

Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Public Health	Service area: Infant Feeding
Lead person: Sally Goodwin-Mills	Contact number: 07712214867

<p>1. Title: Leeds Breastfeeding Plan 2016-2021</p> <p>Is this a:</p> <p> <input type="checkbox"/> Strategy / Policy <input type="checkbox"/> Service / Function <input checked="" type="checkbox"/> Other </p> <p>If other, please specify</p> <p>The Leeds Breastfeeding Plan has 3 objectives and 12 priority actions. It provides strategic direction and support for all programmes of work aiming to increase breastfeeding rates. The Plan is inclusive of actions facilitated by partners across the city including Leeds City Council, Leeds Community Health Care, Leeds Teaching Hospitals Trust and Third Sector organisations.</p>
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<p>2. Please provide a brief description of what you are screening</p> <p>The purpose of the report is to screen the Leeds Breastfeeding Plan, which was developed to provide direction and strategic support to programmes aiming to increase breastfeeding initiation and duration rates in Leeds. As it is intended to positively enhance health across the whole population, including vulnerable groups, this screening is intended to establish whether the equality and diversity needs of and impacts on all groups with protected characteristics have been adequately considered.</p> <p>Breastfeeding is a fundamental public health issue; it promotes health, prevents disease and contributes to reducing health inequalities. Evidence has demonstrated that a child from a low-income background who is breastfed is likely to have better</p>

health outcomes than a child from a more affluent background who is formula-fed (Wilson et al, 1998). There is also evidence that some vulnerable mothers – including young mothers and mothers from lower socioeconomic groups, who are least likely to breastfeed (McAndrew et al, 2012; SACN, 2008) – have the worst health and social outcomes for themselves and their babies. There is also clear, robust evidence that demonstrates a relationship between breastfeeding and improved health outcomes.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	X	
Have there been or likely to be any public concerns about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect our workforce or employment practices?	X	
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations 	X X X	

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?** (think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

The Leeds Breastfeeding Plan was developed to provide direction and strategic support to programmes aiming to increase breastfeeding initiation and duration rates in Leeds. In addition, it includes actions to inform the public about the importance of breastfeeding and to normalise breastfeeding in a society where formula-feeding is common. It is a platform to connect partners from a wide range of services and backgrounds, bringing them together to raise awareness about the importance of breastfeeding, infant feeding and relationship building and to deliver interventions.

Local breastfeeding data has been used to identify the characteristics of which mothers choose to breast feed and which mothers do not. This includes consideration of age, socio-economic status and race. Local monitoring information from third sector organisations commissioned to provide services underpinned by the Leeds Breastfeeding Plan regarding other characteristics including disability, gypsies and travellers, carers and refugees and asylum seekers is also collected.

Consultation about the Leeds Breastfeeding Plan was completed when drafting the plan to obtain mothers, families and practitioners views and to gain a better understanding of their needs. Ongoing consultation at events, in groups and one to one with young mothers, grandparents, fathers and practitioners is undertaken on an ongoing basis as part of developing, delivering and monitoring the impact of the actions included in the plan. For example focus groups held in communities known for low breastfeeding rates, at young mens and fathers groups and with older adults and grandparents at community luncheon groups. The consultation sessions have been, and will continue to be designed to ensure the views of those least likely to breastfeed and their significant others have been considered.

In January 2018 a small group of Leeds City Council employees formed a Leeds City Council Breastfeeding Peer Support group. This was as a direct result of the Leeds city Council Infant Feeding policy and an employee returning to work while still breastfeeding and looking for support. This group has since, working with Human Resources, looked at how this support can be improved. A One Minute Guide and Frequently Asked Questions have been developed and there are plans to share wider across the city as best practice. This offers further evidence that due regard to equality and diversity have been given during ongoing consultation of the Leeds Breastfeeding Plan.

Partnership work, developed through the Leeds Breastfeeding Plan Partnership Action Group, with teams supporting young parents who are still at school has led to the development of the Leeds Schools Breastfeeding Guidance (this is voluntary guidance

and is applicable to staff and pupils) which will be launched in September 2018. Consultation on the guidance was undertaken by teams with young parents who have experienced this and those currently at school and pregnant, and fathers to be, as well as with Head Teachers and school staff. This guidance recognises that there is a need for improved support and information about breastfeeding for this group in a way that is responsive of individual circumstances and needs. It also requires that this is supported by managers, staff and teams.

- **Key findings**

(think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

In Leeds, breastfeeding data consistently show that young white women living in deprived areas are least likely to breastfeed. However, of all descriptive factors (e.g. age, deprivation and ethnicity), in Leeds it is the single category of white (British and Irish) ethnicity which captures the largest part (81.7%) of the population that does not initiate breast feeding. Mothers over the age of 28 years from BME and white European communities are the most likely to initiate breastfeeding with a mean initiation rate for these groups of 83.8%.

The findings from all the consultation work undertaken to date have been used to shape the plan and the services offered by partners engaged in the plans development and delivery. For example consultation work was carried out with the YUMS group. This is a co-created evidence based group intervention targeted at young, white mothers with more complex lives. This group supports young pregnant women and mothers to develop relationships with their babies, with a focus on health and wellbeing topics including infant feeding. Qualitative data is captured in case studies, along with reach and impact information using monitoring and evaluation meetings. Learning from these sources, and in consultation with group members regarding their needs, informs quarterly action plans for the service and, along with consultation findings, were used to shape the Leeds Breast Feeding Plan.

Much of the 1 to 1 information and support provided to families during pregnancy and the early years regarding feeding is provided by the Early Start Service (Health Visiting and Children Centre services) who deliver a progressive universal offer, whereby those families with more complex lives (including related to the protected characteristics), are able to access more tailored and in depth support. The reach and impact of the early start breastfeeding offer on all families is monitored as part of the performance management of the 0-19 contract. A new contract has been developed which specifies the requirement for more detailed demographic data to be collected to enable the take up and impact of the service by those families with protected characteristics to be monitored.

At this stage based on current information, the Leeds Breastfeeding Plan itself appears to have no negative impact on people with protected characteristics, however as work progresses assessment will continue to ensure that all sections of the community benefit from work programmes outlined by the Plan.

- **Actions**

(think about how you will promote positive impact and remove/ reduce negative impact)

The Leeds breast feeding plan includes action to further develop data collection to better understand the impact of this offer on breastfeeding rates among those families with protected characteristics. The plan includes as key indicators a reduction in the gap in breast feeding rates between deprived and non–deprived leeds and increasing breastfeeding initiation and continuation rates among key groups including young mothers. A key priority action is ‘Breast feeding data collection is effective and supports the delivery of interventions’. Any new actions to better our understanding of breastfeeding prevalence, including among relevant groups with protected characteristics, will be delivered as part of this priority.

The plan includes a specific objective to increase the number of babies in Leeds given the best start in life by prioritising breastfeeding and relationship building activity with the most deprived communities; priority actions already identified are to further develop and deliver breastfeeding peer support city wide and strategies to normalise breast feeding within white ,low income and deprived communities. Any further actions that are identified from ongoing monitoring and consultation work to promote EDCI will be taken account of in shaping future priorities and actions.

The Leeds Breastfeeding Plan action group will monitor and annually review progress in delivering the 3 objectives and 12 priority actions detailed in the plan. This group reports annually to the Leeds Best Start Strategy Group .

5. If you are *not* already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment.**

At this stage it is felt that the impact on EDCI has been sufficiently considered in the development of this plan. Ongoing consultation work eg. further work with the YUMs group, young fathers and grandparents, will provide more insight into particular needs of these vulnerable groups. Depending upon their feedback this screening form will be updated to incorporate any positive or negative impact found. Then, at this stage, if found necessary a full equality impact assessment will be completed, reviewed and updated at regular intervals.

Date to scope and plan your impact assessment:	
Date to complete your impact assessment	
Lead person for your impact assessment (Include name and job title)	

6. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
Sally Goodwin-Mills	Advanced Health Improvement Specialist	30 th August 2018

7. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given. If you are not carrying out an independent impact assessment the screening document will need to be published.

If this screening relates to a **Key Delegated Decision, Executive Board, full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report.

A copy of **all other** screening's should be sent to equalityteam@leeds.gov.uk. For record keeping purposes it will be kept on file (but not published).

Date screening completed	30 th August 2018
If relates to a Key Decision - date sent to Corporate Governance	
Any other decision – date sent to Equality Team (equalityteam@leeds.gov.uk)	