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Version Number: 1		Date of Publication: 09 Jul 2015

## Equality Impact Assessment - Standard Assessment Template

### Section A: Assessment

**Name of Policy:** Guidance for transferring a deceased baby or child

#### Person/persons conducting this assessment with Contact Details

Keithley Wilkinson - Equality Manager

Tracey Skyrme - Senior Nurse Bereavement Service

#### Date

##### 1. The Policy

Is this a new or existing policy?

This is new guidance

What is the purpose of the policy?

There is no legal reason why relatives/carers should not take their baby or child home following their death and make their own funeral arrangements (Schott et al 2007). However, there are certain circumstances which might delay this process, for example, if the baby or child's death requires Coronial referral.

In law no documentation is required, however, for the protection of the relatives/carers and to avoid misunderstanding, the Health Board requires that the following paperwork is completed:

- The form for the relatives/carers. A copy should be taken and retained in the medical notes.
- The police letter for the relatives/carers.

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- The checklist for staff. A copy should be taken and retained in the medical notes.

#### Aims

- To ensure the relatives/carers are treated holistically and given choices should they wish to take their baby or child home following their death.
- To support the relatives/ carers whilst ensuring legal requirements are adhered too, for example, following Coronial involvement.
- To ensure staff are aware of the process, therefore maintaining a robust audit trail.
- To ensure all couples are treated with the same dignity and respect whether they are in a same sex or heterosexual relationship.

How do the aims of the policy fit in with corporate priorities? i.e. Corporate Plan

It meets the organisational mission of; caring for people, keeping them well, Fundamentals of care, Care Quality commission 2014- duty of candour, safe, effective, compassionate care. WG delivery plans- Achieving Excellence. Healthcare standards framework 2 Equality, diversity and human rights, 5 Citizen Engagement and feedback, assuring service user experience 10 Dignity and respect

Who will benefit from the policy?

Patients, carers, family members and staff

What outcomes are wanted from this policy?

- To ensure the deceased baby or child is treated with dignity, respect, care and compassion at all times.
- To ensure staff adhere to the procedure facilitating a standardised approach.
- To ensure staff feel competent and confident in the care they provide.
- To ensure staff have a good knowledge base and an understanding of the process and rationale involved.
- To ensure prior preparation and planning where able.

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- To ensure all have access to clear communication to address all barriers to this by the provision of interpreter/signer/disability aids.

Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)

1. Lack of awareness and misunderstanding of the guidance
2. Training about and increasing awareness of the guidance will be provided by Who Tracey?.
3. There may be some financial implications due to this guidance-**Inadvertently through training**
4. Patients and/or relatives may require translation services.

## 2. Data Collection

What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)? Cultural deaths, bereft parents –from delivery suite, neonatal unit where would people find this

What quantitative data do you have on the different groups<sup>16</sup> (e.g. findings from discussion groups, information from comparator authorities)?

Please indicate the source of the data gathered? (e.g. Concerns/Service/Department/Team/Other)Mortuary, Neonatal Unit where would people find this

What gaps in data have you identified? (Please put actions to address this in your action plan?)

An internet search was conducted on between 30 January and 11 February 2015 which included using the following search terms as well as inserting the particular protected characteristic where appropriate. The information provided below is not an exhaustive list but does represent the information gathered

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[https://www.google.co.uk/search?hl=en-GB&source=hp&q=Guidance+for+transferring+a+deceased+baby+or+child&gbv=2&oq=Guidance+for+transferring+a+deceased+baby+or+child&gs\\_l=heirloom-hp.12...13971.25580.0.26580.50.19.0.31.4.0.182.1843.12j7.19.0.msedr...0...1ac.1.34.heirloom-hp..28.22.1843.LwZVley3xkc](https://www.google.co.uk/search?hl=en-GB&source=hp&q=Guidance+for+transferring+a+deceased+baby+or+child&gbv=2&oq=Guidance+for+transferring+a+deceased+baby+or+child&gs_l=heirloom-hp.12...13971.25580.0.26580.50.19.0.31.4.0.182.1843.12j7.19.0.msedr...0...1ac.1.34.heirloom-hp..28.22.1843.LwZVley3xkc)

<http://www.rcht.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Paediatrics/DeathInChildrenUpTo18YearsOfAgeEDPolicy.pdf>

No impact on any of the protected characteristics

[http://www.ruh.nhs.uk/about/policies/documents/clinical\\_policies/blue\\_maternity/GWH-Pregnancy\\_Loss\\_and\\_the\\_Death\\_of\\_a\\_Baby\\_Policy.pdf](http://www.ruh.nhs.uk/about/policies/documents/clinical_policies/blue_maternity/GWH-Pregnancy_Loss_and_the_Death_of_a_Baby_Policy.pdf)

No impact on any of the protected characteristics.

<http://www.rcht.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Paediatrics/DeathInChildrenUpTo18YearsOfAgeEDPolicy.pdf>

No impact on any of the protected characteristics

<https://www.google.co.uk/url?url=https://www.nuh.nhs.uk/handlers/downloads.ashx%3Fid%3D24308&rct=j&frm=1&q=&esrc=s&sa=U&ei=5PDJVMzjJ8-Q7AaTriHgDA&ved=0CBoQFjAB&usq=AFQjCNEddwVgtXKETQyRrLflcIPWrDQsZA>

This is what it says below:

An equality impact assessment has been undertaken on this draft and has not indicated that any additional considerations are necessary. However they did note that some cultures require a quick turnaround for a burial which cannot always be accommodated, and when it is accommodated can affect the service provided to other groups.

[http://www.thh.nhs.uk/documents/Publications/EqualityDiversity/Care\\_Respect\\_Death.pdf](http://www.thh.nhs.uk/documents/Publications/EqualityDiversity/Care_Respect_Death.pdf) t

This recognises that there may be a potential for a negative impact on disability as a protected characteristic.

It also says that there might be an impact on differing religions & cultures has been considered and addressed within the policy.

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<http://www.mermaidsuk.org.uk>

This organisation provides support and information for children and teenagers who are trying to cope with gender identity issues and for their families and carers.

### **Other sources**

<http://www.bbc.co.uk/news/health-27251908>

The UK has one of the highest rates of death for children under five in Western Europe, according to research published in The Lancet.

[http://www.togetherforshortlives.org.uk/assets/0000/1855/TfSL\\_A\\_Guide\\_to\\_End\\_of\\_Life\\_Care\\_5\\_FINAL\\_VERSION.pdf](http://www.togetherforshortlives.org.uk/assets/0000/1855/TfSL_A_Guide_to_End_of_Life_Care_5_FINAL_VERSION.pdf)

This document focuses on principles of best practice in the care of the child and family before death, at the time of death, and after death. It includes sections on the use and practice of the cool room, communication, Advance Care Planning and symptom management at the end of life. It recognises, as does the UHB, that Part of what makes people human is the need to make sense of life and death and find meaning and purpose in them For many this is understood through spirituality, faith, religion and cultural values. Attention to people's needs, wishes and beliefs in this area should be the approach of all healthcare professionals.

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_074251.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074251.pdf)

This is a government website that has been produced to assist bereaved trans people or friends, or the family of a trans person who has died. It will also inform professionals such as coroners, pathologists, mortuary staff and undertakers to understand the particular needs of trans people in the circumstances of death. Although It is concerned with adults it is referenced here to acknowledge that demonstrate the thoroughness of the data collection process

### **3. Impact**

Please answer the following

Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see [www.ons.gov.uk](http://www.ons.gov.uk) Office National Statistics website) and considering any

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other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics **stating the impact and giving the key reasons for your decision.**

**Do you think that the policy impacts on people because of their age?** (This includes children and young people up to 18 and older people)

The guidance is concerned with the death of a baby or child so there is an implicit impact on this characteristic. The intention behind the guidance is for support to the relatives and carers of a baby or child. The impact can be viewed as neutral or positive because of the intent.

**Do you think that the policy impacts on people because of their caring responsibilities?**

The guidance specifically mentions the relatives and carers of a baby or child who may be deceased. Inherent in this is that there is a recognised impact that the guidance will have on those with this protected characteristic. The proactive nature and intent of the guidance would indicate a positive impact as staff would be responsive to the needs of carers.

is concerned with the death of a baby or child so there is an implicit impact on this

**Do you think that the policy impacts on people because of their disability?** (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.)

There is the potential for there to be a negative impact on people with learning difficulties & people with a compromised level of understanding for example. All efforts will be made to recognise people with disabilities and all steps taken to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of relatives and carers as well as the cultural and spiritual elements of care and giving relevant information at the right time and in the right way, such as with the use of communication aids as noted in the guidance.

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**Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans transgender and transvestites)**

There does not appear to be any impact on people with this protected characteristic in respect of babies and children, though there are for adults.

**Do you think that the policy impacts on people because of their being married or in a civil partnership?**

There does not appear to be any impact on people with this protected characteristic. The guidance is concerned with relatives/carers should taking their baby or child home following their death and to make their own funeral arrangements. The guidance aims to ensure that all couples are treated with the same dignity and respect whether they are in a same sex or heterosexual relationship and thus implicit, whether they are married or in a civil partnership.

**Do you think that the policy impacts on people because of their being pregnant or just having had a baby?**

There is a positive impact on this protected characteristic in that the guidance is there to support relatives should these tragic circumstances occur.

**Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)**

There is the potential for there to be a positive impact on people with this protected characteristic if the guidance is followed by staff in recognising the individuals and taking all steps taken to incorporate issues of language, culture and/or religion which may sometimes be intrinsically linked. Any negative impact on the individual and their family will be minimised

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**Do you think that the policy impacts on people because of their religion, belief or non-belief?** (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

The UHB recognises the importance of providing skilled and sensitive communication including the cultural and spiritual elements of care and giving relevant information at the right time and in the right way. Through this recognition in the guidance it is possible , if the guidance is followed that there will be a positive impact.

**Do you think that the policy impacts on men and woman in different ways?**

There was no specific information or mention in search as to gender issues related to this type of guidance.

**Do you think that the policy impacts on people because of their sexual orientation?** (This includes Gay men, heterosexuals, lesbians and bi-sexuals)

There does not appear to be any impact on people with this protected characteristic. The guidance is concerned with relatives/carers should taking their baby or child home following their death and to make their own funeral arrangements. The guidance aims to ensure that all couples are treated with the same dignity and respect whether they are in a same sex or heterosexual relationship.

**Do you think that the policy impacts on people because of their Welsh language?**

The fundamental issue is how staff can liaise with the deceased relatives, carers and family. When discussing the arrangements or they need support, it should be important to note if they want to discuss things in Welsh. For Welsh speaking relatives, carers and family having discussions in Welsh may be easier and less stressful, particularly if Welsh were their preferred language of communication. It would also reflect respect and dignity towards the background of the deceased child/baby and their family where issues of religion may be of importance.



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#### 4. Summary.

Which equality groups have positive or negative impacts been identified for (i.e. differential impact).

There are some impacts around disability, race and religion which the guidance is mindful of.

Is the policy directly or indirectly discriminatory under the equalities legislation? N/A

If the policy is indirectly discriminatory can it be justified under the relevant legislation? N/A

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## Appendix 3

### Cardiff and Vale University Health Board Action Plan

#### Section B: Action

##### 5. Please complete your action plan below. Issues you are likely to need to address include

- What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities)

The UHB Spiritual Care Group, the Rainbow Network Forum and the Welsh Language Officer have all been consulted on these guidelines; **Bereavement Strategy group, Lay members including 2 wish upon a star charity, spiritual care group**

- What **monitoring**/evaluation will be required to further assess the impact of any changes on equality target groups? An audit of family experience through the use of face to face meetings/questionnaire

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## Equalities Impact Assessment Implementation Action Plan

Issue to be addressed	Responsible Officer	Action Required	Timescale for completion	Action Taken	Comments

### 6. Report, publication and Review

**Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)**

Bereavement Strategy Group

**Please record details of where and when EQIA results will be published**

On the UHB internet and intranet sites once approved

**Please record when the EQIA will be subject to review.**

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This will take place 3 years after approval of the policy is given.

**Name of person completing \_Keithley Wilkinson and Tracey Skyrme**

**Signed** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Senior Manager Authorising Assessment and Action Plan for publication \_\_\_\_**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## **Executive Summary**

The EQIA was completed by the Senior Nurse Bereavement Service and the Equality Manager. Various internal and external related groups were consulted about the guidelines.

## **Background**

This guidance is intended to ensure the relatives/carers are treated holistically and given choices should they wish to take their baby or child home following their death. It is there to support the relatives/ carers whilst ensuring legal requirements are adhered too, for example, following Coronial involvement. It is also concerned with ensuring that staff are aware of the process, therefore maintaining a robust audit trail. Further, the guidance is there to ensure all couples are treated with the same dignity and respect whether they are in a same sex or heterosexual relationship.

## **The scope of the EQIA**

The likely affects of the policy was assessed utilising the evidence from other health care organisations, specific consultation with groups that might have a specific interest as a stakeholder such as the UHB Spiritual Care Group as well as targeted internet searches. Other information was sought from palliative care organisations and other available public data.

## **Key findings**

The key finding was that the impact would have no impact or a positive impact. However, it noted that due consideration would be given as appropriate, to do with the protected characteristics of religion, spirituality, race and disability.

## **Recommendations**

In terms of outcomes, it does not appear necessary at this point to make major changes to the policy but this will be of course be dependent on gathering all the feedback. The EQIA identifies that there is no or positive impact whilst recognising the issues of religion, spirituality and disability. All opportunities to promote equality have been taken. Through consultation and monitoring the rollout will be adjusted to remove any barriers or better promote equality. The guidance should go ahead.