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| **Infant Feeding Policy 2.1** | | | |
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| **Medicines:** | N/A | | |
| **Scope:** | Trust wide | | |
| **Standards & legislation & key related documents:** | This document supports Care Quality Commission Fundamentals of Care standards  Record Keeping Policy  Risk Management Policy  Incident Reporting Policy  Lone Worker Policy | | |
| **Approved by:** | Trust Board | | |
| **Date approved:** | October 2021 | **Expiry date:** | October 2023 |
| **Financial Implications:** | Where a document has any financial implications on the Trust, the Local Counter Fraud Specialist (LCFS) has the authority to investigate and challenge this document in regards to current fraud and bribery legislation and to ensure appropriate counter fraud measures are in place. LCFS contact details are available on the Trust’s Intranet. | | |
| **Equality & Diversity Impact (Policies only):** | POLICIES ONLY – The author has carried out an EDIA and, there are no negative impacts. The form is attached to this document | | |
| **Trust Values** | This policy has been developed to ensure it aligns with our Trust values of honesty, empathy, ambition, and respect. | | |
| **Diversity & Inclusion Statement** | Cambridgeshire Community Services NHS Trust will ensure that this policy is applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex & sexual orientation. | | |
| **Keywords:** | Infant, Feeding, Breastfeeding, Close relationships, Parenting, Formula | | |
| **This is a controlled document.** Whilst it may be printed, the electronic version on the Trust’s Intranet is the controlled copy. Any printed copies are not controlled. | | | |

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| **VERSION CONTROL SUMMARY** | | | |
| **VERSION** | **SECTION REFERENCE** | **DESCRIPTION OF CHANGE** | **DATE APPROVED** |
| 1.0 | All | Updated SOP and aligned into four CCS areas, Policy issued | September 2019 |
| 2.0 | Page 14 Supporting Documents | NICE postnatal guidance NG194 April 2021 added | October 2021 |
| 2.1 | 1 | Added Trust Values and Diversity & Incusion statement to first page. | 15th March 2022 |

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| Choose an item. |

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**1.0 INTRODUCTION**

Cambridgeshire Community Services NHS Trust (CCS) *is* committed to:

* Providing the highest standard of care to support expectant and new mothers and their partners to feed their baby and build strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.
* Ensuring that all care is mother and family centred, non-judgmental and those mothers’ decisions are supported and respected.
* Working together across disciplines and organisations to improve mothers’/ parents’ experience of care.

**2.0 OJECTIVES & AIMS**

This policy aims to ensure that the care provided improves outcomes for children and families, this includes

* Nurturing a breastfeeding culture throughout Cambridgeshire Community Services NHS Trust (CCS) to protect, promote and support breastfeeding.
* Enabling healthcare staff to create an environment where women choose to breastfeed their babies, confident in the knowledge that they will be given the support and information to exclusively breastfeed for six months, and then as part of their infant’s diet as long as mother and baby wishes.
* Encouraging liaison between all health care & local authority professionals to ensure seamless delivery of care including agreeing and implementing a uniform method of handover between midwife and the health visitor including the Family Nurse Partnership.
* Ensuring that the positive health benefits are discussed with all families so that they can make an informed choice about how they feed their baby.
* Ensuring that information about responsive bottle feeding, formula milk and safety is provided to parents who have chosen to formula feed their baby.
* Ensuring that more children are introduced to solid food at the appropriate developmental stage in line with nationally agreed guidance.
* Increasing the number of babies who are breastfed at 6-8 weeks.
* Improving a mother’s experience of support.

**3.0 DUTIES, ROLES & RESPONSIBILITIES**

This procedure applies to all CCS *staff* working with all pregnant women, mothers, partners and babies.As part of CCS commitment the service will ensure that:

* All new 0-19 staff are orientated to the policy on commencement of employment. All staff will complete a read and sign sheet (Appendix 1) which will be kept by their line manager/Infant feeding lead and become part of the training record.
* All staff working with pregnant women, mothers, and babies receive at least 2 days of Breastfeeding management and relationship training to enable them to implement the policy as appropriate to their role. New staff will receive training within six months of commencement of employment.
* The International Code of Marketing of Breast-milk Substitutes is implemented throughout the service and prohibits the display or distribution of materials promoting breast milk substitutes, feeding bottles, teats or dummies. All local resources must adhere to this code.
* All documentation fully supports the implementation of these standards.
* Parents’ experiences of care will be listened to through regular BFI audit, parents’ experience surveys and the NHS Family & Friends test.
* All parents will be made aware of the parents’ guide to the policy (Appendix 2)

**4.0 CORE STANDARDS**

This section of the policy sets out the care that the health visiting service, Healthy Child Programme or 0-19 service is committed to giving each and every expectant and new mother. It is based on the Unicef Baby Friendly Initiative (BFI) Standards (update 2017) for Health Visiting.

**4.1 Pregnancy and routine antenatal contact**

All pregnant women will have the opportunity to have a meaningful discussion on feeding and caring for their baby with a member of the health visiting team (or other suitably trained designated person), taking into account their individual circumstances. Discussion may take place as part of routine antenatal care, antenatal classes or as a face to face contact, and will include the positive benefits of breastfeeding.

Conversation Key Points in Pregnancy should be completed at antenatal contact (paperwork supplied in Personal Child Health Record). This discussion will include the following topics:

* The value of connecting with their growing baby in utero.
* The value of skin contact for all mothers and babies. Being encouraged to hold their baby in skin to skin contact as soon after delivery as possible. This will be promoted through the first six months of the baby’s life to help strengthen parenting and early recognition of feeding cues and the need to provide a safe and secure base from which to explore the world.
* The importance of responding to their baby's needs for comfort, closeness and feeding after birth and the role that keeping their baby close has in supporting this.
* Feeding, including:
  + An exploration of what parents already know about breastfeeding
  + The value of breastfeeding as protection, comfort and food
  + Getting breastfeeding off to a good start
* The 0-19 HCP service will work collaboratively to support local antenatal interventions delivered by the health services and partner organisations.

The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, together with good management practices, which have been proven to protect breastfeeding and reduce common problems. The aim should be to give women the confidence in their ability to breastfeed.

Staff will inform woman about/refer to targeted community interventions to promote and support breastfeeding as appropriate

**4.2 Support for continued breastfeeding**

* Discussion to include the importance of closeness and responsiveness for both mother and baby well-being. This should be documented in the PCHR, using Conversation key points in the post-natal period. **Unicef Having Meaningful Conversations with Mothers**

<http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/meaningful_conversations.pdf>

* Assessment of a breastfeed using the Unicef assessment sheet in the PCHR will be carried out at the ‘new birth visit’ to ensure effective feeding and the wellbeing of the mother and baby. This includes recognition of what is effective and the development with the mother of an appropriate plan of care/referral to address any issues identified.
* Staff should ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment for feeding thereby helping her to acquire this skill for herself.
* For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service or clinics will be made (for local specialist services or clinics refer to local guidance). Mothers will be informed of the pathway for their local area.
* Mothers will have the opportunity for a discussion about their options for continued responsive breastfeeding. This will include discussions on responsive feeding; bed-sharing, hand expression of breast milk and feeding when out and about or going back to work, according to their individual needs (refer to local guidance and/or local SOP).
* All breastfeeding mothers should be shown how to correctly hand express their milk and be given information on storage and use of breast milk. Ensuring mothers are aware of the value of hand expression in the prevention and treatment of common breastfeeding challenges (engorgement, mastitis, prematurity).
* All breastfeeding mothers will be given information which will support them to continue breastfeeding and maintain their lactation if/when they return to work.
* Safe sleeping practices will be discussed with all mothers in the Antenatal and Postnatal period. Materials to support this discussion will be sourced from BASIS or Lullaby Trust.
* The service will work in collaboration with other local services to make sure that mothers have access to social support for breastfeeding.
* All breastfeeding mothers will be informed about the local support for breastfeeding. (refer to local guidance).

**Responsive feeding**

The term responsive feeding (previously referred to as ‘demand’ or ‘baby led’ feeding) is used to describe a feeding relationship which is sensitive, reciprocal, and about more than nutrition. Staff should ensure that mothers have the opportunity to discuss this aspect of feeding and reassure mothers that: breastfeeding can be used to feed, comfort and calm babies; breastfeeds can be long or short, breastfed babies cannot be overfed or ‘spoiled’ by too much feeding and breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding.

* The service will work in collaboration with other local services to make sure that mothers have access to social support for breastfeeding.
* All breastfeeding mothers will be informed about the local support for breastfeeding. (refer to local guidance and/or local SOP’s)

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**4.3 Exclusive breastfeeding**

**4.3 Exclusive breastfeeding**

* Mothers who breastfeed will be provided with information about why exclusive breastfeeding leads to the best outcomes for their baby, and why it is particularly important during the establishment of breastfeeding .
* When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised and mothers will be supported to maximise the amount of breast milk their baby receives.
* Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. This will include appropriate information and a discussion regarding the potential impact of the use of a teat/formula when a baby is learning to breastfeed.

**Modified feeding regime**

There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include: preterm or small for gestational age babies, babies who have not regained their birth weight, babies who are gaining weight slowly. (Referral and care of these babies will follow local SOP).

**4.4 Support for formula feeding**

At the new birth contact, all mothers who formula feed will have a discussion about, ‘how feeding is going’. Recognising that this information will have been discussed with maternity service staff, but may need revisiting or reinforcing; and being sensitive to a mother’s previous experience, staff will assess mothers’ knowledge of:

* Preparing and storing feeds safely- asking parents how they do this will demonstrate their understanding
* Responsive feeding and how to:
  + Respond to cues that their baby is hungry
  + Invite their baby to draw in the teat rather than forcing the teat into their baby’s mouth whilst holding the baby upright and close to the chest.
  + Pace the feed in response to the baby’s cues and recognise their baby’s cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.
  + Encourage mothers to feed their baby themselves and to limit the number of people who feed the baby.

**4.5 Introducing solid food**

All parents will have a timely discussion about when and how to introduce solid food and will be signposted to local and digital offers

The discussion should Include:

* That solid food should be started at around six months
* Baby’s signs of developmental readiness for solid food
* How to introduce solid food to babies
* Appropriate foods and textures for babies
* Being aware of infant feeding cues

All mothers will be encouraged to exclusively breastfeed for the first six months and to continue breastfeeding alongside solid foods for as long as the mother and baby want to.

No water or artificial feed should be given except in cases of clinical indication or fully informed parental choice. The decision to supplement for clinical reasons should be made by an appropriately trained health professional. Prior to this every effort should be made to encourage the mother to express her milk and give this to the baby in a manner which supports continued breastfeeding.

**4.6 Support for parenting and close relationships**

* All parents will be supported to understand their baby’s needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice)
* Mothers who formula feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.
* Parents will be given information about local parenting support that is available through the local children centres (refer to local guidance).

**4.7 A welcome for breastfeeding families**

Breastfeeding will be regarded as the normal way to feed babies and young children.

Mothers will feel enabled and supported to feed their infants in all public areas including CCS Trust premises/health centres/Children Centres and Local Authority premises such as libraries.

All breastfeeding mothers will be supported to develop strategies for breastfeeding outside the home and will be provided with information about places locally where breastfeeding is known to be welcome.

All health care staff will use their influence whenever possible to promote awareness of the needs of breastfeeding mothers in the local community, including cafes and public facilities.

**4.8 Supporting breastfeeding staff in the CCS Trust workplace**

Workplaces are required to provide suitable rest facilities for staff who are pregnant or breastfeeding.

A return to work risk assessment must be completed for breastfeeding mothers.

Support when returning to work and breastfeeding within CCS can be provided by the Infant Feeding Leads. Where ever possible arrangements will be made so that mothers are provided with access to a private room and facilities to express and store their expressed breast milk as appropriate. Support can also be sought for the recommendation of safe storage of breast milk as required.

**5.0 MONITORING AND AUDIT**

Breastfeeding data will be accurately recorded and used to inform audit, commissioning and delivery of service and for onward reporting of Vital Signs monitoring. Initiation data will be recorded by maternity units via the birth notification. Prevalence data will be recorded by the health visiting service at 10 days and 6-8 weeks on Systm0ne.

Cambridgeshire Community Services NHS Trust (CCS*)* requires that compliance with this procedure is audited annually by appropriately trained staff using the Unicef UK Baby Friendly Initiative audit tool (2017). This will include audit on staff skills & knowledge and on mothers understanding of information they have received. Reporting of audit results and actions required will be presented at the monthly Senior Management team meetings who report into the local Clinical Operations Boards across CCS.

It is the responsibility of staff to contribute and participate in all necessary Unicef BFI audits in a timely fashion to ensure the success and maintenance of Unicef BFI accreditation within the Trust.

Audit results will be reported to Unicef Baby Friendly Initiative, the Head of Children Services and audit department on an annual basis and an action plan will be agreed by the appropriate Children’s Service Manager to address any areas of non-compliance that have been identified.

Outcomes will be monitored by:

* Monitoring breastfeeding rates at 6-8 weeks
* Client satisfaction surveys
* Client understanding of information received
* Staff satisfaction surveys and Co-production activity

The only educational/promotional material on infant feeding for distribution must be approved by the Infant Feeding Lead.

**6.0 TRAINING AND COMPETENCY**

Training will be coordinated by the local Infant Feeding Lead with the curriculum following the Unicef BFI standards (2017) and rationale behind the International Code of Marketing of Breast Milk Substitutes to equip staff to apply this to their own practice.

All professional and support staff that have contact with pregnant women and mothers will receive mandatory training in breastfeeding management and relationship building at a level appropriate to their group.

Breastfeeding Management and Relationship Building course will be provided for all staff who have direct involvement with pregnant woman and breastfeeding mothers. For those staff not directly involved with pregnant women or breastfeeding mothers, access to the Breastfeeding awareness course should be provided.

New staff will receive training within six months of taking up their post.

All clerical staff will be orientated to the policy, understand their role within it and receive appropriate training.

All staff who work directly with mothers and babies and have completed Breastfeeding Management and Relationship Building training must ensure that they maintain competencies and clinical skills by having an annual mandatory practical skills review with the Infant Feeding Lead or appropriately trained staff.

All Children’s Services managers will attend Managers training provided by the Infant feeding lead and appropriately trained staff.

During Supervision managers should support the implementation of this procedure by:

* Ensuring policy orientation has been completed and signed.
* Ensuring all staff attend relevant training (and identified on electronic staff records ESR) for their role.

**7.0 REFERENCES**

The International Code of Marketing of Breastmilk Substitutes

<http://www.who.int/nutrition/publications/code_english.pdf> - accessed 06/11/17

UNICEF UK (2012) Guide to the Baby Friendly Initiative standards

<http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Baby_Friendly_guidance_2012.pdf> - accessed 06/11/17

DH (2009) The Healthy Child Programme: Pregnancy and the first five years of life <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf> - accessed 06/11/17

PHE (2015) Rapid Review to Update Evidence for the Healthy Child Programme 0–5<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf> - accessed 06/11/17

PHE (2016) National Health Visitor Service Specification 2016/17 <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning> - accessed 06/11/17

NICE (2014a) NICE Public Health Guidance 11: Improving the Nutrition of Pregnant and Breastfeeding Mothers and Children in Low-Income Households, Quick Reference Guide: Maternal and child nutrition (<http://guidance.nice.org.uk/PH11> ), issued March 2008 (updated November 2014) - accessed 06/11/17

SACN (2016) <https://www.gov.uk/government/publications/sacn-vitamin-d-and-health-report> - accessed 06/11/17

**8.0 Supporting Documents**

NICE (2021) Post natal Guidance NG194 <https://www.nice.org.uk/guidance/ng194/resources/postnatal-care-pdf-66142082148037>

Accessed 20/04/2021

UNICEF UK (2010) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK

<http://www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf> - accessed 06/11/17

UNICEF UK (2012) Quick guide to UNICEF UK Baby Friendly Accreditation <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/Baby_Friendly_Quick_Guide.pdf> - accessed 06/11/17

Entwistle FM (2013) The Evidence and Rationale for the UNICEF UK Baby Friendly Initiative standards

<http://www.unicef.org.uk/Documents/Baby_Friendly/Research/baby_friendly_evidence_rationale.pdf> - accessed 06/11/17

RCM, RCOG, DH, Fatherhood Institute (2011) Reaching Out: Involving fathers in Maternity care London: RCM

<https://www.rcm.org.uk/sites/default/files/Father's%20Guides%20A4_3_0.pdf> - accessed 06/11/17

NICE (2015) Postnatal Care. NICE quality standard 37. July 2013, Updated June 2015 (<https://www.nice.org.uk/guidance/qs37>) - accessed 06/11/17

**Appendix 1**

**Signature Sheet for Approved Procedure**

**Name of Policy:** Infant Feeding Policy

**Intranet Pathway:** Documents library/

**Statement:**

I have read the above and understand its contents. If there are any difficulties regarding implementation or any training needs, I have raised and resolved these with my line manager.

I agree to implement the content of the above Infant Feeding Policy.

|  |  |  |
| --- | --- | --- |
| Staff Name | Signature | Date |
|  |  |  |

On completion this sheet will be kept by the line manager and become part of the training record.

**Appendix 2:**

Health Visiting Service

Parents’ Guide to the Infant Feeding Policy

We support the right of all parents to make informed choices about the way you feed your

baby. All of us will support you in your decisions once you have that information. We believe

that breastfeeding is the healthiest way to feed your baby and we recognise the important

benefits which breastfeeding provides for both your child and you. We therefore encourage

you to breastfeed your baby.

**Ways in Which We will help Mothers to Breastfeed Successfully**

All Staff within the Health Visiting team have been specially trained to help you to breastfeed your baby.

During your pregnancy, you will be able to discuss breastfeeding individually with a health visitor who will answer any questions you may have.

A Health professional from the Midwifery team will be able to explain how to put your baby to

the breast and to help with feeds in the early days. A Health Visitor will see you

within 10-16 days (or within 14 days in Norfolk) after your baby is born.

We will show you how to express your breast milk and we will give you written information

Or signpost you to websites about this.

We recommend that you hold your new baby against your skin as soon as possible after birth and keep him or her near you whenever you can. We will give you written information about how to manage night feeds.

We will encourage you to feed your baby whenever he or she seems to be hungry and we will explain to you how you can tell that he or she is getting enough milk.

We recommend that you avoid using bottles, dummies and nipple shields whilst your baby is

learning to breastfeed. This is because they can make it more difficult for your baby to learn to breastfeed successfully and for you to establish a good milk supply.

Most babies do not need to be given anything other than breast milk until they are six months old. If for some reason your baby needs some other food or drink before this, the reason will be fully explained to you by the staff. We will help you to recognise when your baby is ready for other foods (normally at about six months) and explain how these can be introduced.

We welcome breastfeeding on our premises. We will give you information to help you

breastfeed when you are out and about. We will give you a list of people who you can contact for extra help and support with breastfeeding, or who can help if you have a problem.

This is your guide to the Breastfeeding policy. Please ask a member of staff if you wish to see the full policy.

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| **Rapid Equality & Diversity Impact Assessment Tool** | |
|  | |
| The purpose of an Equality Impact Assessment is to improve the work of the Trust by ensuring that it does not discriminate and that, where possible, promotes equality. It is a way to ensure individuals and teams think carefully about the likely impact of their work on service users and take action to improve activities, where appropriate. As a public authority the Trust is required to carry out an assessment on all of its approved documents. | |
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| --- | --- | --- |
| **Name of document being assessed:** | Infant Feeding Policy | |
| **Name & job role of reviewer:** | Linda Masterson BFI coordinator Luton  Sarah Pickford Practice development Lead 0-5 Service Bedfordshire  Sarah Clark Specialist Practitioner Healthy Lifestyles & Infant Feeding Lead Norfolk  Nina Morley Infant Feeding Lead Cambridgeshire | |
| **Date completed:** | 22nd September 2021 | |
| **Choose either Positive or Negative impact. POSITIVE it could benefit or would have very little or no impact. NEGATIVE, it could disadvantage. If you choose NEGATIVE you will be required to complete a FULL EQUALITY IMPACT ASSESSMENT** | | | |
| Minority ethnic including Gypsy/travellers, refugees and asylum seekers | | Positive | |
| Women and men | | Positive | |
| People in religious/faith groups | | Positive | |
| Disabled people | | Positive | |
| Older people | | Positive | |
| Children and young people | | Positive | |
| Lesbian, gay, bisexual and transgender people | | Positive | |
| Marriage and Civil Partnership status | | Positive | |
| Maternity status | | Positive | |
| People of low income | | Positive | |
| People with learning disabilities | | Positive | |
| People with mental health problems | | Positive | |
| Homeless people | | Positive | |
| People involved in criminal justice system | | Positive | |
| Staff | | Positive | |
| Diet and nutrition | | Positive | |
| Exercise and physical activity | | Positive | |
| Substance use: tobacco, alcohol or drugs | | Positive | |
| Risk taking behaviour | | Positive | |
| Education and learning, or skills | | Positive | |
| Social status | | Positive | |
| Employment (paid or unpaid) | | Positive | |
| Social family support | | Positive | |
| Stress | | Positive | |
| Income | | Positive | |
| Discrimination | | Positive | |
| Equality of opportunity | | Positive | |
| Relations between groups | | Positive | |
| Living conditions | | Positive | |
| Working conditions | | Positive | |
| Pollution or climate change | | Positive | |
| Accidental injuries or public safety | | Positive | |
| Transmission of infectious disease | | Positive | |
| Health care | | Positive | |
| Transport | | Positive | |
| Social services | | Positive | |
| Housing services | | Positive | |
| Education | | Positive | |
| Any other areas | | Positive | |
| **Were any NEGATIVE impacts identified?** | | NO | |
| **If YES please contact the Assistant Director of Corporate Governance who is the Equality & Diversity Lead for the Trust to complete a full Equality Impact Assessment** | | | |