals from Health visitors the IMH service takes referrals from the Family Nurse Partnership which is a specialist health visiting service for young mothers who fall pregnant before their 19th birthday. The IMH service aims to be an inclusive service and will work	If evaluation of service user data identifies a low uptake of the service amongst a group who fall into any of the protected characteristics categories the service will develop an action plan to identify local community groups to help raise awareness of the service and target interventions to these groups. We have joined with the Perinatal and Infant Mental Health Network to reach out to organisations which may work with marginalised groups. A

	victimisation ☐ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	***of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)***	with non English speaking families, fathers as well as mothers and same sex couples. The service can help when there are issues affecting parents and getting in the way of them enjoying their baby including history of trauma, substance misuse, mental health issues, conflict between couples including domestic violence. Information about the service, e.g. leaflets, posters, videos, will aim to be representative of the diverse families accessing our service, e.g. range of age, gender, race, etc.	survey was sent out recently to services working with BME groups. Results of this survey will help us inform the direction of the Infant Mental Health Service.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
3.	**How have you applied learning from research evidence about the experience of equality groups to the service or Policy?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). Remove discrimination, harassment and victimisation** **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ■	***Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and***	The Scottish Government has carried out its own Perinatal and Infant Mental Health Equality Impact Assessment (Scottish Government, 2021). <u>Age</u> Research has shown gaps in provision for younger mothers.The IMH service will accept referrals for families under the age of 18 when there are concerns around the parent infant relationship. The Adult Perinatal Mental Health Service only accepts referrals from aged 18 therefore preganant mothers under 18 will only receive Mental Health care from CAMHS which has lengthy waiting times. <u>LGBTQ+ and families who have experienced assisted reproduction:</u> Research by Prof. Susan Golombok, University of Cambridge, has highlighted a number of long-standing societal and service prejudices and assumptions impacting on LGBTQ+ families' experiences of becoming parents and child rearing. Relevant issues raised by the research for our service include: • Pregnancy and childbirth are increasing for those in	The IMH service will be delivering a training session on Infant and Perinatal Mental health later in the year to CAMHS staff which will be accessible via the CAMHS Academic Timetable.

	4) Not applicable ☐	***fostering good relations).***	female same-sex relationships, and for females choosing to be solo parents by choice. Same-sex couples may also become parents by surrogacy, and legislation in 2005 allowed same-sex couples to adopt. Our service needs to be accessible to infants in same-sex families or single parent families, and should make efforts to reflect this in service information. • Research indicates no differences in parenting quality or child wellbeing across heterosexual or homosexual parents. Children who have been adopted can experience higher levels of emotional difficulty, related to challenging or traumatic early experiences, e.g. of maltreatment. Our service must consider how families may be supported where infants have experienced early adversity, and/or parents are adjusting to this. • Research on lesbian couples' experiences of maternity care has identified an issue of heteronormativity ('prejudicial or normative assumptions or questions, or built into the structure of the organisation, such as when forms are pre-printed with "mother" and "father"' – Malmquist et al, 2019). As above, our service information must be accessible and representative of diversity. The service must also use sensitive practice, e.g. sensitive enquiry around family characteristics and preferences, relevant to clinical work. • Numbers of transgender people becoming parents are also increasing. A key factor identified in child wellbeing is parental openness about transition from an early age. This is also true for children who were conceived using donor sperm/eggs, or who were adopted. Our service will be working with infants in the early years and can offer support to families with these issues. Accounts of service user experience offers some pointers for our service. For example, Freddy McConnell's letter to his midwife in	

			The Guardian: Thank you to ... my midwife, for reassuring a pregnant dad | Childbirth | The Guardian notes some elements of care that he found supportive as a transgender dad: • Tailoring care to individual need • Offering home visits where possible • Consideration of use of language • Compassionate care In a recent presentation to the Parent-Infant Foundation Infant Mental Health Service Development community, Lucy Warwick-Guasp, specialist in supporting access for LGBTQ+ families to perinatal services, gave guidance for services, e.g. avoiding assumptions, asking about relationships, preferred pronouns. The IMH service will discuss such guidance as a team and agree standard approaches to support inclusivity and reduce stigma, discrimination and heteronormativity. Race The Racial Inequality and Mental Health in Scotland report (Mental Welfare Commission for Scotland, 2021) outlines some relevant issues for our service related to mental health and ethnicity. These include: • Service users experiencing difficulty accessing treatment; not feeling understood or believed by services; finding it difficult to recount traumatic experiences; 'constant drip of microaggressions', strong stigma and lack of representation in info/materials; poor understanding of asylum/refugee processes. • Gaps in workforce training on diversity and equalities. Lack of impact assessment following training. • Lack of consideration of service data by race, preventing evaluation of reach, e.g. whether feedback received from representative group.	

			• Staff reluctance to ask about ethnicity. Perinatal Mental Health of Black and Minority Ethnic Families in Scotland - A summary - Maternal Mental Health Scotland This website provides information about black and minority ethnic families in Scotland and their access to perinatal services. Information often centres on parents' experiences of (adult) MH services, rather than infants' experiences; however, some information is relevant.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
4.	**Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of**	***A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.*** ***(Due regard to promoting equality of opportunity)***	Service user feedback was gathered from a focus group of young mothers in Glasgow regarding the development of the IMH service leaflet for familes and the name of the service. In some cultures there remains a stigma around Mental Health and feedback from the focus group included feeling anxious about the name Glasgow Infant Mental health service as this might imply that there was something wrong with their baby and they may be stigmatised as being mentally unwell. It was decided to use the strap line "wee minds matter" to use when communicating with familes and maintain the Glasgow Infant Mental Health Service name when communicating with the Health board, Scottish Government and other Health Profesionals. Coproduction with service users has been encouraged throughout the process of setting up the Infant mental health service.	Focus group involvement has been small numbers at the moment. There are plans to run a lived experience workshop in the future with help from the Participation officers from the Scottish Governement. A Perinatal Reference group is in the process of being set up in NHS GGC and IMH plan to join this. The IMH service is currently considering how to invite families to become involved in service development and production. This to include consideration of diverse representation, e.g. seeking to be inclusive of gender, age, race, etc

	opportunity ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	**** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***		
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
5.	**Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■	***An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.*** ***(Due regard to remove discrimination, harassment and victimisation).***	The current base for the IMH service is West ACH. As there are plans for this site to be redeveloped and the base is due to be relocated in a few years any major refurbishment will not be carried out unless there is obvious health and safety risks. We have requested and have been granted baby changing facilities. We would sensitively enquire about accessibility needs when a referral is received if the service user is to be seen outwith the family home.	There are possible access issues for service users with mobility problems as the office base is located on the fourth floor and access is by stairs or lift. There is an entry buzzer system which does not have a camera installed therefore this could be an issue for deaf service users. To overcome these issues the service offers to carry out therpauetic interventions in the service users home or if this is not suitable they will locate a suitable clinic room in the community more accessible for the service user.

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐			
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).***	Appointment letters comply with NHSGGC's Accessible Information Policy e.g. suitable font size and style. Any service information materials have been or will be checked with 'Clear to All' for readability and accessibility. The IMH service will use the Interpreting service when working with non English speaking and Deaf families in order to promote equality of access. The service will be sensitive to the vulnerabilities of service users and be mindful of the increased incidence of gender based violence in pregnancy. As above the service will aim to seek out a safe private space in the community for pregnant mothers as well as other service users. All staff will attend Multi agency training in Child Protection, Adults with incapacity and Gender Based Violence as part of their Personal Development Plan. Mandatory training for NHS staff includes Equality and Diversity training. Part of the therapuetic work of the service includes working with fathers. The service has linked in with the Father's Network Scotland and has reached out to local community groups through this route to help with engagement.	The information leaflet for families is not yet available in other languages. There is a plan to request this and we are awaiting management sign off. The service are aware that there is a lack of diversity in the staffing group in the IMH service. There are plans to send staff on Unconscious bias training.

	The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.			
7	**Protected Characteristic**		**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(a)	**Age** **Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■		The service works with families of infants up to the age of 3. There is no lower or upper age group for the parents of these infants. Additionally the IMH service works with mothers in pregnancy who may have experienced mental health issues which impact on the pregnancy or may affect the relationship with their unborn baby. The service have been accepting referrals from the Family Nurse Partnership and have been meeting with the clinical psychology supervisors to ensure we are not duplicating what is available to family nurses. The Family Nurse Partnership works with mothers who fall pregnant before or at age 19.	The Scottish Government has funded IMH services up to age 3. There is a potential gap in provision for the 3-5 age group. IMH could potentially offer a consultation service to CAMHS for the 3-5 age range.

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐		
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	As above West ACH is accessible to wheelchair users from the ground floor however there may be issues accessing the office from the fourth floor. BSL interpreters are available through the Interpreting service. The service are developing a Neurodiversity offer to join the Autism Diagnostic Service to assess ASD using a team around the child approach. This should prevent any unnecessary delays in the child's journey through the service.	If the service user is unable to access the base at West ACH the team will offer to see the service user either at home or in an accessible clinic space closer to home. Leaflet is not available in Braille or audio format yet.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Reassignment** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?**	As a newly formed service the team has not had any experience yet of working with parents who are transexual. All members of the team have been made aware of the NHSGGC Gender Reassignment and Discrimination policy. The IMH service welcomes any referrals for families who are intersex, non binary or do not now identify with the gender they	The team will collect data using the Experience of Service Questionnaire to highlight any areas or good practice or develop any practice that might fall short of what is expected.

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	were assigned at birth.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐	We are not aware of any barriers to accessing the IMH service due to the protected characteristic of Marriage and Civil Partnership.	None required

	3) Foster good relations between protected characteristics ☐ **4) Not applicable** ■		
(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	The IMH service is designed to work specifically with Pregnancy and Maternity services in partnership and also directly with expectant mothers. We are not aware of any barriers to accessing the IMH service due to the protected characteristic of Pregnancy and Maternity.	None required
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race** **Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?** **Your evidence should show which of the 3 parts of the**	The IMH service has been mindful that ethnic minority women, specifically those with African or Asian background are unlikely to disclose emotional issues to Health visitors or Midwives even when prompted. Possible causes include the cultural stigma and fear of judgement from their family and communities. To promote engagement the IMH service has adopted the name "Wee minds matter" for use with families and the information leaflet for	The IMH service will continue to evaluate this part of the service and reach out to more 3rd sector organisations that work with ethnic minority communities.

	General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	families will have this title. The service has also started to work with the 3rd sector in a joint project targeted at Asylum seeking communities.	
(g)	**Religion and Belief** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	We are not aware of any barriers to accessing the IMH service due to the protected characteristic of Religion and belief.	Data in respect of religion will be collated through EMIS and evaluated to identify if there are any issues with accessing the service.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**

(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	The IMH service is primarily aimed at ensuring the Infant's voice is at the heart of the care plan and intervention. Parents of both sexes will be a part of the assessment and intervention when there is consent and a willingness to be part of the treatment. The service will aim to include fathers as well as mothers. Rates of depression in fathers to be and new fathers has been estimated to be between 3.9% - 12% (Edwards et al, 2014, Wong et al, 2015). The experience of service questionnaire will be used to gather feedback to identify if both sexes were given adequate support.	
(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■	Lesbian women may be at heightened risk for depressive symptoms in the perinatal period due to discrimination and lack of family or social support (Dahl et al, 2013). There is a lack of evidence based literature around bisexuality. As a new service we are not aware of any barriers to accessing the IMH service due to the protected characteristic of Sexual Orientation.	The service will collect evidence using the Experience of service questionnaire to identify any gaps in provision for Lesbian and bisexual women or gay/homosexual men.

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐		
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(j)	**Socio – Economic Status & Social Class** **Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?** **The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here:** Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?	There is a clear social gradient in mental health in Scotland, with Mental Health and Wellbeing being found to be consistently worse in the most deprived areas of Scotland compared with the most affluent areas (Scottish Government, 2021). The Scottish Government has commited £50 million investment in perinatal and infant mental health services across Scotland for the next 4 years. The IMH service expects they will be working with families on low incomes and/or families with complex social factors that may affect how they engage with antenatal and post natal services. In order to overcome some of these barriers the service will work with partners in the universal pathway and/or 3rd sector agencies to support families to either travel to appointments or arrange appointments in the family home or close to the family. Reimbursement for travel costs may be available to low income families.	All staff in the service have been made aware that service users may be entitled to claim back travelling expenses such as bus travel or rail travel. Families require to complete a lengthy form in the first instance I may need assistance from their allocated worker to complete the form.

	3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)21 provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement22 should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.		
(k)	**Other marginalised groups** **How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?**	The IMH service works closely with 3rd sector agencies and Social Work colleagues to help address the social impact people from marganalised groups of society may experience. The service has been working alongside the Assylum Health Bridging team to support the health visitors of newly arrived asylum seeking infants and families.	
8.	**Does the service change or policy development include**	Not applicable to this service.	

	an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups? **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■		
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
9.	**What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.**	All 9 members of the team had completed the Learnpro module GGC: 004 Equality and Human Rights by November 2021.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or

application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

We do not envisage that the service design or policy will impact on the human rights of patients, service users or staff.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

The Perinatal Mental Health Network carried out a needs assessment exercise in 2017-2018 which included NHS board visits, professionals' workshops and an online survey of women's views. This along with the existing evidence base on service provision informed recommendations on what service Scotland should develop to meet the needs of mothers with mental ill health, their infants, partners and families. Mental distress and illness is common in pregnancy and up to the first year postnatal. Current statistics suggest that 1 in 5 women could be affected by post natal mental health issues and evidence suggests that left untreated this may adversely affect the mother-infant relationship. The PMHN needs assessment identified a gap in specialist provision which focussed on the mother infant relationship and on infant development within existing perinatal mental health services.

The Getting It Right For Every Child (GIRFEC) model of practice should inform and underpin the professional practice of those involved in the care of infants and children. Child and adolescent mental health services (CAMHS) rarely, if ever, have the capacity to assess and manage children under one year. The Scottish Government has funded IMH services up to age 3. There is a potential gap in provision for the 3-5 age group as this age group is rarely seen in CAMHS for mental health and wellbeing issues. The IMH service could potentially offer consultation to the team around the child in these cases however current staffing resource and funding limits the service from

expanding the age range by 3 years.

The service has good examples of improving accessibility to people with protected characteristics and/or marginalised groups. Below is a case study to illustrate this.

K and W are teenage parents and have a one year old child O. They were referred to Wee Minds Matter due to concerns around O and her development. They were engaged with Family Nursing and Social work and O is on the child protection register. There were concerns from professionals about attunement and responses to O and whether they are able to meet her needs within the context of some challenging family relationships. K and O live with K's Mother in a temporary flat. The household relies on benefits. Due to having an electronic tag W does not live with them at present.

Both K and W have significant mental health difficulties and both state that they also have learning difficulties in the form of dyslexia. They remained involved with Wee Minds Matter.

K and W required reasonable adjustments to be made in order for them to take part in the assessment and intervention process. Using sensitive enquiry the IMH clinician assessed what adaptions would have to be made for them both. Appointment times were sent by text message rather than letter as they advised this would be a format they could understand. The IMH clinician used visuals to explain the formulation and adapted her language to their age and stage of development. The clinician made sure she didn't ask too many questions at once and kept her questions short as people with dyslexia have difficulty processing and remembering information that they see and hear.

Although W did not live in same home he was always invited to appointments and took part in the assessment and intervention as the service are keen to include partners and fathers in the therapy. Appointments were usually in the family home to increase engagement and to overcome any barriers to accessing the service due to poverty.

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview actions: Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

☐ Option 1: No major change (where no impact or potential for improvement is found, no action is required)

■ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	**Date for completion**	**Who is responsible?(initials)**
Action points from EQIA 1. Information leaflet to be translated into other languages **2.** IMH staff to attend Unconscious Bias training	April 2023	Jacqui Horn

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

24/09/2022

Lead Reviewer:	**Name**	**Jacqui Horn**
EQIA Sign Off:	**Job Title**	**Project Manager**
	Signature	
	Date	**24/05/22**
Quality Assurance Sign Off:	**Name**	**Alastair Low**
	Job Title	**Planning Manager**
	Signature	
	Date	**23/05/22**

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk