

Equality, Good Relations and Human Rights SCREENING

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

- 1) What is the likely impact on equality of opportunity for those affected by this policy, for each of the section 75 equality categories? (minor, major or none)
- 2) Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- 3) To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor, major or none)
- 4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website:
<http://www.hscbusiness.hscni.net/services/1798.htm>

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Northern Ireland Children and Young People's Plan 2019-2021

1.2 Description of policy or decision

The Children and Young People's Strategic Partnership (CYPSP) is a multiagency strategic partnership, consisting of senior leaders of all key agencies across statutory, voluntary and community sectors that have responsibility for improving outcomes for all children and young people in NI.

The Children (1995 Order) (Amendment) (Children's Services Planning) Order 1998¹

- Requires every Health and Social Services Board to prepare and publish plans for the provision of children's services within its area and to keep those plans under review.

Children's Services Planning Guidance 1998 (DHSS/DENI/NIO)

The partnership will work to the following definition of Early Intervention:

Early intervention - 'intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population at risk of developing problems. Early intervention may occur at any stage in a child's life'.

¹ The Children Order (1995) Amendment ,Children Services Planning Order (NI) 1998 – online
<http://www.legislation.gov.uk/nisr/1998/261/made>

The partnership will work to the following definition of Family Support:

“Family Support is both a style of work and a set of activities that reinforce positive informal social networks through integrated programmes. These programmes contain statutory, voluntary, community and private services and are generally provided to families within their own homes and communities. The primary focus of these services is on early intervention, aiming to promote and protect health, wellbeing and rights of all children, young people and their families. At the same time, particular attention is given to those who are vulnerable or at risk.”²

Parenting Support is defined as:

“Parenting Support is a set of (service and other activities) orientated to improving how parents approach and execute their role as parents and to increasing parents child rearing resources (including information, knowledge, skills and social support) and competencies”³

The aims of Children’s Services Planning as set out in the guidance are as follows-

- Promote the welfare of Children
- Clarify strategic objectives in relation to services
- Promote integrated provision of service and effective use of available resources
- Ensure consistency of approach to planning
- Promote high standard of coordination and collaboration between HSCB and Trusts and between social care and health services
- Establish a high standard of coordination and collaboration between HSCB and Trusts and other agencies and organisations which have a contribution to make to effective provision of local services
- Facilitate joint commissioning by agencies when it is seen as appropriate to meet the needs of children

This is the third CYPSP Children and Young People’s Plan. The initial CYPSP plan covered the period 2011-2014. The second substantive plan covered the period 2014-2017 and was reviewed and extended annually to cover the period to March 2019.

In line with the Children’s Services Planning Guidance the CYPSP had agreed to

² ‘Understanding Family Support; Policy Practice and Theory’, Canavan, Pinkerton, Dolan, 2016, p.20

³ ‘Family and Parenting Support’, Day et al ,UNICEF 2015

move its planning cycle to align with the Programme for Government (PfG) and Comprehensive Spending Review. The Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998 allows for either a modification of an existing plan (2(b)(i)) or a new plan (2(b)(ii)).

This is a new plan and it is intended to sit within the context of the Programme for Government, the new Children and Young People's Strategy and refreshed Families Matter. The overall work of the CYPSP is encapsulated in this plan and the supporting plans produced by the Outcomes, Locality and Regional Planning Groups.

1.3 Main stakeholders affected (internal and external)

The CSP Guidance (July 1998)⁴ notes that this process is concerned with children who are in need in the community and is designed "to promote collaboration and coordination between agencies in the planning and delivery of services for vulnerable children and in so doing it builds upon the Children (NI) Order 1995" (1.1).

The CSP Guidance (July 1998) also notes that "CSP's may well include children who are not 'in need' in statutory terms. For the purposes of defining the children included in a CSP a broad interpretation which encompasses all vulnerable children may be useful particularly as the legislative concept of need in the Children Order will not directly correspond with the priorities of non-social services agencies" (6.3)

Main Stakeholders include:-

- **Health and Social Care Board (HSCB)**
- **Public Health Agency (PHA)**
- **Health and Social Care Trusts**
- **Education Authority**
- **Councils**
- **Housing Executive**
- **Police**
- **Probation Board**
- **Northern Ireland Guardian Litem Agency (NIGALA)**
- **Voluntary and Community organisations** who provide services to children in need or who represent the interests of children in need.

⁴ Childrens Services Planning Guidance, July 1998

- **Children and young people themselves:** The engagement of children, young people and their families takes place across the CYPSP structure. Some illustrative examples include:
 - One of the regional subgroups has young people directly involved in the work through a contract with a voluntary organisation to support the participation of children with a disability.
 - Another regional subgroup completed a direct engagement exercise with young people around the development of services.

- **Parents and carers of children and young people:**
 - Family support hubs regularly engage with and collect data on parent’s experience of support and this has generated ideas for change and improvement.
 - CYPSP has a specific contract with a voluntary organisation for the training of organisations in engagement with parents as well as direct involvement of parents.
 - Locality planning in one of the outcome group areas employs a participation worker.
 - In another outcomes group area the group has supported the development of UNICEF Child Friendly City.

1.4 Other policies or decisions with a bearing on this policy or decision

- The **Children’s Services Co-Operation Act** (Northern Ireland) 2015 states in 2 (1) that “Every Children’s authority must, so far as is consistent with the proper exercise of its children functions, co-operate with other children’s authorities and with other children’s services providers in the exercise of those functions”

The Act also creates an enabling power to share resources and pool funds and states that a Children’s Authority may “(a) provide staff, goods, services, accommodation or other resources to another children’s authority: (b) make contributions to a fund out of which relevant payments may be made” Guidance on the operation of the Act have been published⁵

(DE)

- **Executive Children and Young People’s Strategy (2017-2027)** and the eight parameters of wellbeing (DE)

⁵ Interim Guidance on the CSCA (Northern Ireland) 2015

- **Delivering Social Change** policy direction (TEO)
- **Social Strategy for Northern Ireland** (Department for Communities)
- **Families Matter** family support policy (Department of Health)
- **Looked After Children Strategy for Northern Ireland** (Development of the Department of Health / Department of Education)
- **Health and Wellbeing 2026: Delivering Together** (2016)
- The **Programme for Government** planning cycle
- Safeguarding Children through the **Safeguarding Board for Northern Ireland (SBNI)**
- The early years planning process and specifically the Article 20 Reviews⁶ undertaken by **Childcare Partnerships (DE/HSCB)**
- The **Community Planning Process with Local Government (DfC)**
- The **Policing and Community Safety Partnerships (PCSPs)**
- Department of Health **Making Life Better: A Whole System Strategic Framework for Public Health in Northern Ireland (2013-2023)**

⁶ Article 20 The Children (NI) Order 1995, 'Review of provision for day care, Childminding, etc'

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

The Plan itself is not a 'policy' in the strictest sense. It is a framework for policy actions to improve the well-being of children and young people generally. It contains specific recommendations and headline actions, and anticipated outcomes. These will be implemented by Outcomes Groups, Regional sub groups. Locality Planning Groups and other strategic partners where appropriate.

The CYPSP have developed this plan using an open and inclusive process through it's infrastructure with a wide range of stakeholders being consulted to gauge their opinions, to identify the issues that matter to them and to suggest ways in which the Plan could be developed to meet the needs of children and young people and their families, and to improve their well-being. CYPSP have considered the following in relation to the development of this plan:-

- Consultation with Multi-Agency CYPSP members
- Feedback via Outcomes Groups
- Qualitative information from Locality Planning Group members
- Statistical information from [CYPSP Maps](#) and [NI Outcome monitoring report](#)
- Statistical information and feedback from Family Support Hubs
- Inclusive communities event - <http://www.cypsp.hscni.net/wp-content/uploads/2018/06/InclusiveCommuntiesPublicslides.pdf>
- Parent Participation via Parentingni
- [Child Friendly initiatives](#)
- Another regional subgroup completed a direct engagement exercise with young people around the development of services.
- Family support hubs regularly engage with and collect data on parent's experience of support and this has generated ideas for change and improvement.

- CYPSP has a specific contract with a voluntary organisation for the training of organisations in engagement with parents as well as direct involvement of parents.
- NISRA mid-year population estimates
- Census 2011 data
- Annual Reports of the Registrar General for NI (2005 – 2017)
- Health Survey NI (2016/17)
- Reports from Northern Sector Locality Planning Groups to Western Area Outcomes Group; Southern Sector Locality Planning Groups to Western Area Outcomes Group; Locality Planning Groups to South Eastern Area Outcomes Group; and Southern Trust Area Locality Planning Groups to Outcomes Group.
- Rainbow Project (www.rainbow-project.org)
- The Princess Royal Trust for Carers, 2010

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	<i>What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p>General population Mid-year population estimate (2016; published June 2017)</p> <p>The size of the resident population in Northern Ireland at 30 June 2016 is estimated to be 1.862 million people. Just over half (50.9 per cent) of the population were female, with 946,900 females compared to 915,200 males.</p> <p>The Gender Identity Research and Education Society (GIREs) estimate the number of gender ‘nonconforming’ employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014):</p> <ul style="list-style-type: none"> • gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015%

The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among youngsters is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).

Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2016) N=1,862,100:

- 18,621 people who do not identify with gender assigned to them at birth
- 466 likely to have sought medical care

279 likely to have undergone transition.

Children and Young People

Mid Year Estimate (2017)

Age	MALES	FEMALES	Total
Total 0-17 years	223887	212516	436403
Total 18-25 years	97070	91683	188753

Age

General population

Mid-year population estimates published by NISRA in 2017 show that:

0-19 yrs (inclusive) = 483,978 (26.0% of all NI population)

20 – 34 yrs = 366,619 (19.7%)

35 – 49 yrs = 370,263 (19.9%)

50 - 64 yrs = 343,522 (18.4%)

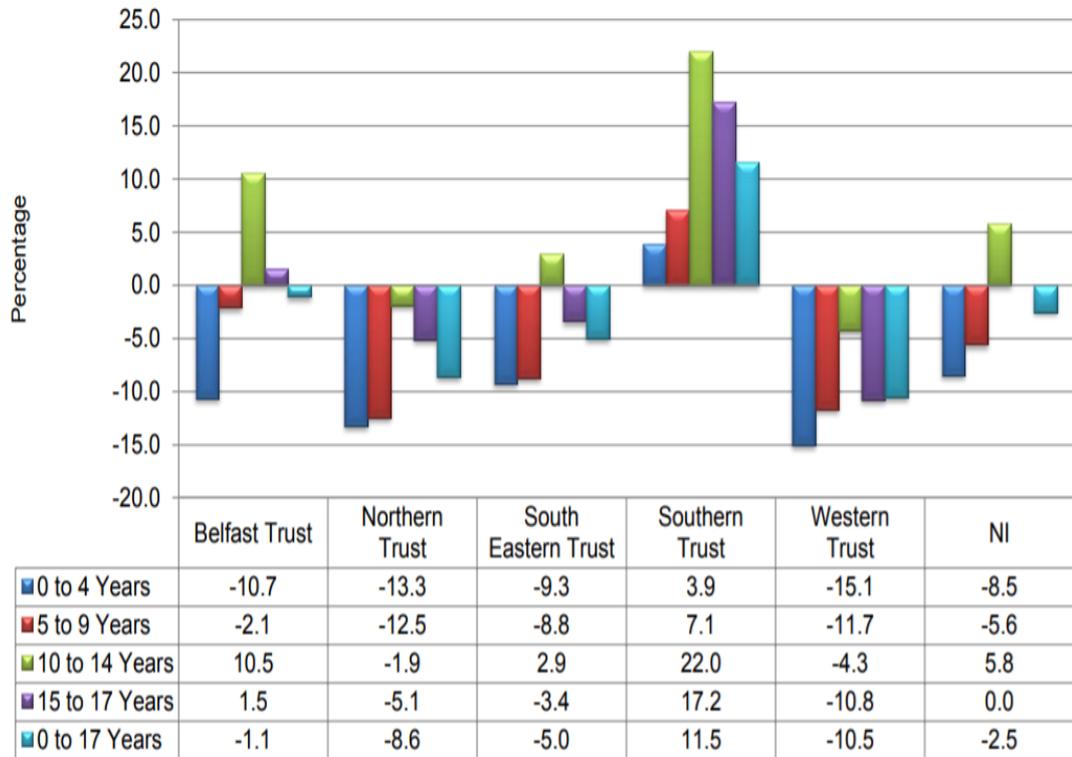
65 – 74 yrs = 166,059 (8.9%)

75 – 89 yrs = 118,965 (6.4%)

90+ yrs = 12,731 (0.7%)

Children and Young People

Percentage Population Change 2014-2039 by Trust and Age Band



Religion

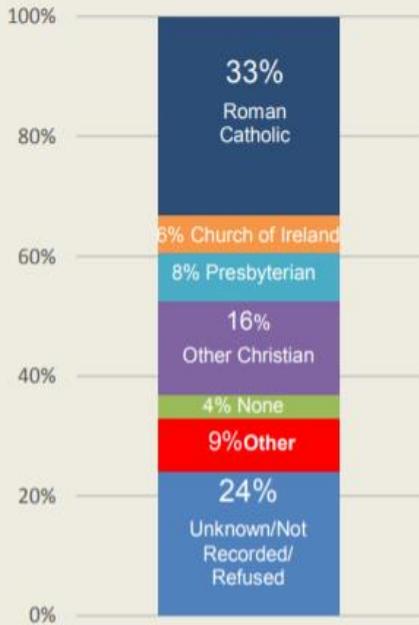
General population

- 45.14% (817, 424) of the population were either Catholic or **brought up** as Catholic.
- 48.36% (875, 733) stated that they were Protestant or **brought up** as Protestant.
- 0.92% (16, 660) of the population belonged to or had been **brought up** in other religions and Philosophies.
- 5.59% (101, 227) neither belonged to, nor had been brought up in a religion.

(Census 2011)

Children and Young People

Children in Need – Religion and Ethnicity (31 March 2018)

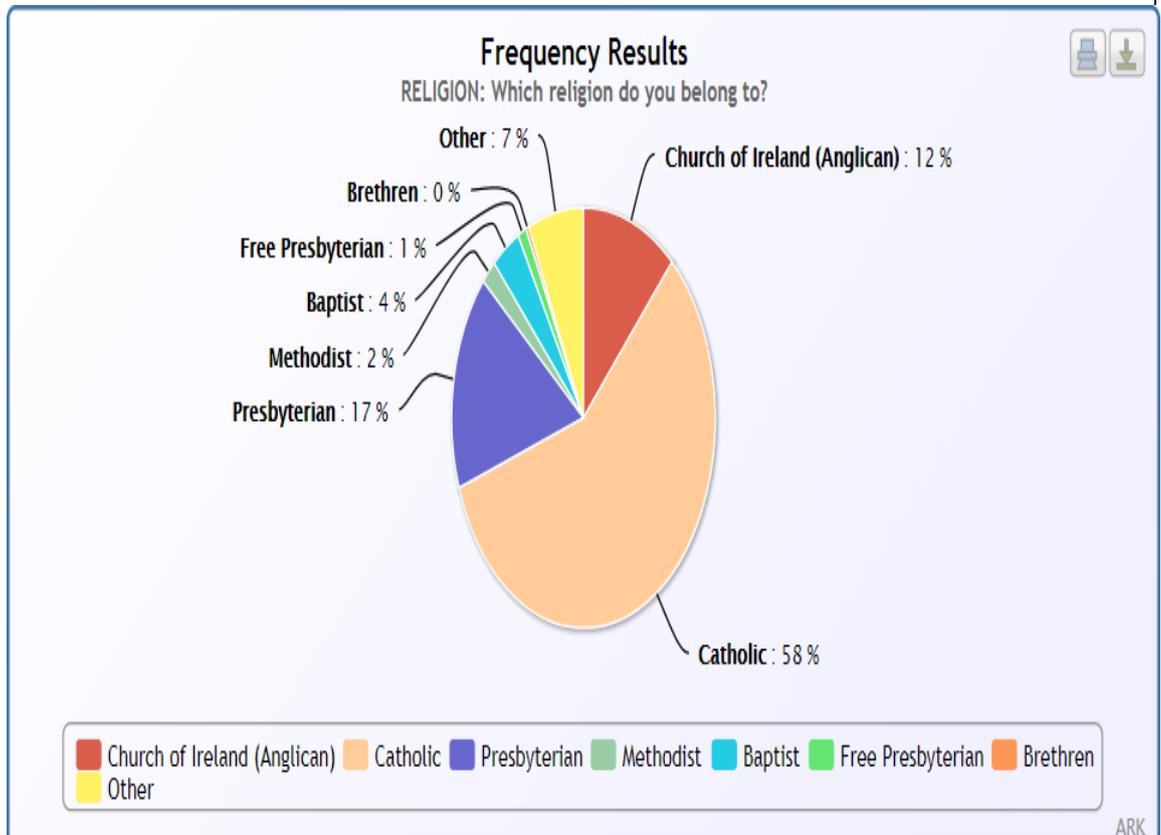


Religious affiliation was not recorded, not known or refused to be disclosed for almost a quarter of all children in need (24%). A third (33%) reported their religion as Roman Catholic, 30% were other Christian faiths and 9% had other religious faiths and 4% had no religious beliefs.

As with religion, **ethnic background** was not recorded for almost a fifth of the children in need (19%), with 75% of the children in need recorded as White, and a further 5% from Ethnic Minorities (including Irish Travellers, Roma Travellers, Asian, Black and those of mixed Ethnicity).

Source: Delegated Statutory Functions Return 10.1.2

Information provided by the Young Life and Times Survey (2017) shows that:

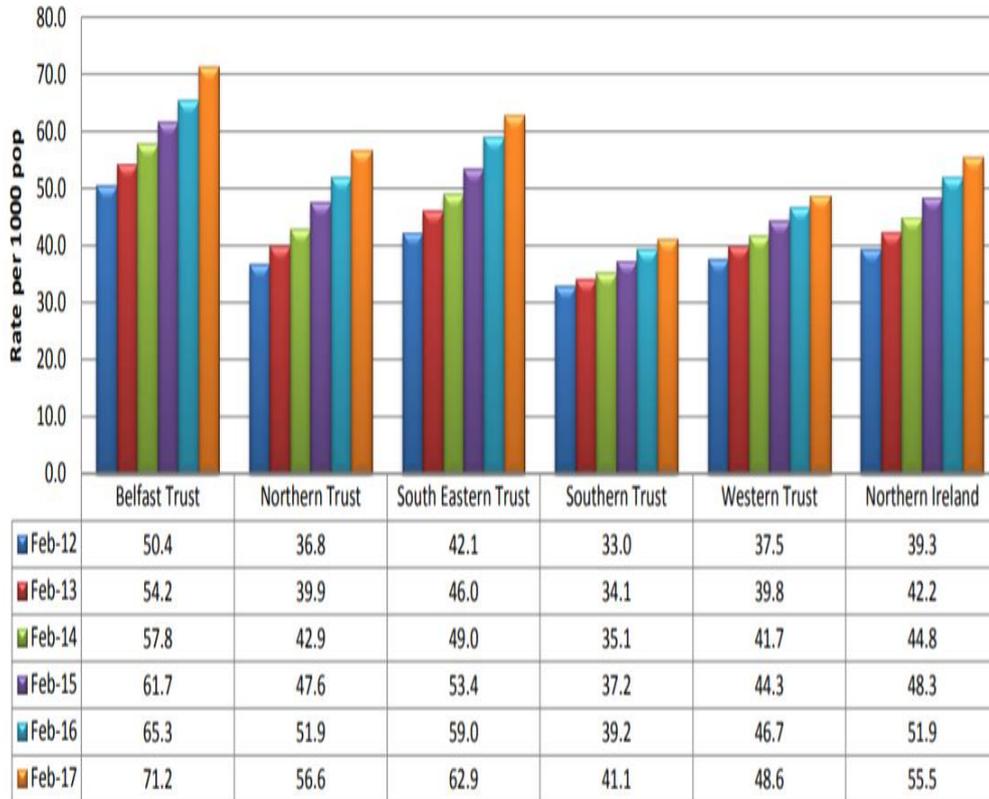


<p>Political Opinion</p>	<p>General population The NI Life and Times Survey (2016) found that of the Northern Ireland population: Unionist 29%; Nationalist 24%; Neither 46%; Other/ don't know 2%.</p> <p>Children and Young People The NI Young Life and Times found: Year: 2017 Module: Political_Attitudes Variable: UNINATID</p> <p>Generally speaking, do you think of yourself as a unionist, a nationalist or neither?</p> <table border="1" data-bbox="715 723 1273 927"> <thead> <tr> <th></th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Unionist</td> <td>32</td> </tr> <tr> <td>Nationalist</td> <td>21</td> </tr> <tr> <td>Neither</td> <td>45</td> </tr> <tr> <td>(Other WRITE IN)</td> <td>1</td> </tr> <tr> <td>Don't know</td> <td>2</td> </tr> </tbody> </table>		%	Unionist	32	Nationalist	21	Neither	45	(Other WRITE IN)	1	Don't know	2
	%												
Unionist	32												
Nationalist	21												
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(Other WRITE IN)	1												
Don't know	2												
<p>Marital Status</p>	<p>General population Census data reveals that:</p> <ul style="list-style-type: none"> • 47.56% (680, 840) of those aged 16 or over were married • 36.14% (517, 359) were single • 0.09% (1288) were registered in same-sex civil partnerships • 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership • 6.78% (97, 058) were either widowed or a surviving partner <p>(Census 2011)</p> <p>There were 2,089 divorces granted in 2017, this is a decrease than in the previous year (2,572) and 28% lower than the peak number of 2,913 in 2007.</p> <p>Annual Reports of the Registrar General for NI show that between 2005 to 2017 inclusive, there have been 1202 civil partnerships registered in NI.</p> <p>Children and Young People</p> <p>In 2017, over 3,577 children/stepchildren were affected by divorces that were granted, of which 1,500 were under the age of 16 at the time of divorce.</p>												

<p>Dependent Status</p>	<p>General population</p> <p>The most recent census showed that 33.9% of all NI households had responsibility for dependent children (238,094 households)</p> <p>There were 115,959 Lone parent families, with a total of 123,745 dependent children in family (Census 2011). A gender disparity exists within this group. Of the 115, 959 lone parents, 16, 691 were headed by a male, while the majority (99,268) are female.</p> <p>Caring responsibilities:</p> <ul style="list-style-type: none"> • 13% have caring responsibilities • Approximately 70% receive no monetary reward for giving this care • 48% received help from other family members, but 38% received no support from others (Health Survey NI (2016/17)) <p>Children and Young People</p> <p>6,700 young people (aged 0–17) in Northern Ireland provide between 1 and 19 hours of unpaid care per week, while a further 960 provide 20–49 hours, and 820 care for 50 hours or more. (Census 2011) Given the steady rise in population since 2011, these figures are likely to be an under-estimate.</p>
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Disability	<p>General population</p> <p>Figures for from the Health Survey NI (2017) showed that:</p> <ul style="list-style-type: none"> • 42% longstanding illness (30% limiting and 12% non-limiting illness) • Males: limiting longstanding illness 27%; non-limiting longstanding illness 12% • Females: limiting longstanding illness 33%; non-limiting longstanding illness 12% • Prevalence of disability increases with age. Limiting longstanding illness increases from 15% among young adults aged 25 -34 years to 61% among those who are 75 plus years. <p>The different types of disability were broken down in the most recent census: 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.</p> <ul style="list-style-type: none"> • Deafness or partial hearing loss – 5.14% (93, 078) • Blindness or partial sight loss – 1.7% (30, 785) • Communication Difficulty – 1.65% (29, 879) • Mobility of Dexterity Difficulty – 11.44% (207, 163) • A learning, intellectual, social or behavioural difficulty. 2.22% (40, 201) • An emotional, psychological - 5.83% (105, 573) or mental health condition • Long – term pain or discomfort – 10.10% (182, 897) • Shortness of breath or difficulty breathing – 8.72% (157, 907) • Frequent confusion or memory loss – 1.97% (35, 674) • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118, 612) • Other condition – 5.22% (94, 527) • No Condition – 68.57% (1, 241, 709) <p>Children and Young People</p>
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Children with a Disability (in receipt of DLA 0 – 15 years) Rate per 1000



Children in Need with a disability (31 March 2018)



Of the 23,510⁸ children in need in Northern Ireland, 18% were recorded as having a disability. Almost half of these had a learning disability.

Having a disability was more prevalent amongst the male children in need, with 23% of males being recorded as having a disability compared with 13% of the female children in need. Furthermore, each of the disability categories had more males than females. This was most evident amongst those recorded as having Autism, where 75% were males. These findings were consistent with those published in *'The Prevalence of Autism (including Asperger's syndrome) in School Age Children in Northern Ireland'*,⁹ published on the Department's website.

Source: Delegated Statutory Functions Return 10.1.6

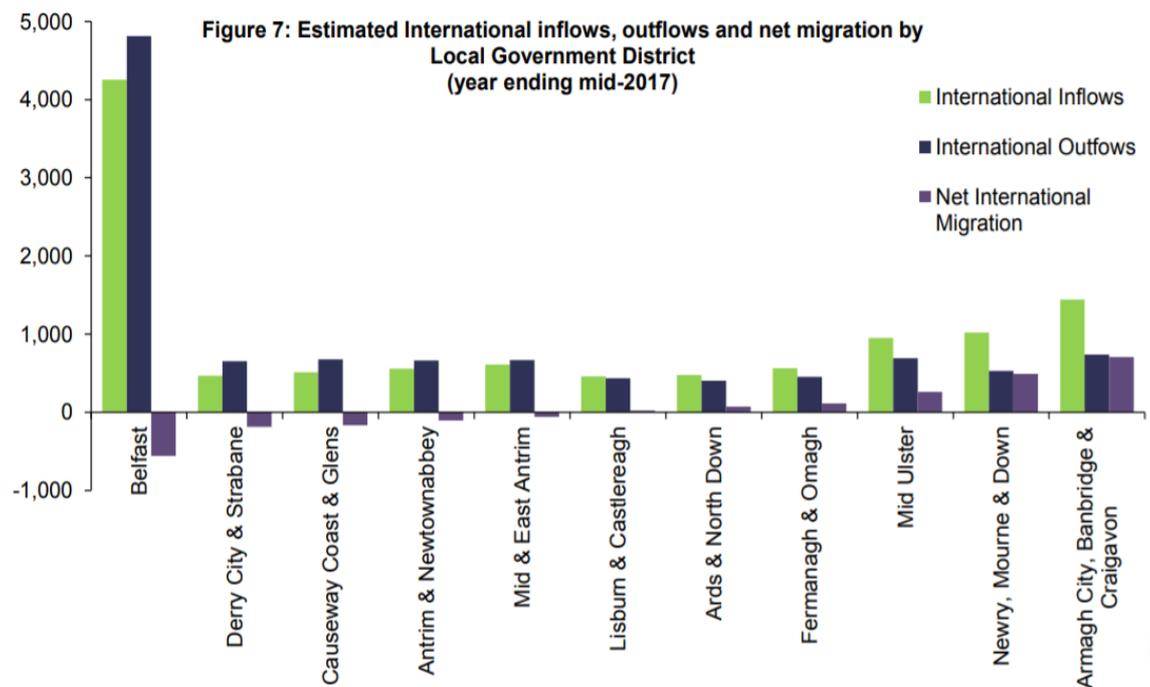
Ethnicity

General population

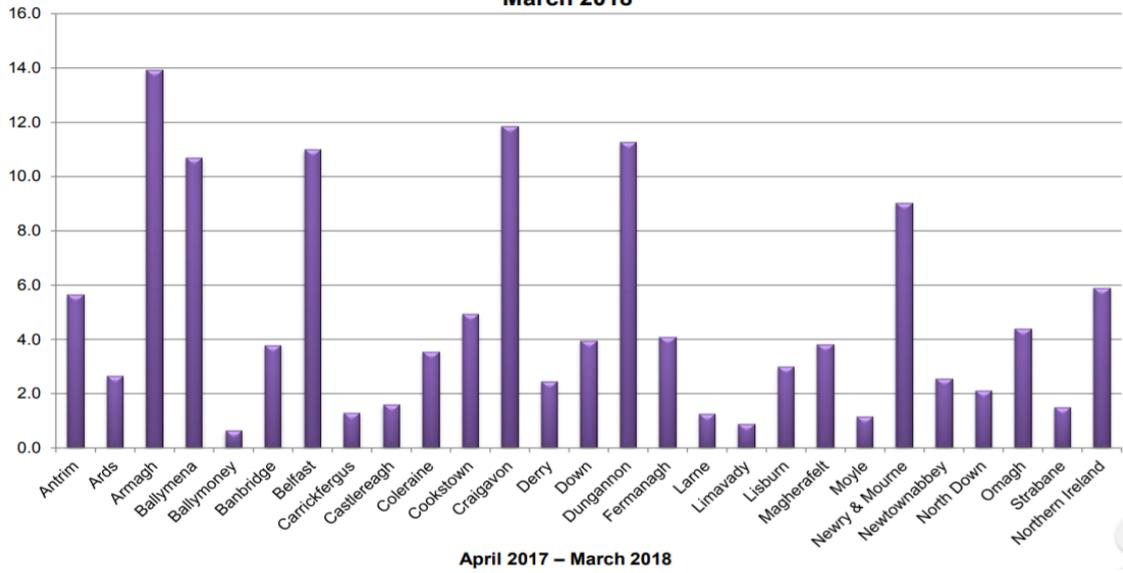
Statistics from the HSC Interpreting Service showed a large rise in

requests for interpreters from 1,850 in 2004-2005 to 106541 requests in 2016-2017. The most popularly requested languages are described below:

1. Polish 31220
2. Lithuanian 15866
3. Romanian 8975
4. Portuguese 8323
5. Arabic 6203
6. Slovak 5356
7. Tetum 5319
8. Chinese - Mandarin 5103
9. Bulgarian 3421
10. Hungarian 3387
11. Chinese - Cantonese 2858
12. Russian 2541
13. Latvian 2042
14. Somali 1151
15. Czech 855
16. Chinese - Hakka 748
17. Spanish 589
18. Farsi 515
19. Bengali 369
20. Urdu 297



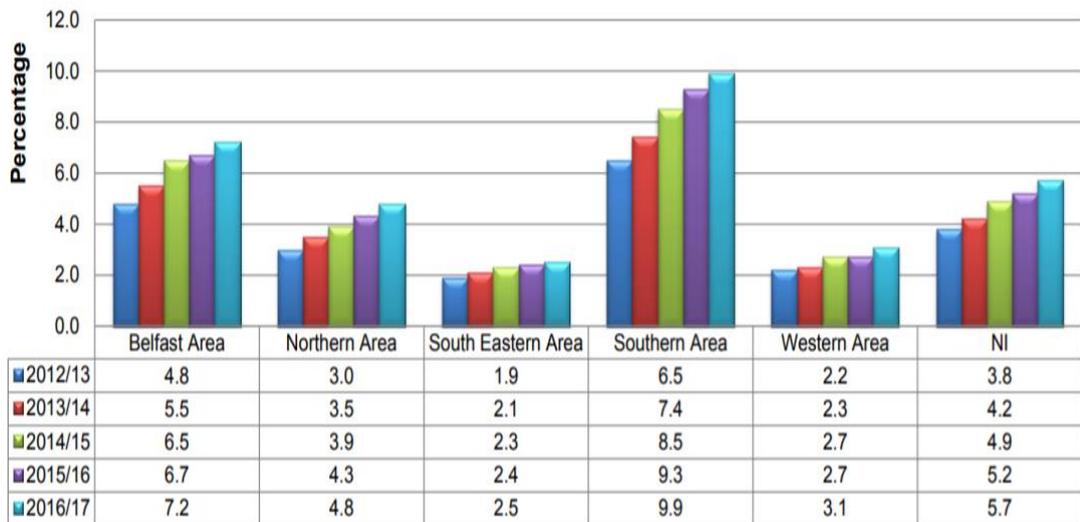
**Non-UK National Allocated NINo by Local Authority Rate/1000 population y/e
March 2018**

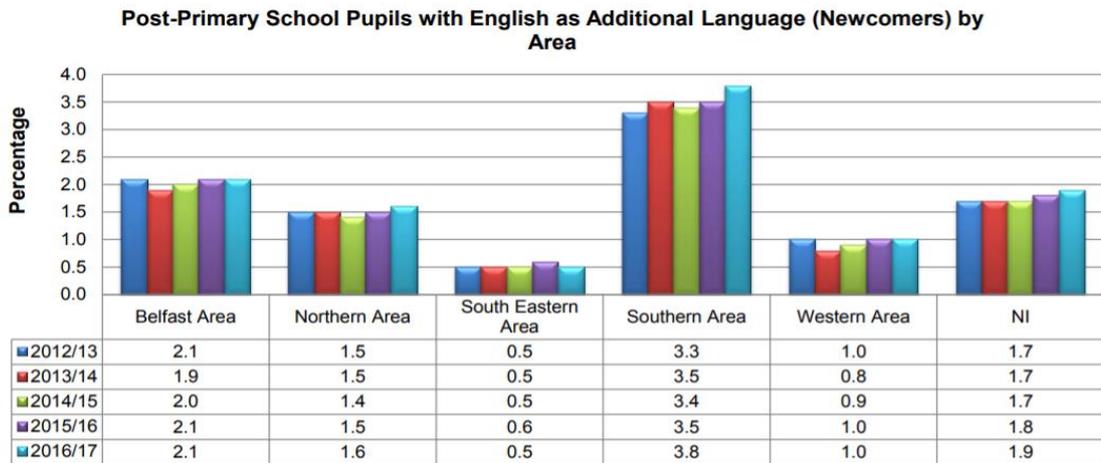


April 2017 – March 2018

Children and Young People

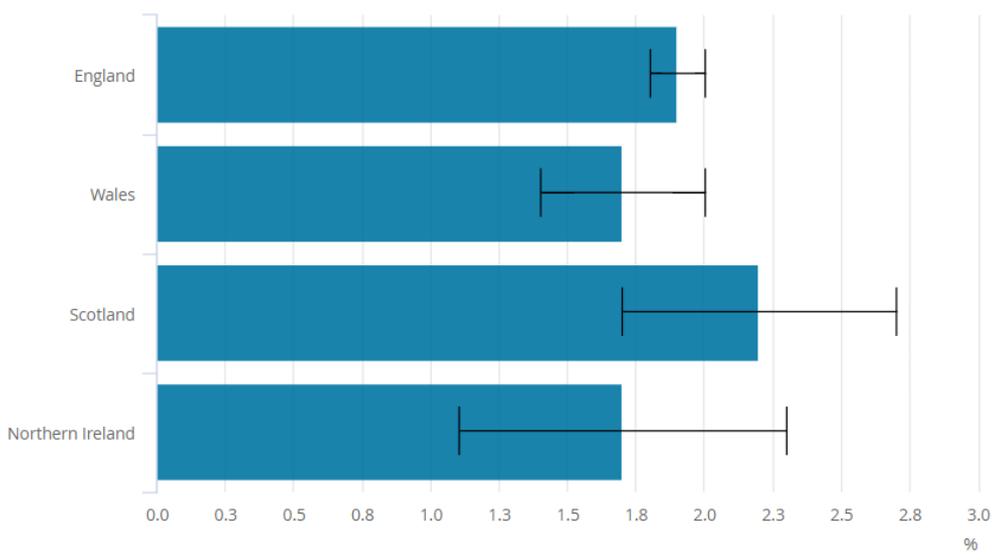
Primary School Pupils (Year 1-7) with English as Additional Language (Newcomers) by Area





Sexual
Orientation

Figure 5: UK country by gay or lesbian and bisexual population, 2016



In 2016 in the UK, 4.1% of the population aged 16 to 24 identified as lesbian, gay or bisexual (LGB). This comprised of 1.7% identifying as gay or lesbian and 2.4% identifying as bisexual. The 16 to 24 age group was the only age group to have a larger proportion identifying as bisexual compared with lesbian or gay.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

<i>Category</i>	<i>Needs and Experiences</i>
Gender	<p>It may be that certain gender groups may feel more comfortable in same-sex or gender specific service provision for certain topics, such as domestic and sexual violence, sexual health education.</p> <p>A number of different Locality Groups (e.g. Derry and Strabane/ localities have raised the issue of the number of girls missing school due to affordability of sanitary-wear i.e. 'Period Poverty', as many as 1 in 3 girls will miss a period of school due to the growing issue of 'period poverty'.</p>
Age	<p>Age group 5 – 10 years consistently highest children in need group in referrals to family support hubs. CYPSP recognise age can affect both how we say what we mean, as well as how we interpret what others mean. Children and young people may be less inclined to be assertive when speaking and may require aids to communication for openness, listening, empathy and feedback.</p>
Religion	<p>CYPSP recognise that religion can impact on service delivery for children and young people within specific areas</p>
Political Opinion	<p>CYPSP recognise that Political Opinion can impact on service delivery and venues for children and young people within specific areas</p>
Marital Status	<p>CYPSP recognise the impact of divorce and separation, and the needs of one parent families – The highest group of families referred to Family Support Hubs are Lone Parents with an increase from 3165 in 2016/17 to 3261 in 2017/18. Single parents may not have the same support available to them as parents who have the support of a spouse or partner. It is also recognised that single parents are a particular risk of poverty.</p>

<p>Dependent Status</p>	<p>CYPSP recognise Impact of caring on young people → Physical health: often severely affected by caring through the night, repeatedly lifting a heavy adult, poor diet and lack of sleep. 1 in 10 16 year olds provide at least 30 hours of caring per week. → Isolation: feeling different or isolated from their peers, limited opportunities for socialisation, bullying and harassment – more than two out of three young carers are bullied at school (The Princess Royal Trust for Carers, 2010). → ‘29% of young carers aged 16 years have never told anyone outside their family about their caring responsibilities’ (ARK Research update Number 76, June 2011). → Emotional wellbeing: stress, tiredness and mental ill health are common for Young Carers. → ‘Although 71% of young carers surveyed enjoy caring 85% say that lack of free time is an issue.’ (ARK Research update Number 76, June 2011).</p> <p>CYPSP has specifically acknowledged in its work the importance of young carers and access to education.</p> <p>Single parents may not have the same support available to them as parents who have the support of a spouse or partner. It is also recognised that single parents are a particular risk of poverty.</p>
<p>Disability</p>	<p>CYPSP recognise factors in a person’s environment that, through their absence or presence, limit functioning and create barriers. These include aspects such as: a physical environment that is not accessible; lack of relevant assistive technology (assistive, adaptive, and rehabilitative devices); negative attitudes of people towards disability; services, systems and policies that are either non-existent or that hinder the involvement of all people with a health condition in all areas of life.</p> <p>CYPSP recognises that children with a disability can have significant issues in relation to having their voices heard and understands transition to be a key issue.</p> <p>Parents with disabilities (such as sight or hearing impairments, mobility issues and or cognitive impairment) also will have specific needs with regards to the services offered, particularly with communication, access and ensuring services meet their needs.</p>

Ethnicity	<p>.</p> <p>Parents and children from different ethnic backgrounds may face additional barriers in accessing and using CYPSP services. These include a lack of awareness of the existence of community and statutory based services, as well as issues with language. It is also recognised that some ethnic groups prefer service providers from their own gender. The following examples illustrate possible barriers some service users may face: Lack of awareness; Integration; Language; Health issues.</p>
Sexual Orientation	<p>CYPSP recognise research indicates that despite increased equality and legislative protections that many young LGB people continue to feel 'different' because of their minority sexuality or gender identity, and are more likely to be bullied due to their sexuality or perceived sexuality. This group of adults and young people are also more likely to experience poorer mental health.. LGB people in NI are 3 times as likely as the general population to use illegal substances; twice as likely as the NI population to drink daily or most days. Drugs and Alcohol contributed to 30% of LGB thinking about suicide and 13% attempting suicide. (Rainbow Project)</p> <p>These issues may result in it being more difficult for gay, lesbian or bisexual parents and children to access services provided under the CYPSP.</p>

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

One of the key outcomes the Children’s and Young People’s Plan seeks to achieve is that **ALL** children and young people live in a society in which [equality of opportunity and good relations](#) is promoted. Therefore, it encompasses those individuals with multiple identities. The Plan sets the direction of travel for Outcomes Groups and service providers to achieve improvements across all Section 75 equality categories where appropriate. It is therefore anticipated that the impact of the Plan (realized through subsequent service delivery) will be positive.

2.5 Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The Children and Young People’s Plan recognises that, to improve the well-being of children and young people in Northern Ireland it is necessary to take action to ensure that they are treated fairly and equally (across all Section 75 categories), and for improved attitudes towards children and young people from different community backgrounds. The plan sets out the strategic direction for Outcomes Groups, Regional Sub-Groups, Locality Planning groups and other partners to follow when developing/revising their actions. A key aspect of this work will involve promoting equality of opportunity where appropriate.</p> <p>Political opinion</p> <p>Building capacity within communities to connect families to early help networks</p> <p>Disability</p> <p>Barnardo’s Participation Project is a rights based Participation and Advocacy Group that facilitates the involvement of children and</p>	<p>Continue working with a broad range of Outcomes Groups/Regional Sub Groups in order to reflect the equality issues identified.</p> <ol style="list-style-type: none"> 1. Giving children the ‘Best Start in Life’ (Transitions)-in Outcomes group plans 2. Building confidence and capacity in families through the provision of home based early help interventions 3. Delivering joint initiatives by using the Children’s Services Co - Operation Act 4. All our Children and young people are supported to have healthy relationships based on mutual respect 5. Our children and young

young people with a range of disabilities and conditions, in high level strategic children's services planning. Having implemented tried and tested principles of good participation practice since 2002 the Project was mandated by CYPSP to lead the development of a model of young people's involvement in CYPSP.

There is also a standing Regional sub-group to promote the needs of those with a disability, as well as a Regional Task and Finish group focused on Health and Education Interface and Special Educational Needs.

In order to facilitate parents (and children) with disabilities (such as sight or hearing impairments, mobility issues and or cognitive impairment), access to sign language interpreters will be provided, as well as having any documentation in accessible formats upon request (e.g. braille, easy-read etc.)

Age

To ensure the voices of children are heard in the planning processes, children of all ages are actively involved as part of engagement processes with Children and Young People, Parent and Carers
<http://www.cypsp.hscni.net/wp-content/uploads/2018/12/Regional-LPG-report-November-2018.pdf>

Ethnicity

Organisations that provide services to minority ethnic groups are represented on CYPSP and Outcomes Groups. In each instance a number of places is reserved.

It is recognised that individuals whose first language is not English may require translation

people will reach their developmental potential

6. Our children and young people will be resilient and have positive mental health
7. All children are safe, confident and enjoy improved emotional wellbeing
8. Children and young people will experience and benefit from good relations, equality and diversity
9. Parents/Carers, Children and Young people are supported to understand the importance of, and to attend/participate learn and achieve in education and training
10. Parents/carers receive the help and support they need to positively empower them to parent and Children and young people live in supportive families
11. Continue to work with other voluntary and statutory organisations to include the voice of children and young people
12. Develop a rolling programme of raising awareness within school
13. Run a campaign about ending holiday hunger in Northern Ireland by ensuring all children and young people get the healthy food they need and deserve every single day of the year.
14. Regional ACE

<p>services, both for face to face communication, as well as having documents provided in their own language. If this is required this can be done via the Interpreting service.</p> <p>Sexual Orientation</p> <p>There is currently a standing Regional sub-group to promote the needs of young gay, lesbian and bisexual people.</p> <p>Led by the Public Health Agency, nominated representatives from the statutory, voluntary, and community sectors who are concerned with improving the lives of LGBT children and young people across Northern Ireland have come together to make up the LGBT Sub Group.</p> <p>Dependents</p> <p>There is currently a standing Regional sub-group to promote the needs of young carers, and promote access to Regional Young Carers Service, and to improve resources and expertise for working with young carers aged 16-18.</p> <p>Parenting – Parenting remains an issue for those working with families both at a statutory and community/voluntary level. The growing concern around managing children’s behaviour, setting boundaries and routines and parenting teens has been raised in all localities. Many organisations have discussed the ‘Back to basics’ parenting approach that they are trying to instil within their organisations.</p>	<p>Reference Group has been established to support continued momentum and integration of the Adverse Childhood Experiences agenda in Northern Ireland</p> <p>CYPSP recognise that monitored access to services across all CYPSP linked services for disability, religion, ethnicity will allow service providers to see whether the uptake of the services is proportionate to the demographics of the population that uses those services. Lower uptake may be an indicator that there is a need for additional action to ensure that services are accessible.</p> <p>CYPSP will ensure that all planning groups ensure that section 75 representation is sought where there are issues pertinent to that group.</p>
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2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	One of the parameters in the CYPSP is promotion of equality and good relations. One of the key outcomes the Children's and Young People's Plan seeks to achieve is that ALL children and young people live in a society in which equality of opportunity and good relations is promoted. The Plan sets the direction of travel for Outcomes Groups and service providers to achieve improvements across all Section 75 equality categories where appropriate. It is therefore anticipated that the impact of the Plan (realized through subsequent service delivery) will be positive.	
Political Opinion	As above	
Ethnicity	As above	

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Major impact	
Minor impact	x
No further impact	

Please tick:

Yes	
No	x

Please give reasons for your decisions.

The Children and Young People's Plan provides the strategic direction for CYPSP Planning Groups and service delivery partners to deliver improvements in the well-being of children and young people in Northern Ireland. The intent of the Plan in relation to equality of opportunity and good relations are intended to be positive.

Section 75 obligations form part of the planning assumptions that must be given due regard by all CYPSP Planning Groups.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
<p>Development of the Children and Young People’s Plan has been informed through a co-design process engaging with a large number of stakeholders to gauge their concerns and opinions about issues that affect children and young people, and their suggestions as to how the Plan could be used to effect improvements in their well-being. Barnardo’s Disabled Children & Young People’s Participation Project are also an advisory group to CYPSP in relation to Children and Young People’s needs and are active participants across the CYPSP infrastructure to ensure the views of disabled people are taken into account and they have an active role in shaping the services.</p>	

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
<p>Development of the Children and Young People’s Plan has been informed through a co-design process</p>	<ul style="list-style-type: none"> • Further roll out of Inclusive communities event - Disability Awareness events led by

<p>engaging with a large number of stakeholders to gauge their concerns and opinions about issues that affect children and young people, and their suggestions as to how the Plan could be used to effect improvements in their well-being. Barnardo's Disabled Children & Young People's Participation Project are also an advisory group to CYPSP in relation to Children and Young People's needs and are active participants across the CYPSP infrastructure.</p> <p>A number of Disability and Diversity awareness training has been delivered to increase professionals knowledge on disability and for individuals to have a better understanding of what it is like to have a disability.</p>	<p>Community Access Officers to encourage groups/ organisations to be more inclusive to young people with a disability. These would showcase examples of good practice in the area and provide an opportunity for professionals to network and share good practice of their own.</p> <ul style="list-style-type: none"> • Disability inclusion workshops - to gain a fuller understanding of issues for those working with children and young people with a disability through networking and sharing good practice, and to undertake an Outcomes Based Approach • Further roll out of Disability and Diversity awareness training for professionals and service providers • Produce a directory of summer activities for children and young people with a disability and co-ordinate information and make activities more accessible to potential participants.
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(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	Yes
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	Yes
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	Yes
Article 5 – Right to liberty & security of person	Yes
Article 6 – Right to a fair & public trial within a reasonable time	Yes
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	Yes
Article 8 – Right to respect for private & family life, home and correspondence.	Yes
Article 9 – Right to freedom of thought, conscience & religion	Yes
Article 10 – Right to freedom of expression	Yes
Article 11 – Right to freedom of assembly & association	Yes
Article 12 – Right to marry & found a family	Yes
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	Yes
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	Yes
1 st protocol Article 2 – Right of access to education	Yes

*If you have answered no to all of the above please move onto to move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision have a potential positive impact or does it potentially interfere with anyone’s Human Rights?

List the Article Number	Positive impact or potential interference?	How?	Does this raise any legal issues?*
			Yes/No
All of Above	One of the key outcomes the Children’s and Young People’s Plan seeks to achieve is that ALL children and young people live in a society in which Respect for Rights is promoted.	The Plan sets the direction of travel for Outcomes Groups and service providers to achieve improvements across all Section 75 equality categories where appropriate. It is therefore anticipated that the impact of the Plan (realized through subsequent service delivery) will be positive .	No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

The Children’s Services Co-operation Act (2015) brings into domestic legislation a requirement to have regard to the relevant provisions of the United Nations Convention on the Rights of the Child when determining the meaning of the term ‘well-being’ as it relates to children and young people. It also states that one of the factors contributing to well-being of children and young people is living in a society which respects their rights.

Improving the rights of children is therefore a key driver behind the Children and Young People’s Plan – with a key outcome that ‘all children and young people

are aware of their rights and feel that they are respected’.

The plan therefore encourages CYPSP planning groups and partners to promote human rights awareness with the aim of ensuring that all children and young people are aware of their rights and feel that they are respected. Appropriate indicators and measures will be developed to ensure that this aspect of the Plan is being appropriately implemented and can be monitored effectively on the CYPSP mapping system.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
<p>Demography</p> <p>Demographic Profile of Northern Ireland</p> <p>Demographic Profiles of Trusts within Northern Ireland</p> <p>25 Year Population Projections by Trust and Age Band</p> <p>Percentage BME Population by Country of Birth</p> <p>Percentage Northern Ireland BME Population by Ethnicity</p> <p>Migration Statistics – International inflows, outflows and Net Migration by LGD</p> <p>Non UK Nationals Allocated National Insurance Numbers</p> <p>Birthing Trends</p> <p>Key Messages</p> <p>Healthy</p> <p>Infant Mortality Rates</p> <p>Low Birth Weight Rates</p> <p>Percentage Mums Smoking During Pregnancy</p> <p>Immunisation Rates for MMR at 24 months</p> <p>Mothers Breastfeeding at Discharge</p> <p>Percentage Births to Mothers Under 20 Years of Age</p> <p>Rate of Births to Mothers Under 20 Years</p> <p>Births to Mothers 13 to 17 Years of Age</p>		

Life Expectancy

Percentage Dental Registrations Children Aged 0-2 years

Percentage Dental Registrations Children Aged 3-5 years

Children with a Disability (in receipt of DLA)

Sexually Transmitted Infections Under 16 Northern Ireland

Sexually Transmitted Infections 16-19 Northern Ireland

Sexual Experience and Knowledge

Children who are Overweight or Obese

0-17 year olds Admitted to HSC Hospitals with Self Harm Related Diagnoses

0-17 year olds Admitted to HSC Hospitals with Alcohol Related Diagnoses

Child Deaths by Suicide by HSC Trust

Child Deaths by Suicide in NI by Gender

Suicide in the 15-34 Age Group by HSC Trust

Suicide in the 15-34 Age Group in NI by Gender

Child Deaths by Accidents

Cigarette Usage Amongst Young People

Alcohol Usage Amongst Young People

Enjoying Learning and Achieving

Geographical View of Northern Ireland Education Authority Regions

Primary School Pupils with a Statement of Special Educational Need

Post-Primary School Pupils with a Statement of Special Educational Need

Children Aged 4-16 years Suspended from School

Children Aged 4-16 years Expelled from School

Primary School Pupils with Less than 85% Attendance

Post- Primary School Pupils with Less than 85% Attendance

Primary School Pupils with English as Additional Language (Newcomers)

Post-Primary School Pupils with English as Additional Language (Newcomers)

Key Stage One Communication (English) - Percentage of Children Achieving Level 2 or above

Key Stage One Maths - Percentage of Children Achieving Level 2 or above

Key Stage Two Communication (English) – Percentage of Children Achieving Level 4 or above

Key Stage Two Maths – Percentage of Children Achieving Level 4 or above

Key Stage Three Communication (English) – Percentage of Children Achieving Level 5 or above

Key Stage Three Maths – Percentage of Children Achieving Level 5 or above

Percentage of Young People gaining 5 GCSEs (A-C) or above

Percentage of Young People gaining 5 GCSEs (A-C) or above including English and Maths

Percentage of Young People Leaving School with No GCSEs

Percentage of Young People Aged 16-24 years on NEETS

Percentage Uptake of Children in Nursery and Reception Classes in Primary Schools, Nursery Schools and PEAGs

Living in Safety and with Stability

Children in Need Key Findings
Children on the Child Protection Register
Children Re-registered to the Child Protection Register
Looked After Children
Children who are Victims of Domestic Violence
Crimes Recorded with a Domestic Abuse Motivation
Young People's Attitude to Domestic Violence
Offences Recorded with a Racist Motivation
Offences Recorded with a Homophobic Motivation
Road Traffic Casualties on the Roads
Children Killed, Seriously or Slightly Injured on the Roads
Anti-Social Behaviour Incidents
Anti-Social Behaviour, Road Safety and Travelling to School
Anti-Social Behaviour, Road Safety and Travelling to School (cont.)

Economic and Environmental Well-being

Children & Young People Living in Overcrowded Accommodation
Number of Families with Children Awarded as Full Duty Applicants
Dependent Children in Families Awarded as Full Duty Applicants
Number of Young People Aged 16-18 Awarded as Full Duty Applicants
Families with Dependent Children Living in Temporary Accommodation
Number of Children Living in Temporary Accommodation
Percentage of Children Living in Relative Low Income Poverty Before Housing Costs (BHC)
Percentage of Children Living in Absolute Low Income Poverty Before Housing Costs (BHC)
Percentage of Children who are Dependents of Claimants of Jobseeker's Allowance
Percentage of Children who are Dependents of Claimants of Income Support
Percentage of Lone Parent Families Claiming Jobseeker's Allowance
Percentage of Lone Parent Families Claiming Income Support
Key Points – Family Resource Survey

Making a Positive Contribution

Participation in Youth Activities
Contributing Positively to Society
Contributing Positively to Society (Cont.)

Family Support Hubs

Families, Parents and Children referred
Children by age and gender
Children by Ethnic Group
Children with a Disability
Household composition – two parents, one parent, partner, guardian, kinship, other
Reasons for Referral
Accepted and Signposted
Referral process
Referral agency

Families Children did not engage
Quality Standards implemented
Case Studies
Family Samples – outcomes of service intervention

Locality Planning Groups

Individual report cards on services delivered showing how much did we do, how well did we do it, is anyone better off – Example:- <http://www.cypsp.hscni.net/wp-content/uploads/2018/09/Screcard-18.8-Milk-Shake-and-Maths.pdf>

Approved Lead Officer: Marie Roulston

Position: Director of Social Care and Children

Policy/Decision Screened by:

Signed: Maurice Leeson

Date: 16 May 2019

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

**Please forward completed template to:
Equality.Unit@hscni.net**

Template produced November 2011

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net;
phone: 028 95363961 (for Text Relay prefix with 18001); fax: 028 9023
2304