Care of Next Infant

Following Sudden Infant Death of a Sibling or apparently life threatening event of an infant (CONI)
Policy: Care of Next Infant

Executive Summary: The purpose of this policy is to inform East Cheshire NHS staff of the practices and procedures for the provision of CONI-Care of Next Infant, following sudden infant death of a sibling or apparently life threatening event of an infant.

East Cheshire NHS Trust is committed to ensuring that all service users, their families, carers and visitors and the local population can access its services.

Supersedes: Protocol for the Care of the Next Infant– expired December 2010

Description of Amendment(s): Updated in line with Service Specification Requirements.

Service to be offered only to parents whose infant has died of ‘sudden unexplained infant death’ or where the infant has experienced an unexplained apparently life threatening event.

This policy will impact on: Trust staff, service users, their families and carers

Financial Implications: Direct costs for the CONI programme, are the use of stationary packs and specialist equipment.

Policy Area: Community Business Unit - Health Visiting

Document Reference:

Version Number: V1.00

Effective Date: 01/02/13

Issued By: Community Services Manager-Health Visiting

Review Date: 01/02/18

Author: CONI Lead

Impact Assessment Date: 22/01/13

APPROVAL RECORD

<table>
<thead>
<tr>
<th>Committees / Group</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation:</td>
<td></td>
</tr>
<tr>
<td>Approval Committee</td>
<td>SQS Committee Families &amp; Wellbeing</td>
</tr>
<tr>
<td>Ratified by Committee:</td>
<td></td>
</tr>
<tr>
<td>Received for information:</td>
<td></td>
</tr>
</tbody>
</table>
## CONTENT

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1. Statement</td>
</tr>
<tr>
<td>4</td>
<td>2. Background</td>
</tr>
<tr>
<td>4</td>
<td>3. Organisation Responsibilities</td>
</tr>
<tr>
<td>5</td>
<td>4. Definitions</td>
</tr>
<tr>
<td>5</td>
<td>5. General Document Principles</td>
</tr>
<tr>
<td>6</td>
<td>6. Informed Consent</td>
</tr>
<tr>
<td>7</td>
<td>7. Training and Skills</td>
</tr>
<tr>
<td>7</td>
<td>8. Maintenance and Storage of Equipment</td>
</tr>
<tr>
<td>7</td>
<td>9. Infection Control</td>
</tr>
<tr>
<td>7</td>
<td>10. Implementation</td>
</tr>
<tr>
<td>7</td>
<td>11. Measuring Programme</td>
</tr>
<tr>
<td>8</td>
<td>12. Audit</td>
</tr>
<tr>
<td>8</td>
<td>13. Review</td>
</tr>
<tr>
<td>8</td>
<td>14. References</td>
</tr>
<tr>
<td>9</td>
<td>Appendix 1</td>
</tr>
<tr>
<td>10</td>
<td>Appendix 2</td>
</tr>
<tr>
<td>11</td>
<td>Appendix 3</td>
</tr>
<tr>
<td>12</td>
<td>Appendix 4</td>
</tr>
<tr>
<td>13</td>
<td>Appendix 5</td>
</tr>
<tr>
<td>14.</td>
<td>Appendix 6</td>
</tr>
</tbody>
</table>
1. STATEMENT
This policy applies to all parents/carers who have experienced sudden infant death of their child or apparently life threatening event of an infant. The Policy also advises staff groups that support the family.

The purpose of this document is to describe the essential practices and processes for the provision of care for the next infant—following sudden infant death of a sibling or apparently life threatening event of an infant. It aims to raise awareness of this service, encouraging staff to proactively refer service users on a needs basis and ensure that staff have the knowledge, confidence and ability to access and use the CONI services.

This policy will standardise and offer guidance for care given to children and families where there has been a sudden infant death of their child, or unexplained life threatening event.

2. BACKGROUND
CONI (Care of Next Infant) is a package of care offered to parents who have experienced a sudden infant death (SIDS) and are undergoing a subsequent pregnancy. The CONI programme aims to standardize practice, offer guidance and help parents work through some of their fears and anxieties during the new pregnancy, and the first 6 months to 1 year after birth. (Waite et al 1993) The service also offers support to parents of those babies who have suffered an apparent life threatening event (ALTE) of their child.

3. ORGANISATIONAL RESPONSIBILITIES

3.1 Duties within the Organisation

3.1.1 Chief Executive has overall responsibility for the implementation and monitoring of the policies in use in the trust. This responsibility may be delegated to an appropriate colleague.

3.1.2 Director of Nursing and Quality / Deputy Chief Executive is the designated executive officer who leads on ensuring that the Trust provides patients and clients with access to CONI.

3.1.3 Associate Directors are responsible for ensuring that staff within their business units are aware of and implement this policy, and for bringing any issues which may affect implementation to the attention of the Community Services Manager.

3.1.4 Community Services Manager has overall line management responsibility for the engagement function and for ensuring there is a robust system in place for the provision of translation and interpretation. Responsible for ensuring there are CONI Coordinators to deliver the programme within the Trust, ensuring they receive adequate training and updated knowledge of the programme.

3.1.5 CONI Lead is responsible for the administrative arrangements of the CONI programme and coordinates its service delivery. The CONI Lead will ensure that:
- Staff are easily able to access information on how to refer into the CONI programme of services
- Advice and support is given as required to staff members;
- An up to date log of clients being supported by the CONI programme
- Support to the named CONI Coordinators
- A record is kept of families who have accessed and been supported through the CONI programme.
- Audits of use of CONI are carried out.
- Distribution and maintenance of equipment.
The CONI Lead may also delegate some of these functions to the CONI Coordinators.

3.1.6 **CONI Coordinators** - will deliver and coordinate the standardised programme of care set out within this document. They will keep own documentation on clients using the service and are responsible for ensuring that equipment is used appropriately and returned at the end of the agreed period of time.

3.1.7 **Health Visiting team** – will provide weekly weight review, offer support visits to the family for the duration of the programme in collaboration with the Coordinators.

3.1.8 **Line Managers** must be fully conversant with this policy and support its implementation, ensuring that staff are fully informed about the trust’s arrangements for translation and interpretation.

4. **DEFINITIONS**

4.1 **Sudden Infant Death Syndrome (SIDS)**
Sudden Infant Death Syndrome is defined as: the sudden unexpected death of an infant less than one year of age, with onset of a fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of circumstances of death and the clinical history.” Krous et al (2004)

4.2 **Apparent Life Threatening Event (ALTE)**
An Apparent Life Threatening Event is defined as: “A sudden and unexplained event which is frightening to the observer who perceives the baby to be at risk of death and feels there is a need to take some immediate action. The event has a defined onset and offset and does not lead to death or persistent collapse. The baby displays a change in at least two of the following:- colour, tone, consciousness, movement, breathing” SM Gibb, AJ Waite (1998)

4.3 **CONI** – Care of next Infant support offered following sudden infant death or a life threatening event.

5. **General Document Principles**

5.1 **CONI Care Pathway** (Appendix 1)
- The family are usually identified in pregnancy, usually by the midwife or by the health visitor and referred on to the CONI Co-ordinator. (Appendix 2)
- The CONI coordinator will visit the family to discuss, negotiate and agree a programme of care. Parents may chose to participate in all or part of the CONI programme that is offered.
- All parents will be advised to undertake and be signposted to attend resuscitation training.

5.2 **ALTE**
Following hospital admission for observation of an unexplained apnoea attack and/ or treatment the CONI Co-ordinator should be notified and the service requested by the Paediatric Consultant. The CONI Co-ordinator will visit the family to discuss, negotiate and agree a programme of care. Parents may choose to participate in all or part of the programme. (Appendix 3)

5.3 Parents of either CONI or ALTE may opt to receive:
- Weekly weight review by the health visiting team.
- Babies should be weighed naked at approximately the same time each week and the baby’s weight plotted on the Sheffield Weight Chart (SWC). If the baby is not gaining weight or if there is unexplained weight loss then the health visitor should refer to the GP,
Community Paediatrician or the Paediatric Assessment Unit. Poor weight gain or weight loss may be indicative of illness in an infant and evidence suggests that premature and low birth weight babies are more at risk of SIDS. (Blair et al 2006, 2000) (Smith et al 2005).

- A Paediatric passport is held in the Parent Health Child Record to encourage priority and consideration for the child, if medical attention is sort.
- Childs GP is informed of the CONI service use, to encourage priority and consideration for the child, if medical attention is sort.
- Advice on reducing the risk of cot death will be offered inline with current Department of Health recommendations. DOH (2007).
- Use of a symptom diary to record their baby’s health.
- Use of thermometer in the baby’s place of sleep
- The Health Visitor should discuss any health issues raised in the symptom diary and offer advice accordingly. (Wailoo et al 2003). Where the duration, severity, or number of symptoms present gives
- rise to concern the baby should be referred to the GP, Community Paediatrician or the Paediatric Assessment Unit.
- Use of an apnoea monitor which will alert parents if their baby stops breathing. The monitor is attached to the baby. The apnoea leads are single use only and as such should be disposed of as per guidance. The family should be encouraged by the Health Visitor to reduce dependency on the apnoea monitor prior to the conclusion of the programme. The length of the CONI support programme should be determined on an individual basis up to 12 months of age. If the child’s development prohibits the use of an apnoea monitor this will be withdrawn in the interest of safety. The MR10 apnoea monitor will be changed to an under the mattress alarm when the baby reaches six months of age. Use of equipment will be allocated to the parents and signed as received (Appendix 4)
- CONI documentation should be kept with the parent held child health record (PHCHR) until the end of the programme. On completion of the programme all CONI documentation and equipment should be returned to the CONI Coordinator and forwarded to Sheffield.

6. Informed Consent
- Parental consent is required for referral to CONI /ALTE programme.
- Following a home visit by a CONI Co-ordinator, parents can decide to opt in or out of any element of the CONI/ALTE programme and consent can be withdrawn at any time by parents without giving prior notice. The decision to participate or decline from the programme should be recorded in the PHCHR and the Health Visiting Record.
- Informed Consent for the recording and submission of information is discussed with parents at the initial visit. Parental permission in writing, should be obtained giving permission for collected data to be transferred to the CONI Centre Sheffield for research purposes, (Appendix 5). Data is collated at the University of Sheffield and is used to monitor the effectiveness of the programme and for research into the prevention of cot death. A copy of the written consent is kept within the Health Visiting records. All data collected is stored and
used in line with the Data Protection Act, Caldicott guidelines, and the Community Health policies.

- On completion of the programme all documentation and written consent is returned to Sheffield for analysis. Where consent for submission of information to the Sheffield Centre is not given this will not affect access to the scheme or services.

7. Training and Skills
- All CONI Co-ordinators must receive the national CONI package of training.
- It is recommended that Co-coordinators knowledge and skills are updated at least every three years, this should be carried out by Co-ordinators attending the CONI coordinators meeting, and receiving evidence based research updates.
- All coordinators must attend ECT NHS Trusts mandatory update resuscitation training yearly.

Performance will be measured by managers and clinical leads during appraisal of staff. Information and comparative data regarding uptake of the scheme is available via CONI Sheffield for statistical analysis. This information is available for CONI Co-ordinators to feedback to trust staff. CONI Co-ordinators should attend a yearly update of this data run by Sheffield University in conjunction with FSID. A questionnaire is sent out via CONI Sheffield upon completion of the CONI programme which is completed by all families alongside the CONI Coordinator or family health visitor they will detail which aspects of the programme were used and general parents feedback. Data can be used by the CONI Lead to audit uptake of the programme and make changes for the future.

8. Maintenance and Storage of Equipment
- Equipment is stored at a centralized locality in a locked cupboard, which is accessible during normal office hours.
- All monitors are serviced after use by EBME at MDGH.
- The CONI Lead will be responsible for the servicing, tracking and transport of monitors.

9. Infection Control
- All equipment once returned must be decontaminated.
- Parents will be given instructions on infection control for the cleaning of equipment in line with manufacturer’s recommendations.
- Disposable items (leads micropore) can be disposed of in household waste.

10. Implementation
The CONI team which includes the Service Manager, CONI Lead, Coordinators and administration will support staff in implementing and supporting the CONI programme identified in this policy. (Appendix 6)
The service is offered to all eligible clients/families, as set out in the service criteria. CONI Coordinators have recognised training and updates to support this assessment. Offered to families within East Cheshire NHS Trust who meet the criteria statement

11. Measuring Performance
Information and comparative data regarding uptake of the scheme is available via CONI Sheffield for statistical analysis.

CONI Coordinators should attend updates of this data run by Sheffield University in conjunction with Foundation of Sudden Infant Death.
A questionnaire is sent out via CONI Sheffield upon completion of the CONI programme which is completed by all families alongside the CONI coordinator detailing which aspects of the programme were used and parents feedback.

12. Audit
The CONI Lead and Coordinators will carry out an assessment of referrals/ rate to ensure effective use and coverage of the service, ensuring all HV Teams are aware of the service and referral criteria. Audits are undertaken by CONI Sheffield and available on request.

13. Review
This policy will be reviewed on an annual basis by the Community Services Manager and CONI Lead.

14. References
- Waite, A.J. Waddington, H. Dr Carpenter, R.G. Prof. Emery, J.L. Prof, Hall. 1993
- D.M.B. CONI. Care of Next Infant. Funded by The Study of Infant Deaths.
- Waite, AJ. Dr. Carpenter, RG. Prof Emery, JL. Prof Hall, DMB. 1997 CONI Plus: A protocol of support for vulnerable babies and anxious parents. Foundation Sudden Infant Death.
Appendix 1
ENROLMENT PROCEDURE FOLLOWING ANTENATAL REFERRAL

1. Midwife refers mother to local co-ordinator following consent
2. Local co-ordinator contacts Health Visitor and joint visit is arranged
3. Home visit by local co-ordinator and family HV
   Approx. 2 months before EDD
4. Distribute stationary and issue equipment and planned care
5. Arrange resuscitation training
6. Notify paediatrician of family’s enrolment
7. Optional meeting between parents and paediatrician
8. Paediatrician / co-ordinator notify GP
9. Birth of baby
   - Consent signed: complete CONI A
     And return to CONI office
     (retain for own records)
   - Consent declined: complete CONI E and
     Return to CONI office
     (retain copy for own records)
10. HV ensures GP checklist placed in GP records
11. HV places Paediatric passport in PCHR
Appendix 2

CONI - CARE OF THE NEXT INFANT

Please notify the CONI co-ordinator of all women booking for antenatal care who have suffered a cot death

Mothers/Fathers Name: ..................................................................................................................

Address: ....................................................................................................................................

...............................................................................................................................................

Postcode: .................................................................................................................................

Telephone Number: ................................................................................................................

EDD:...........................................................................................................................................

Booked for delivery at: ...............................................................................................................

Name of mothers GP: ..................................................................................................................

Address: ....................................................................................................................................

...............................................................................................................................................

Postcode: ..................................................

Reason for Referral, with details if known:

Mothers previous cot death: .......................................................................................................

Name of Midwife making the referral: .......................................................................................

Date: ........................................................................................................................................

PLEASE FORWARD TO CONI LEAD

Job Title: Chris Cooper-Bagley CONI Lead
Organisation: East Cheshire NHS Trust
Department: Health Visiting
Location: Ashfields PCC
Address: Middlewich Road
         Sandbach, Cheshire
Postcode: CW11 1EQ
Email address: Chris Cooper-Bagley@nhs.net
Phone: 01270 275143
Appendix 3
ENROLMENT FOLLOWING ALTE – REFERRAL PATHWAY

ALTE

Hospital Admission

Investigations

Results discussed with parents

Paediatrician assesses with parents
Need for type of follow up

Referral to Local Co-ordinator

Co-ordinator undertake home/hospital visit with family's
Health Visitor

CONI commenced – if agreed with family
Equipment, stationary supplied
GP informed. Consent obtained
Appendix 4
CONI EQUIPMENT

I agree to the loan of:

Graseby Monitor:

Axminster
Apnoea Monitor/Mattress:

Seca Scales:

And to return CONI equipment to the family Health Visitor when the programme is completed.

Signed: Parent / Carer

Date:

Signed: Family Health Visitor:

Date:

To be filed in child’s notes (Health Visitor)
Appendix 5
CONI – Care of the Next Infant

The CONI programme has been set up by the UK’s leading cot death charity, the Foundation for the Study of Infant Deaths, to help provide support to families with babies born following a cot death. The programme is provided through your local health services.

Each centre offering CONI will only see a small number of families each year. It is helpful if information on participating babies from all CONI centres is collected centrally at the CONI office, situated in the Academic Unit of Child Health, University of Sheffield. This combined information from all the centres is used to monitor the effectiveness of the programme and for research into the prevention of cot death. The information is held confidentially and securely. Information entered on the CONI database is strictly confidential, being identified only as a reference number, rather than a name.

We ask your permission for the following to be sent to the CONI office when completed.

- CONI A Registration form
- CONI B Symptom diary
- CONI C Health Visitor Record
- CONI D Alarm Record
- Sheffield Weight Chart
- Parents Feedback – to be filled in at the end of the programme

If you agree to the above being forwarded to the CONI office, please complete the section below. You can withdraw your consent at any time. If you do not wish the information to be sent to CONI, this will in no way affect the care available to your and your family.

Parents Name: ………………………………………………………………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………………………………………………………………

Baby’s expected date of delivery / date of birth (delete as appropriate) ………………………………………………………………………………………

Parents Signature: ………………………………………… Date: …………………………………………

If you have any queries about how your information is being used, or wish your information to be removed from our records, please contact the CONI National Co-ordinator, Room C1, Stephenson Wing, Academic Unit of Child Health, University of Sheffield, Sheffield Childrens Hospital, Western Bank, Sheffield, S10 2TH

Thank you for your help.
Appendix 6
CONI Personnel

CONI Manager: Community Service Manager
Professional Advisor for Health Visitors
Eagle Bridge Health & Wellbeing Centre, Dunwoody Way
Crewe, Cheshire
Tel: 01270 275693

CONI Administrator: Denise Smith
Ashfields PCC
Sandbach
Cheshire
CW11 1EQ
Tel: 01270 275155

CONI Lead /Co-ordinator Chris Cooper-Bagley
Ashfields PCC
Sandbach
Cheshire
CW11 1EQ
Tel: 01270 275143 / 07979 516155
covers: Sandbach, Congleton, Holmes Chapel and Alsager

CONI Co-ordinators: Nicky Greaves
Weaverham Clinic
Northwich
Cheshire
Tel: 01606544088/07901918375

Covers: Winsford, Northwich and Middlewich

Claire McAndrew
Waters Green MC
Macclesfield, Cheshire
Tel: 01625 264083
Covers: Macclesfield locality

Angela Grocott
Eagle Bridge Health & Wellbeing Centre
Dunwoody Way
Crewe
Cheshire
CW1 3AW
Tel: 01270 376581
Covers: Crewe, Nantwich

Equipment: All kept at Ashfields PCC, Middlewich Road, Sandbach, Cheshire
Contact administrators for equipment / return of equipment

- Scales
- Monitors
- Leads/sensors
- Documentation
- Leaflets
Equality Analysis (Impact assessment)
Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services.
Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

CONI POLICY

Details of person responsible for completing the assessment:

- Name: CHRIS COOPER-BAGLEY
- Position: HEALTH VISITOR
- Team/service: Community Business Unit - Health Visiting

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

The purpose of this policy is to inform East Cheshire NHS staff of the practices and procedures for the provision of CONI-Care of Next Infant, following sudden infant death of a sibling or apparently life threatening event of an infant

Include details of legislation, guidance, regulations etc which have shaped or informed the document

Service specification

- Foundation
- Sudden infant deaths
- Smith, GCS. Wood, AM. Pell, JP. Dobbie, R. 2005. Sudden infant death syndrome and complications
2. Consideration of Data and Research
To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document
The population of Cheshire as at the 2005 mid year figures (Cohesia Report 2008) is 684,400.

**Age:**
17.8% (30,500) of the population in Cheshire East is over 65 compared with 15.9% nationally. This results in a high “old age” dependency ratio, i.e. low numbers of working-age people supporting a high non-working dependant older population. The percentage of “older” or “frail” old is also considerably higher, with 2.3% (8,200) persons 85 and over compared to 2.1% nationally.

Cheshire East has the fastest growing older population in the North West. By 2016, the population aged 65+ will increase by 29.0% (8,845) and the population aged 85+ by 41.5% (3,403).

This will have an impact on the number of patients being managed by ECT and the complexity of the health and social care issues that the older person is experiencing. In addition the staffing profile of ECT will change to include an increasing number of staff over 65 in the workforce.

**Race:**
The 2005 mid year estimate (Cohesia Report 2008) show that the majority of the population in Cheshire (94.6%) is White British, with 5.4% non White British. The Cheshire 2007-10 Local Area Agreement identified that minority ethnic communities account for around 3% of the population. Issues for BME communities include lack of knowledge of services, access to services, access to translation/interpretation, cultural differences, family values. Many people from BME communities experience poverty, poor housing and unemployment which make it difficult for them to lead healthier lives. 4180 migrant workers registered in Cheshire in 2006/07 and comparison to the mid-year population estimates for Cheshire in 2005 strongly suggests that Cheshire’s migrant worker population is larger than every individual BME group other than the White-Other White group.

**Gypsies and travellers** – at the last count (July 2006) the highest number was recorded in the Borough of Congleton (125). 42% of gypsies and travellers report limiting long term illness
compared to 18% of the settled population, with an average life expectancy 10-12 years less than settled population. 18% of gypsy and traveller mothers have experienced the death of a child compared to 1% in the settled population.

**Disability:**
There are over 10 million disabled people in Britain, of whom 5 million are over state pension age. Nearly 1 in 5 people of working age (7 million, or 18.6%) in Great Britain have a disability.

*Hearing loss:* 1 in 4 has a hearing problem.

*Sight problems:* There are 2 million people with sight problems in the UK.

*Learning disabilities:* There is quite a high proportion of people with learning disabilities in the local area due to there being a number of residential homes/institutions in the area.

Problems encountered can be lack of staff awareness, communication issues, information requirements.

**Dementia**
Approximately six in 100 people aged over 65 develop dementia and this rises to around 20 in 100 people aged 85 or over. Dementia affects 750,000 people in the UK.

**Carers**
Around 6 million people (11 per cent of the population aged 5+) provided unpaid care in the UK in April 2001. While 45% of carers were aged between 45 and 64, a number of the very young and very old also provided care. By 2037, it is anticipated that the number of carers will increase to 9 million.

**Gender**
On average in Cheshire, 49% of the population are male and 51% are female

*Transgender:* No local data available, national trends show:
1/12,000 males, transgender from male to female
1/33,000 females, transgender from female to male

Specific issues around access to services, specific services for men or women, and ‘single sex’ facilities. In terms of the transgender population, GIRES (Gender Identity Research and Education Society ) gives an estimate of 600 per 100,000. If these figures were applied to the Cheshire East community based on the 2005 mid year estimates, there may be around 2,100 trans people in the area.

**Religion/Belief**
In the Cheshire East area:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td>- 80%</td>
</tr>
<tr>
<td>Buddhists</td>
<td>- 0.16%</td>
</tr>
<tr>
<td>Hindu</td>
<td>- 0.15%</td>
</tr>
<tr>
<td>Jewish</td>
<td>- 0.12%</td>
</tr>
<tr>
<td>Muslim</td>
<td>- 0.36%</td>
</tr>
<tr>
<td>Sikh</td>
<td>- 0.05%</td>
</tr>
<tr>
<td>Other religion</td>
<td>- 0.15%</td>
</tr>
<tr>
<td>No religion</td>
<td>- 11.84%</td>
</tr>
<tr>
<td>Not stated</td>
<td>- 6.67%</td>
</tr>
</tbody>
</table>

The Muslim population has the highest levels of ill health amongst faith groups – this includes higher smoking rates amongst men and higher rates of coronary heart disease and diabetes.

**Sexual Orientation**
Lesbians, gay men and bi sexual people (LGB) make up to 5-7% of the UK population (Dept of Trade and Industry, 2003). 13% of Gay men and 31% Lesbian women are parents (Morgan and Bell, First Out: Report of the findings of Beyond the Barriers national survey of LGB people)
The experience and health needs of gay men and women will differ. However, both groups are likely to experience discrimination, higher levels of mental ill health and barriers to accessing health care. National Health Inequalities data shows that lesbian, gay, bisexual and transgender (LGBT) people are 2001 census showed: significantly more likely to smoke, to have higher levels of alcohol use and to have used a range of recreational drugs than heterosexual people. They are also at greater risk of deliberate self-harm. Although most LGBT people do not experience poor mental health, research suggests that some are at higher risk of mental health disorder, suicidal behaviour and substance misuse.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

No

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No

3. Assessment of Impact
Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes □ No □

Explain your response:
Consideration to equality and diversity is included in the policy. CONI offers an equal opportunity to families who meet the criteria as set out in the policy regardless of Race. For any family whose first language is not English, the Trust’s interpretation and translation policy will be followed.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes □ No □

Explain your response:
CONI offers an equal opportunity to families who meet the criteria as set out in the policy regardless of gender of parents or child.

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes □ No □

Explain your response:
CONI offers an equal opportunity to families who meet the criteria as set out in the policy. Limitations of the equipment will be considered if a problem or difficulty is identified, this is part of
the assessment and the aim of intervention would be to restore the equal opportunity to utilize the service. For any person with hearing or visual impairment the Trust's interpretation and translation policy will be followed. For parents with learning disability there are picture communications books and information can be translated into easy read, staff can also access the health facilitator for learning disabilities from CWP.

AGE:
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently?  Yes □ No x □

Explain your response:
CONI offers an equal opportunity to families who meet the criteria as set out in the policy irrespective of age of the parents. CONI is offered to children 0-6 months initially then a further 6 months if parent requests.

LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes □ x No □

Explain your response:
CONI offers an equal opportunity to parent or child who meets the criteria as set out in the policy.

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? Yes □ No x □

Explain your response:
CONI offers an equal opportunity to families who meet the criteria as set out in the policy. It is a service that parents opt in to. If eligible, parents can tailor the programme to their own beliefs and needs. Meetings can be arranged to suit parents who are observing Holy periods in their year.

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes □ No x □

Explain your response:
CONI offers an equal opportunity to families who meet the criteria as set out in the policy. It is available to carer [foster carer or adoptive parent] as eligible

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes □ No x □

Explain your response:
CONI offers an equal opportunity to families who meet the criteria as set out in the policy, regardless of whether these are heterosexual or same sex families.

4. Safeguarding Assessment - CHILDREN
a. Is there a direct or indirect impact upon children? Yes □ No x □
b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:

c. If no please describe why there is considered to be no impact / significant impact on children CONI may be used at the same time as safeguarding support but is offered as an equal opportunity to families who meet the criteria as set out in the policy and not for use as safeguarding monitoring The CONI service is an educational and aims to improve the safety in the care of children so any impact should be positive.

5. Relevant consultation
Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

<table>
<thead>
<tr>
<th>Consultant Paediatrician Leighton and Macclesfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwives. Leighton and Macclesfield</td>
</tr>
<tr>
<td>Health visitors</td>
</tr>
<tr>
<td>Managers of health visiting</td>
</tr>
<tr>
<td>Completed risk assessment</td>
</tr>
</tbody>
</table>

6. Date completed: 22/01/13 Review Date: 2017

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual review of service</td>
<td>Chris cooper-bagley</td>
<td>March 2013</td>
</tr>
</tbody>
</table>

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

Date: 22.1.13