

NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool For Frontline Patient Services

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

Home-Start Breastfeeding Volunteer Peer Support

Please tick box to indicate if this is a :      Current Service       Service Development       Service Redesign

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

Home-Start has been contracted by SW CHCP to provide volunteer peer support to pregnant women and new mothers. Volunteers are recruited locally by placing of adverts in local papers, recruitment posters at appropriate locations i.e Health Centres, Mothers & Toddlers, Bounce & Rhyme, Libraries etc., attendance at Weaning Fayres, Fetes and Gala Days. Process includes a one to one interview and emphasising the level of commitment required. Once training is complete, volunteers are able to operate a flexible rota to support new Mothers to suit their own availability as arrangements for visiting or when available to make / take telephone calls are made by the volunteer directly with the Mother using a mobile phone supplied by the service. The aim of the service is to encourage mothers to breastfeed with the support of a fully trained volunteer. The ratio of volunteer to Mothers differs to take account of volunteering hours and level of support needed by the individual being supported, it can mean a volunteer supporting 1/2 mothers or 3/4 mothers at any given time. The support will take the form of information, knowledge, guidance and good practice. The service will follow mothers from ante-natal at 34 weeks gestation to post natal, at least 6/8 weeks after the baby is born.

**Who is the lead reviewer and where based?**

Anne Beaton is the lead reviewer and is based at:  
Unit 33, 6 Harmony Row,  
Govan,  
Glasgow, G51 3BA

**Please list the staff groupings of all those involved in carrying out this EQIA  
(when non-NHS staff are involved please record their organisation or reason for inclusion):**

Margaret Gillies, Manager, Home-Start  
Lara Calder, Health Improvement Lead

## Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p><b>Gender</b></p>	<ul style="list-style-type: none"> <li>• Service is Gender specific to women.</li> <li>• Gender matching female to female volunteers and mothers.</li> <li>• NHS may involve male support on a mentoring and clinical basis.</li> <li>• Mother environment will be own home and hospital.</li> <li>• A transgender parents' needs and issues would be considered in a supportive manner.</li> <li>• The service asks a specific gender based enquiry question at first interview.</li> <li>• Volunteers receive personal safety training at their breastfeeding training course plus domestic violence information.</li> <li>• Support of Father / Partners role in supporting the new mother is by training / care package.</li> <li>• NHS GGC has a Transgender Policy that will be made available to staff and volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate a new question on gender impact / domestic abuse on interview form.</li> <li>• Gap – NHS doesn't involve Fathers during 'rooming' in period.</li> <li>• Gap – focus is on the mother and her well being / mental health. - rectify during training.</li> </ul>
<p><b>Ethnicity</b></p>	<ul style="list-style-type: none"> <li>• Ethnic data is routinely collected and analysed.</li> <li>• At present current information is nil as this is a new service. This will be reviewed in 6 months time.</li> <li>• Information at present only in English.</li> <li>• Generic breastfeeding leaflets are in a number of languages</li> <li>• Referrals can be made to English classes by Home-Start that are supported by Langside College where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Information on the service should be provided in other languages. Review in six months.</li> <li>• Consider producing leaflets in other relevant languages</li> <li>• Languages identified from data collated</li> <li>• Staff to be made aware of referring to NHS Interpretator</li> <li>• Gap in ethnic volunteers – would like to promote and encourage volunteers from this group</li> </ul>

	<ul style="list-style-type: none"> <li>• Protocols are in place to use Interpreters in compliance with NHS standards.</li> <li>• Volunteers are also given guidance on using various skills, practical and visual that would enhance communication.</li> <li>• Referrals are made to other services where appropriate</li> <li>• Home-Start has a long history of working with ethnic families</li> <li>• As part of their training programme specific training, learning and education on Ethnicity is covered</li> <li>• Staff / volunteer available who are fluent in Mandarin and Urdu languages. Although we would ensure a choice of interpreters was available we would default to a female interpreter.</li> <li>• Given the sensitive nature of the service policy would be to avoid the use of a family member for the purpose of interpretation, particularly male.</li> </ul>	<ul style="list-style-type: none"> <li>• Not a specific person in the breastfeeding service who is multilingual, but this need should be identified at ante natal stage.</li> <li>• Will look at referral and partnership with other services</li> </ul>
<p><b>Disability</b></p>	<ul style="list-style-type: none"> <li>• Data is collected and needs taken note of.</li> <li>• Promotion of service using Outreach and media advertisements.</li> <li>• We would provide information in large print where required.</li> <li>• Office accommodation is accessible by wheelchair.</li> <li>• An accessible toilet facility is available.</li> <li>• Home visit would assess any communication / language support required and we would signpost as appropriate</li> <li>• Referrals would be made to appropriate services</li> <li>• Home-Start have a long history of supporting people with physical / psychological / behavioural difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• There is no specific training for working with babies born with a disability, but we would liaise and be guided by accessing specialist support via the referral from Midwife /Health Visitor on individual cases</li> </ul>

	<ul style="list-style-type: none"> <li>• Service material (Braille etc) can be made available on request</li> <li>• Website advertising is visually friendly</li> <li>• Access to premises is by automatic door</li> <li>• In an emergency doors will open automatically</li> <li>• If needed, make staff aware of procedures to book Interpreter (BSL)</li> <li>• We have some volunteers who do sign language. Volunteers would have to demonstrate appropriate qualifications / experience in this field.</li> </ul>	
<b>Sexual Orientation</b>	<ul style="list-style-type: none"> <li>• New service no data collected and analysed</li> <li>• Uptake of service will be predominantly female due to the nature of the service</li> <li>• Issues such as homophobia would be dealt with at the time of the incident if appropriate and then referred to Manager / Co-ordinator. Training on equality impact, same for volunteers and staff</li> <li>• Referrals made to appropriate support services</li> <li>• Training and Education includes same sex couples. Sexual orientation part of Home-Start training</li> <li>• Good practice guidelines of raising awareness of sexual orientation with volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Information of this nature not relevant to this service</li> </ul>
<b>Religion and belief</b>	<ul style="list-style-type: none"> <li>• Data is collected and analysed</li> <li>• As a new service any difference due to religion and belief is unknown. Will be reviewed in six months</li> <li>• Referrals to appropriate agencies would be made and supported</li> </ul>	

	<ul style="list-style-type: none"> <li>• Knowledge, information and learning of different religions incorporated in volunteer training to raise awareness of the impact on breastfeeding</li> <li>• No specific room allocated for prayer but one could be provided within the Home-Start office premises</li> <li>• If information on spiritual access was requested this could be provided</li> <li>• Service is aware that information is needed for volunteers on religious backgrounds and beliefs and this is being addressed</li> </ul>	
<b>Age (Children/Young People/Older People)</b>	<ul style="list-style-type: none"> <li>• Age of mothers is currently collected and analysed</li> <li>• We know there is a difference by age of people who breastfeed and the service will identify this</li> <li>• 'Young' is a term used on advertising material for new volunteers</li> </ul>	
<b>Social Class/ Socio-Economic Status</b>	<ul style="list-style-type: none"> <li>• Where identified referrals to appropriate support agencies are made.</li> <li>• Families are made aware of particular agencies to maximise their income/benefit issues i.e. Healthier Wealthier Children</li> <li>• Awareness of particular difficulties are part of Home-Start Training</li> <li>• Volunteers are encouraged to claim expenses</li> <li>• Providing volunteer opportunities through working with Home-Start encourages a volunteers chances of entering into paid employment</li> </ul>	<ul style="list-style-type: none"> <li>• No identified staff trained to discuss issues of income / benefit maximisation / employability issues. This is a specialised area.</li> </ul>

<b>Additional marginalisation</b>	<ul style="list-style-type: none"><li>• As a new service its difficult to identify gaps in the service. We can draw on the vast experience of the mainstream Home-Start Service.</li><li>• Review in six months</li></ul>	
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Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> <li>• Review existing training material and incorporate awareness of the Father's wellbeing and mental health at this period</li> <li>• Encouragement of volunteers from ethnic minorities</li> <li>• Consider after first six months providing information in other languages</li> <li>• Raise awareness with staff of referral route for NHS Interpretator</li> </ul>	<p>January 2011  March 2011  March 2011  January 2011</p>	<p>AB  AB  MG  MG</p>
<p>Specific Actions</p> <ul style="list-style-type: none"> <li>• Particular attention given to known areas of socio economic deprivation / ethnic minorities to encourage use of service</li> <li>• Question on Gender Impact / domestic violence to be added to Interview Form</li> <li>• Training to be given to volunteers on different religions and beliefs where they may impact on service delivery</li> </ul>	<p>Continual  January 2011  Continual</p>	<p>GGCNHS – LC/  Home-Start – MG  AEB  AEB</p>

**Ongoing 6 Monthly Review**    Please write your 6 monthly EQIA review date:

17<sup>th</sup> July 2011

<b>Lead Reviewer:</b>	<b>Name:</b>	<b>Anne Beaton</b>
<b>Sign Off:</b>	<b>Job Title</b>	<b>Breastfeeding Volunteer Peer Support Co-ordinator</b>
	<b>Signature</b>	<b><i>Anne E. Beaton</i></b>
	<b>Date:</b>	<b>17<sup>th</sup> January 2011</b>

Please email copy of the completed EQIA form to [irene.mackenzie@ggc.scot.nhs.uk](mailto:irene.mackenzie@ggc.scot.nhs.uk)

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